



## **Supporting Children With Medical Needs Policy –Updated June 2024** **Our Lady and St Edward's Catholic Primary School**

### **Our Lady and St Edward's Mission Statement**

We are inspired by the teachings of Jesus Christ who is at the heart of all that we do.

Working in unity with our families, parish and community, we encourage and support the children to grow in faith and reach their full potential in a happy, caring and loving environment.

### **Introduction**

Section 100 of the Children & Families Act places a duty on all schools to make arrangements for supporting children with medical conditions, and to have regard for the Department for Education's Supporting Children at School with Medical Conditions (DfE 2015). This policy outlines how Our Lady and St Edward's will ensure that all children with medical conditions will be supported to ensure they can play a full and active role in school life, remain healthy and achieve their academic potential.

### **Principles**

We have adopted the main areas of the 'Supporting pupils at school with Medical Conditions' by the DfE as our aims and objectives. Wherever possible we will endeavour:

- To ensure pupils with medical conditions are properly supported so that they have full access to education, including school trips and physical education.
- To ensure arrangements are in place to support pupils at school with medical conditions, including the use of risk assessment and health care plans.
- To work with health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

### **Recognition:**

1. Application to the school has request for parents to provide the school with useful information regarding the pupil's needs
2. The EYFS teacher will visit nursery schools/home before the admission date to liaise with staff, parents and pupils to highlight areas of need

3. Any EHCPs in place will be reviewed to monitor how school supports the pupils
4. The headteacher meets with governors on H&S committee to report that school is compliant and is able to meet pupils' needs.
5. Medical needs are on record on Arbor. Issues of a sensitive nature are 'flagged up' on a need to know basis.
6. Weekly meeting ensure all staff are aware of emergent or developing medical needs and measures put in place to meet them
7. All trips beyond routine request that parents inform school of any specific medical needs that may be relevant for that particular occasion

When we become aware that a child with medical needs will begin attending or that a child already attending the school has medical needs the headteacher will be informed. The headteacher then ensures that all of the relevant staff are notified and begins the process of planning for the child's safe admission to school. Arrangements to support pupils are ideally in place before they start, or no later than two weeks after their admission. When a formal diagnosis has not yet been made, or where there is a difference of opinion, the school makes a judgement about what support to provide based on the available evidence- usually some form of medical evidence and consultation with parents/carers.

### **Individual Healthcare Plans**

Pupils with medical needs attending the school have an individual healthcare plan where this is required, the plan outlines what needs to be done, when and by whom. The SENCO (or their delegated person) will work with parents/carers and healthcare professional to develop healthcare plans. Not all children with medical needs require a plan. Decisions to not make a healthcare plan are recorded appropriately on the child's file. Healthcare plans are reviewed annually or sooner if the child's medical needs have changed.

### **Children with Special Educational Needs & Disabilities (SEND) and Medical Needs**

Some children with medical needs also have SEND. If a child with SEND also has a medical need, and he or she has a Statement of SEND or an Education, Health and Care (EHC) Plan, their individual healthcare plan is part of that Statement or EHC Plan. For children who have SEND and a medical need but no Statement or EHC Plan, their healthcare plan includes reference to the Special Educational Need or Disability. Common medical needs are:

- a. Asthma: pupils are required to have their own eg salbutamol, in school though there is a school one available in emergency, administered to those for whom permission has been obtained
- b. Epipens are kept in a secure but available cupboard in the pupil's classroom. Staff receive training.
- c. Insulin will be kept in secure but available cupboard, in pupil-specific boxes in class.
- d. Children with injuries eg broken legs
- i. School will accommodate breaktime/lunchtime provision, where possible

ii. Release from lessons to avoid crush and allow time

e. Where an illness keeps the child off school, work will be arranged to be sent to them, if this is reasonable. Longer term illness may invoke referral to medical access school.

### **Roles and responsibilities**

Any member of school staff may be asked to provide support to children with medical conditions, including the administering of medicines, although they cannot be required to do so. Any member of staff must know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

Parents/Carers are responsible for:

- Providing the school with sufficient and up-to-date information about their child's medical needs
- Participating in the development and review of their child's individual healthcare plan
- Carrying out any actions they have agreed to as part of the plan's implementation (e.g. provide medicines)
- Ensuring that written records are kept of all medicines administered to children including the dosage given
- Ensuring they or another nominated adult is contactable at all times and contact information is kept up-to-date.

**The Governors are responsible for:**

- Making arrangements to support children with medical conditions in school, including making sure that this policy is in place
- Ensuring sufficient staff have received suitable training are competent before they take on responsibility to support children with medical conditions
- Ensuring that the school's procedures are explicit about what practice is not acceptable
- Making sure it is clear how complaints may be made and will be handled concerning the support provided to children with medical conditions
- Ensuring the school's policy clearly identifies the roles and responsibilities of those involved in the arrangements they make to support children at school with medical conditions.

**The Headteacher is responsible for:**

- Promoting this policy with the whole staff team, parents/carers, pupils and agency partners
- Ensuring the training needs of all staff are met, including the whole school staff regarding this policy, First Aiders as well as individual members of staff with responsibility for individual children

- Cover arrangements to ensure availability of staff to meet individual children's needs
- Monitoring the provision of individual healthcare plans for those children who require one and undertaking healthcare plan reviews.

**The SENCO is responsible for:**

- Ensuring all children with medical needs have a healthcare plan where appropriate, that it is kept up-to-date, is shared with all the individuals who need to know about it and reviewed at least annually.

**Teachers and Support Staff are responsible for:**

- Supporting the child as much as possible in self-managing their own condition
- Risk assessment for school visits, school journey and other school activities outside of the normal timetable
- Implementing their actions identified in individual healthcare plans

**Links to achievement and social and emotional wellbeing**

There are often social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may become anxious or depressed. Long-term absences due to health problems may affect attainment, impact on a student's ability to sustain friendships and affect their wellbeing and emotional health. We work closely with the child, their parent/carer and other practitioners to ensure that the impact of their medical needs on their achievement and social and emotional wellbeing is minimised.

**Procedures for managing medicines**

Medicines are only to be administered at school when it would be detrimental to a child's health or school attendance not to do so. No child under 16 is given prescription or non-prescription medicines without their parent's written consent (**see Appendix 1: School Medication Consent Form**), or given medicine containing aspirin unless prescribed by a doctor. Prescribed medication, e.g. for pain relief, is never administered without first checking maximum dosages and when the previous dose was taken.

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. If a child attends the school club then staff will administer a dose at the end of the school day. If medication is required 4 times a day then school will administer a dose at 11am.
- We only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage (the only exception to this is insulin which must still be in date, but will generally be available to us inside an insulin pen or a pump, rather than in its original container)

- All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to pupils and not locked away and are accessible on school trips
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Where pupils are able to manage and administer their own medication we require parental consent (**see Appendix 1: Medication Consent Form**). Otherwise, we keep controlled drugs that have been prescribed for a child securely in a non-portable container and only named staff have access. A record is kept of any doses used and the amount of the controlled drug held in school.
- Staff may administer a controlled drug to the child for whom it has been prescribed, doing so in accordance with the prescriber's instructions. We keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Staff sign the drug log when the medicine has been administered. Any side effects of the medication are also noted (**see Appendix 2: Drug Log**)
- When no longer required, medicines are returned to the parent/carer to arrange for safe disposal.

### **Emergency procedures**

Where a child has an individual healthcare plan, this defines what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school know that they should inform a teacher immediately if they think help is needed. If a student needs to be taken to hospital, staff stay with the child until the parent/carer arrives, or accompanies a child taken to hospital by ambulance.

### **Extra-curricular activities**

Staff at Our Lady and St Edward's are fully committed to actively supporting pupils with medical needs to participate in the full life of the school including trips and visits. Healthcare plans clearly outline how a child's medical condition will impact on their participation, but there is flexibility for all pupils to participate according to their own abilities and with reasonable adjustments (unless evidence from a clinician states that this is not possible). Risk assessments are carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This includes consultation with the student, the parents/carer and any relevant external agency involved in the care of the child.

### **Unacceptable practice**

In order to keep all pupils safe and well we are very clear that the whole team know what is not acceptable practice. It is not acceptable practice (unless there is evidence included in the child's individual healthcare plan from a medical professional) to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary

- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents; or ignore medical evidence or opinion
- Send pupils with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- If the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise children for their attendance record if their absences are related to their medical condition
- Prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition
- Require parents/carers, or make them feel obliged, to attend school to administer prescribed medication or provide medical support to their child, including with toileting issues
- Prevent pupils from participating, or create unnecessary barriers to children participating in any aspect of school.

### **Support for children with allergies and medical conditions**

On receiving information regarding allergies or medical conditions all staff are made aware of the allergy or medical need immediately. The headteacher will then liaise with families and professionals to develop a healthcare plan and deliver any necessary staff training. Where appropriate they will then develop an allergy student profile (see appendix 3) a description of the allergy and allergic reaction symptoms. Profiles will be shared with all staff and held in the pupil's file. Parents/carers must provide two Epi-Pens where applicable. The support staff will check Epi-Pens routinely to ensure they are 'in date'. Epi-Pens must be taken on school trips and visits and held by an adult who is trained to administer it. Teachers and support staff will be trained on how to use an Epi-Pen. A list of the staff trained and their training will be kept in the school office and updated by the school bursar.

### **Training**

Training to support the school in meeting the needs of children with medical conditions is provided on a regular basis, and from a range of practitioners. Our Lady and St Edward's undertakes whole school awareness training, induction training for new members of staff and training for individually identified members of staff. We work in partnership with the school nurse to determine what training is required to meet the medical needs of our pupils. We regularly review our training programme in response to changes in staffing, changes in student population and reviews of healthcare plans.

### **Other professionals**

We work closely with a range of other professionals when supporting a child with medical needs including GPs, school nurses, psychologists and specialist provision in hospitals etc. We have the support of the school nursing service who work closely in partnership with the school and parents/carers.

### **Accidents and Near Misses**

All accidents/ near misses involving incorrect administration of medicines must be recorded in the school accident book.

### **Monitoring and review**

Senior leaders review and implement the medical needs policy and procedures. Whole school data on medical needs and the impact of this policy will be reviewed to deliver best practice and comply with statutory requirements.

Dated March 2018

Agreed by Governors 22.3.18

Reviewed June 2024

## Appendix 1 School Medication Consent Form Parental Agreement for Our Lady and St Edward's School to administer medicine

The school will not give your child medicine unless you complete and sign this form and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness


### Medicine

Name/type of medicine  
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency


**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_



## Appendix 2: Drug Log

Name of Pupil:..... D.O.B.....

Class.....

[illegible]

### Appendix 3: Student Allergy Profile

Pupil's Name.....

D.O.B.....

Group.....

Allergic to.....

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Allergic reaction symptoms

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Location of Epi-Pens for this pupil

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Staff trained in use of EpiPen

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