



Supporting Children at School with Medical Needs Policy

1.0 Introduction

1.1 The Children and Families Act 2014 places a duty on the Governing Body to make arrangements for supporting pupils at Wychwood Primary School who have medical conditions.

1.2 Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.

1.3 Teachers and other school staff in charge of pupils have a common law duty to act in the place of parents and therefore may need to take swift action in an emergency. This includes those leading activities taking place off school site. This could also include administering medication in certain circumstances.

1.4 The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and they must provide the school with all the relevant information in order for the school to provide their child with the necessary care.

1.5 Key to effectively providing support to pupils with medical needs is listening to and valuing the views of parents/carers and pupils.

1.6 Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgement will be required on the evidence available. This will usually involve some sort of medical evidence and consultation with parents.

2.0 Definition of Medical Conditions

2.1 Pupil's medical needs can be broadly summarised into two types:-

- Short-term – affecting their participation in school activities because they are on a course of medication.
- Long-term – potentially limiting their access to education and requiring extra care and support.

3.0

Aims of the Policy

3.1

- To ensure that all children with physical and mental health conditions are properly supported in school so they can play a full and active role in school life, can remain healthy and achieve their academic potential.
- To ensure that the needs of each individual child are recognised and met.
- To ensure that parents/carers and pupils have confidence in the school's ability to provide effective support for those with medical conditions.
- To ensure that staff are properly trained to support and meet the needs of pupils

4.0 Roles and Responsibilities

4.1 Governing Body

- Ensure the arrangements are in place to support pupils with medical conditions.
- Ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

4.2 Headteacher

- Ensure all staff are aware of the Policy and understand their role in its implementation.
- Ensure all staff that need to know are aware of the pupil's condition.
- Ensure that a sufficient number of trained staff are available to implement the policy and deliver against all Individual Care Protocols, including in contingency and emergency situations.
- Ensure that school staff are appropriately insured and are made aware that they are insured to support pupils in this way.
- Contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet come to the attention of the school nursing service.
- Overall responsibility for the development of Individual Care Protocols.

4.3 School Staff

- Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, but they cannot be required to do so.
- Staff should receive sufficient and suitable training, and should achieve the necessary level of competency before taking on the responsibility to support a pupil with medical needs.
- Any member of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

4.4 Pupils

Pupils with medical conditions will often be best placed to provide advice on how their condition affects them, so they should be fully involved in discussions about their medical support needs. They should also contribute to the development of, and comply with, their Individual Care Protocols.

4.5 Parents

- Should provide the school with sufficient and up-to-date information about their child's medical needs.
- Parents are key to the development and review of the child's individual healthcare plan and should be involved in its drafting.
- They should carry out any action they have agreed as part of its implementation. (i.e. provide medicines)
- Will keep the school informed about any changes in their child's medical condition or the support they need.

4.6 Other Health Care Professionals

Other health care professionals have a role in supporting pupils with medical needs in school and may provide support and advice to the school. They are:-

- The Local Health Authority
- The School Nurse
- GP
- Paediatricians

Their roles and responsibilities are detailed in the Department for Education “Supporting Pupils at School with Medical Conditions” document.

5.0 Administering Prescribed Medication

- 5.1 At times, it may be necessary for a child to take a dose of prescribed medication, as part of a course of treatment, whilst at school (Short –term medical need). Where possible parents should be encouraged to administer medication outside school hours.
- 5.2 Medicines should only be administered at school when it would be detrimental to a child’s health or school attendance not to do so.
- 5.3 A consent form signed by a parent/carer must be completed (Appendix A).
- 5.4 The medication must be in date, in its original container, and be clearly labelled with the following information:-

Pupil’s name
Name of medication
Dosage
Frequency of dose
Date of dispensing
Storage requirements (if important) (i.e in the fridge)
Expiry date (if available)

- 5.5 Staff should record on the consent form when and what medication has been administered and it should be signed. A copy should be given to the parent to show what medication their child has been given and a copy should be placed on the child’s file.
- 5.6 When medication is no longer required it should be returned to the parent/carer for safe disposal.
- 5.7 Unless otherwise stated all medication will be stored securely away from pupils but pupils should know where their medicine is stored and should be able to access it immediately when required.
- 5.8 Where it is appropriate to do so, pupils will be encouraged to administer their own medication, under staff supervision.
- 5.9 It is the responsibility of the parent/carer to notify the school in writing if any change to the administering of the medication is required.
- 5.10 If a pupil refuses medication the school will not force them to do so but will contact the

parent/carer as a matter of urgency.

- 5.11 Medication should never be administered without first checking maximum dosages and when the previous dose was taken.

6.0 Administering Non-Prescribed Medication

6.1 Requests for the administration of non-prescribed medication will be considered by the Headteacher, who will look at the details and circumstances of requests on an individual basis. A Medication Consent Form must be completed as described in Section 5.

6.2 A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.

7.0 Inhalers, Blood Glucose Testing Meters and Epi-pens

7.1 Inhalers, Blood Glucose Testing Meters, Epi-pens and Adrenaline Pens should always be readily available to children and not locked away.

7.2 Inhalers and Epi-pens should be checked regularly to ensure they are still in date.

7.3 Epi-pens should only be administered by a member of staff who has received the necessary training.

8.0 Controlled Drugs

8.1 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 is an offence. Otherwise, controlled drugs prescribed for a pupil should be securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency.

8.2 The school can administer a controlled drug to the child for whom it has been prescribed, in accordance with the prescribers instructions.

8.3 As with all medicine administered by the school a record must be kept of all medicines administered to the individual pupil stating what and how much has been administered and when it was given and by whom.

8.4 Any side effects of the medication must be noted.

8.5 It is highly unlikely that a child in school will be prescribed controlled drugs. The most likely drug to be prescribed Methylphenidate (Ritalin, Equasym).

9.0 Individual Care Protocols

9.1 Individual Care Protocols help to ensure that school effectively support children with long-term medical conditions. They clarify what needs to be done, when and by whom. They can be helpful in a majority of cases but not all children will need one. The Headteacher Healthcare professional and parent/carer should agree, based on the evidence, when an Individual Healthcare Plan would be inappropriate or disproportionate.

9.2 Plans should capture the key information and actions that are required to support the

child effectively. The level of detail in the Plan will depend on the complexity of the child's condition and the level of support required.

- 9.3 Where a child has SEN but does not have a Statement or EHC plan, their special educational needs should be mentioned in their Individual Care Protocol.
- 9.4 Individual Care Protocols may be initiated by the Headteacher or a healthcare professional involved in providing care to the child, in consultation with the parent/carer.
- 9.5 Individual Care Protocols are reviewed at least annually or earlier if the needs of the child change.
- 9.6 When deciding what information should be recorded on Individual Care Protocols.

consideration should be given to:-

- The medical condition - its triggers, signs, symptoms and treatments.
- The child's needs – including medication (dose, side-effects, storage), other treatments, facilities, equipment, testing, access to food and drink to manage their condition, dietary requirements and environmental issues.
- Specific support for the child's educational, social and emotional needs – including how absence will be managed, requirements for extra time to complete tests, use of rest periods, counselling sessions
- Level of Support needed – some children may be able to self-manage their medication, this should be clearly stated and arrangements should be put in place to monitor the situation.
- Identify which member of staff will provide the support – their training needs, expectations of the role, confirmation of proficiency to provide the necessary support, cover arrangements when they are unavailable.
- Who needs to be aware of the child's condition and the support required.
- Arrangements for written permission from parents/carer and the Headteacher for medication to be administered by a member of staff, or the child themselves, during school hours.
- Separate arrangements for school trips or other activities outside of the normal timetable to ensure the child can participate (including risk assessments)
- Where confidential issues are raised by the parent or pupil who is to be entrusted with this information.
- Emergency situation – What constitutes an emergency, what action should be taken, contact details and contingency arrangements
- Arrangements for school visits and trips

9.7 The process for developing Individual Care Protocols is available at the school office

9.8

The format of the Individual Care Protocols for Wychwood Primary is shown at

9.9 Appendix B.

Individual Care Protocols need to be located somewhere accessible and they are displayed in the Staff Room.

10.1 **Emergency Procedures**

Where a child has an Individual Healthcare Plan it should detail what constitutes an emergency and what should be done, including ensuring all staff know emergency symptoms and procedures.

10.2 If it is deemed necessary an ambulance will be called outlining full details of the condition, how it occurred, details of the child, parents' names and addresses and any known medical conditions.

11.0 Day Trips, Residential Visits and Sporting Activities

11.1 Staff should be aware of how a child's medical condition impacts on their ability to participate and there should be enough flexibility for all children to participate according to their abilities.

11.2 Arrangements should be made to enable children with medical needs to participate in activities according to their abilities making reasonable adjustments.

11.3 The Individual Healthcare Plan should detail what arrangements should be put in place for trips and visits. Where necessary a risk assessment should be undertaken to assist in ensuring the arrangements are satisfactory.

12.0 Staff Training

12.1 Any member of staff providing support to pupils with medical needs should have the appropriate training which is identified during the development of the Individual Healthcare Plans.

12.2 The healthcare professional involved in the development of the Plan should normally lead on identifying and agreeing with the school the type and level of training required.

13.0 Unacceptable Practice

13.1 It is generally not acceptable to :-

- Prevent a child easily accessing their inhalers and medication and administering their medication as and when necessary.
- Assume every child with the same condition has the same needs.
- Ignore the views of the child or parent, or ignore medical advice or opinion.
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless specified in the Individual Healthcare Plan.
- If the child 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 (ie hospital appointments)
- Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including toileting issues. No parent should have to give up work because the school is failing to support their child's medical needs.
- Prevent a child participating, or create unnecessary barriers to children participating in any aspect of school life including school trips.

14.0 Insurance

14.1 The staff of Wychwood Primary School are adequately covered through the Oxfordshire County Council Insurance to provide support to children with medical needs. Details of

the cover provided by the insurance is available at the School Office.

15.0 Complaints

If a parent/carer or pupil is dissatisfied with the support provided they should discuss their concerns with the Headteacher. If this does not resolve the issue this should be pursued through the school Complaints Procedure.

Date Written/Reviewed: January 2022

Next Review: January2023

CONSENT FOR THE ADMINISTRATION OF MEDICINE

Please complete and sign this form if you wish to give consent to the school to administer medication to your child. The school is unable to administer medication without the completion of this form.

Name of Child	
Date of Birth	
Class	
Medical condition/Illness	

Medicine

Medicines must be in the original container as dispensed by the pharmacist

Name of Medicine	
Expiry Date	
Dosage	
Time to be administered	
Any other instructions	
Any potential side effects the school needs to know about	
Self- Administration (Yes/No)	

Contact Details

Name	
Daytime Telephone	
Relationship to child	

I give consent to school staff administering medication to my child in accordance with the school Supporting Pupils with Medical Conditions Policy.

_____ Signed _____ Date

Member of staff responsible for administering medicine (To be completed by the school)	
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RECORD OF THE MEDICINE ADMINISTERED

Date					
Time Given					
Dose Given					
Name of Staff member Who administered					

**WYCHWOOD PRIMARY SHOOL
INDIVIDUAL CARE PROTOCOL**

Pupil's Name	
Class	
Date of Birth	
Address	
Medical Diagnosis or Condition	

Name of Parent/Carer 1	
Contact Numbers	Work: Home: Mobile:
Relationship to child	
Name of Parent/Carer 2	
Contact Numbers	Work: Home: Mobile:
Relationship to child	

Name of Clinic/Hospital	
Contact at Clinic/Hospital	
Contact telephone number	
GP Name	
GP Contact Number	

Describe medical needs and give details of pupils symptoms , triggers, signs, environmental issues	
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Details of any medication(s) prescribed:-	
Name of Medication	
Method of administration	
Dosage	
Time to be taken	
Side effects	
Can the Pupil self-administer	YES/NO

Describe any other facilities, equipment, devices or	
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arrangements required to meet the Pupils medical needs	
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Describe any other treatment the Pupils receives for which the school may need to provide support	
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Other Daily Care Requirements	
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Specific Support for the Pupil's educational, social and emotional needs	
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Arrangements and requirements for school trips, visits and sporting activities	
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Describe what constitutes an emergency and what action to take if this occurs	
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Name of member(s) of staff responsible for providing support in school	
Details of any training needs (who/what/where/when)	
Names of those who need to be made aware of medical needs	

Names & Signature of those developing & agreeing the Plan	Name:	Signature:
	Name:	Signature:
	Name:	Signature:

Date:	Date Plan to be reviewed:
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