



Supporting pupils with medical needs policy

Context

Children with medical needs have the same rights of admission to Coleridge Primary School as other children. The school will try its utmost to ensure that arrangements are in place to support pupils with medical conditions and that they can access and enjoy the same opportunities as other children. Each child with medical needs will be reviewed on an individual basis and decisions will be made bearing in mind the health and safety of the child with medical needs and other children. The school, local authorities, health professionals and other support services will work together to ensure that children with medical conditions receive a full education.

Aims

To ensure that:

- children with medical needs have equal access to the learning environment;
- effective management systems are in place to help support individual children with medical needs;
- all school staff are clear about policy and procedure for dealing with medical needs and medical emergencies should they arise;
- the policy is understood by staff, parents and carers and provides a sound basis for ensuring that children with medical needs receive proper care and support in a school setting.

General Principles

The headteacher and school staff will treat all medical information as confidential. In the case where a child with a medical condition is disabled, the school will comply with its duties under the Equality Act (2010) or where the child might have special educational needs (SEN), a Statement or an Education, Health and Care Plan (EHCP) this policy will be referred to in conjunction with the SEN Code of Practice.

On the pupil's admission to school the parent/carer will complete the school's Health Care Plan form and provide the following details:

- medical conditions;
- regular/emergency medication;
- name of GP/details of hospital/hospital consultants;
- emergency contact numbers;
- allergies;
- special dietary requirements;
- any other relevant information and reports;

This information will be reviewed annually or if the pupil's condition changes.

School has clear procedures for safe receipt, storage, administration and disposal of medication.

If staff have any concerns related to the administration of a medication, staff will not administer the medication until they have checked with parents/carers or a health care professional. The school is responsible for ensuring that all staff involved in the administration of medication are familiar with this policy and will receive appropriate training.

If a child who currently attends the school develops a medical condition and their need changes, the school will work with the child's family/carers and health care professionals to meet the child's needs.

Individual Health Care Plans

Medication may be required for a short period of time or just a single dose. However, for children with ongoing medical needs, it may be for a longer term or on a continual basis. Those who have continuing health needs should have an individual health care plan (IHCP) that is reviewed annually or earlier if the child's needs change.

Parents should be consulted when developing an Individual Health Care Plan and any relevant health professional should also be involved. Procedures should also be put in place for transition between schools. The aim is to ensure that school know how to support a child effectively and to provide clarity about what needs to be done, when and by whom.

A senior member of staff, who is responsible for writing and implementing Individual Health Care Plans (IHC) will be involved in the consultation. IHC plans will be initiated in consultation with the parents/carers and a healthcare professional (if required), who can advise on the particular needs of the pupil. Each IHC plan will provide clarity about what needs to be done, when and by whom. The IHC plan will be easily accessible to all who need to refer to them, while preserving confidentiality. The IHC plan will capture the key information and actions that are required to support the pupil effectively. The level of detail will depend on the complexity of the child's condition and the degree of support needed.

The governing body will ensure that IHC plans are reviewed at least annually or earlier if evidence is presented that demonstrates that the child's needs have changed.

Roles and Responsibilities

Governing Body - should make arrangements to support pupils with medical conditions in school and make sure that the policy for supporting pupils with medical conditions is implemented.

Parents and Carers - parents and carers must provide the school with sufficient and up-to-date information about their child's medical needs. They should also be involved in the development and review of their child's IHC plan.

Pupils - pupils with a medical condition where practicable, should be involved in the discussions about their medical support needs and contribute to the development of their IHC plan.

Healthcare professionals - healthcare professionals, GPs and paediatricians should notify the school when a child has been identified as having a medical condition that will require support at school.

Training - training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements set out in IHC plans. For staff involved with a child or children who have a medical need requiring specialist treatment, will receive the appropriate training; e.g. checking a child's blood sugar, changing a colostomy bag.

Arrangements will be made for whole school awareness training so that all staff are aware of school policy for supporting children with medical conditions and their role in implementing it; e.g. Epi-pen training, asthma pumps.

Procedures for administering medicines

Coleridge Primary School will ensure that:

- prescription or non-prescription medicines will not be administered without written parental consent
- a pupil will not be given medicine containing aspirin unless prescribed by a doctor
- it will only accept prescribed medicines that are: in date, labelled, in the original container as dispensed by a pharmacist and include instruction for administration, dosage and storage
- a record will be kept of all medications administered to individual children, stating what, how much was administered, when and by whom
- any side effects of a medication will be recorded and parents/carers informed
- medications that are no longer required will be returned to parents

Parents and Carers

When this policy refers to carers, the school is explicitly referring to individuals or couples who have parental responsibility for their child/children.

School policy requires one parent/carer to agree or to request that medicines are administered. Where parents/carers disagree over medical support, the school will continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless a Court decides otherwise.

Self-management - the school believes that it is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age. As children grow and develop they will be encouraged to self-administer and we believe that there is no set age when this responsibility happens. When children take medicines themselves, staff will supervise.

Refusal of medicines - if a child refuses to take medicine, staff will not force them to do so, but will note refusal in the records. Parents will be informed as soon as possible on the same day. If refusal to take medicines results in an emergency, the child's emergency/IHC plan procedures will be followed.

Storage of medicines - they will be stored strictly in accordance with product instructions. Where a child needs two or more medicines, each will be stored in a separate container. Non-healthcare professionals will not transfer medicines from the original containers. All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and not locked away. Non-emergency medicines will be kept in a secure place, not accessible to children. Medicines requiring refrigeration can be kept in a refrigerator containing food but with restricted access and they should be kept in an airtight container and be clearly labelled.

Disposal of Medicines - staff should not dispose of medicines. Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. Parents will collect medicines held at the end of each academic year or when they are no longer needed.

Sharps Boxes will always be used for the disposal of needles.

Hygiene and Infection Control

Coleridge staff know the normal precautions for avoiding infection and follow basic hygiene procedures. They have access to protective disposal gloves and take care when dealing with spillage of blood or other bodily fluids and disposing of dressings and equipment.

Educational Visits

Coleridge will encourage children with medical needs to participate in educational visits and journeys. We will consider what reasonable adjustments need to be made to enable children with medical needs to participate fully and safely on visits. Additional safety measures will/may be needed, for example additional staff support, parental support or a volunteer may be required. Arrangements for taking medicines will also be taken into consideration. Staff supervising such excursions will be aware of any medical needs and relevant emergency procedures. A copy of the child's IHC plan will be taken on visits in addition to risk assessments.

Sporting Activities

Most children with medical conditions can participate in physical activities and there will be sufficient flexibility for all children to follow in ways appropriate to their own abilities. Any restriction on a child's ability to participate in PE will be recorded in their IHC plan.

Some children may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities will consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Emergency Procedures

As part of general risk management processes, Coleridge has arrangements in place for dealing with emergency situations. Where a child has an IHC plan, it will clearly define what constitutes an emergency and explain what to do, all relevant staff will be aware of the emergency symptoms and procedures.

Staff will know:

- how to call the emergency services
- who is responsible for carrying out emergency procedures
- that they need to accompany a child taken to hospital by ambulance and stay until the parent arrives
- how to access IHC plans which include instructions as to how to manage a child in an emergency and identify who has the responsibility in an emergency

Inclusion/Equal Opportunities

Equal access is given to the curriculum; children may need to take precautionary measures before or during exercise and to all children regardless of ability, gender, culture or ethnic origin. The school follows the Equalities Act and the Special Educational Needs Code of Practice.

June 2019

Review date: June 2021