



Children with Medical Conditions Policy

St Andrew's Church School endeavours to take into account considerations of race, religion, belief, gender, ethnicity and disability equality in developing and applying this policy.

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| Drafted for approval | March 2015 |
| Formally approved on: | |
| Planned review date: | |
| To be reviewed by: | School Development Committee |
| Signed: | |
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Copies of this document in large print can be obtained from the school

| St Andrew's Church School | Who is responsible? | Additional Details |
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| MAT Policy written by SENCO's | | |
| To be reviewed by | | |
| 1. <u>Children with Medical Conditions Policy</u> | The Governor with responsibility for SEN and the Head Teacher. | |
| a. We aim to ensure that all children, including those with medical conditions can continue to enjoy learning, friendships, and play. | All staff | |
| b. Parents have the prime responsibility for their children's health and are required to provide the school (via the Head teacher) with information about their child's medical condition before they are admitted to the school, or as soon as the child first develops a particular medical need. | Parents / Carers | |
| 2. <u>Pupils with Short – Term Medical Needs</u> | | |
| a. If children are unwell and unable to cope with a busy school day or if the child has an infectious or contagious condition they should not be sent to school. If they become ill during the day, parents/carers will be contacted by the school office in order that the child can be taken home. | Parent / Carers | |
| b. Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps the first course of prescribed antibiotics. Where possible doses should be given before or after school, however medicines may be brought into school if it would be detrimental to the child not to do so. Medicines should be brought to the school in the original containers with the labels attached. | Parent / Carers | |

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| <p>c. Parents should inform the school (using the forms available from the school office) about the medicines that their child needs to take and provide details of any further support required.</p> | <p>Parents</p> | |
| <p>3. <u>Responsibility for administering prescribed medication</u></p> | | |
| <p>a. The school will ensure that there are sufficient members of support staff who are employed, appropriately trained and willing to manage medicines. The type of training necessary will depend on the individual case. If they are in doubt about any procedure, staff will not administer the medicines but will check with the parents or a health professional before taking further action.</p> | <p>Head Teacher</p> | |
| <p>4. <u>Record keeping.</u></p> | | |
| <p>a. Staff will complete and sign a record each time they give a medicine to a child. This is kept in a central file in the office</p> | <p>All staff</p> | |
| <p>5. <u>Refusal to take medicine.</u></p> | | |
| <p>a. If a child refuses to take medicine, staff will not force them to do so, but will note this in the records and inform parents of the refusal immediately.</p> | <p>Head Teacher</p> | |
| <p>b. If a refusal to take medicines results in an emergency, then the usual emergency procedures will be followed.</p> | <p>Head Teacher</p> | |

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| 6. <u>Storage of medication</u> | | |
| a. All emergency medicines, such as asthma inhalers and adrenaline pens, will be safely stored and will be readily available. They will not be locked away and <u>where children are considered safely able to take care of their own medicine they will be supported to do so.</u> | Head teacher | |
| b. Some medicines need to be refrigerated. These will be kept in the fridge in the staffroom. Access will be restricted to the refrigerator holding medicines. | Head teacher | |
| 7. <u>Absence from school for more than 15 days.</u> | | |
| a. For those children who attend hospital appointments or are admitted to hospital on a regular basis, special arrangements may also need to be considered. In this event advice will be sort from The Medical Tuition Service and referrals made where appropriate. | Head teacher | |
| b. Children with medical needs may be unable to attend school for many reasons relating to their condition and in this event the school will make arrangements to link the child to suitable learning opportunities | Head teacher | |
| 8. <u>Pupils with Long Term or Complex Medical Needs</u> | | |
| a. Where a child's needs are particularly complex and could affect their ability to access the full curriculum or participate in other areas of school life, then special arrangements will be made. The PIMS Team and SENITAS may be contacted to support any adaptations to the curriculum. | SENCo | |

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| <p>b. In some cases this might take the form of dedicated adult support, at certain times of the school day. Alternatively, the child's needs could be such that modifications to the learning environment and/or the provision of specialist aids will need to be considered.</p> | <p>Head teacher</p> | |
| <p>9. <u>Individual Health Care plans</u></p> | | |
| <p>a. A written, individual health care plan will be developed where needed, to clarify for staff, parents and the child, the support that will be provided and what training may be required. This will include:</p> <ul style="list-style-type: none"> i. Details of the child's medical condition ii. Any medication iii. Daily care requirements iv. Action to be taken in an emergency v. Parents/carers details including emergency contact numbers. vi. Details of staff who are trained to administer medicines or trained in emergency procedures | <p>SENCo/ health care professionals/parents/carers</p> | |
| <p>b. Those who may contribute to a health care plan include:</p> <ul style="list-style-type: none"> i. The parents/carers (and the child, if appropriate) ii. Specialist nurses, children's community nurses, the child's GP or other health care professionals (depending on the level of support the child needs) iii. The Head Teacher and SENCO iv. The class teacher, care assistant or teaching assistant v. Support staff who are trained to administer medicines or trained in emergency procedures. vi. PIMS team | | |

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| <p>c. The school will agree with parents how often they should jointly review a health care plan. The timing of this will depend on the nature of the child's particular needs. In most cases this will take place at the start of each school year; however, some plans will need to be reviewed more frequently depending on individual needs.</p> | <p>SENCo</p> | |
| <p>d. Health care plans and training are not transferable, even when children have the same condition.</p> | <p>SENCo</p> | |
| <p>10. <u>Training</u></p> | | |
| <p>a. If the school staff need to be trained to administer medical procedures the school will contact the relevant health care professional, e.g. Specialist nurse or children's community nurse. Parents cannot be responsible for leading this training but parents and children will be asked to participate in the training and give advice and guidance on how they prefer things to be done.</p> | <p>Head Teacher/SENCo</p> | |
| <p>b. Parents and school staff cannot cascade training that they have received when the training is specific to an individual child.</p> | <p>Head Teacher/SENCo</p> | |
| <p>c. School staff who have been trained are responsible for following and delivering the health care plan and if the child's condition alters they will contact an appropriate professional and the parents, making them aware of the change and requesting further training if needed or an alteration to the plan.</p> | | |
| <p>d. School staff will request further training when needed, and professional update at least once a year.</p> | <p>Head Teacher/SENCo</p> | |

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| e. Staff who have been trained in the child's care are responsible for following the procedures in children's care plans as they have been trained to do. | | |
| f. The Head teacher will liaise with health care professionals and the trained staff to support and facilitate training refreshers and updates as needed. | Head Teacher | |
| g. Individual staff are responsible for identifying and communicating any changes that they notice in the child's care needs. The SENCO will inform parents and health care professionals in writing and discuss whether further training is needed. | SENCo | |
| 11. <u>Communicating Needs</u> | | |
| a. A confidential file containing photographs of pupils with medical needs, together with outlines of their medical condition and action to be taken, is available to all teaching and support staff in the blue file in the staff room | Head Teacher | |
| b. Health Care Plans for individual children are kept in the SEN file in the classroom where they are accessible to all staff involved in caring for the child. | Class teacher | |
| c. Further copies and full medical records are stored in the school office | SENCo | |
| 12. <u>Educational visits (see also school's Trips Policy)</u> | | |

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| <p>a. Visits and school residentials will be planned so that pupils with medical needs can participate and our best endeavors will be (and as appropriate) to ensure that they are not discriminated against. If a risk assessment indicates that it is not safe for the pupil to participate in part of the experience because of their condition, then our best endeavors will be made and an alternative experience will be provided to ensure that they are enabled to join in the curriculum surrounding the trip.</p> | <p>All Staff</p> | |
| <p>b. Staff supervising excursions and residentials will always make sure that they are aware of any medical needs and emergency procedures. Parents of children participating in residential trips will need to complete required consent forms giving details of all medical/dietary needs. All medication or equipment which needs to be administered during the course of the visit should be handed directly to the class teacher in accordance with the school's guidelines before leaving the school at the start of the trip.</p> | <p>All staff</p> | |
| <p>c. A copy of individual health care plans will be taken on visits in the event of the information being needed in an emergency.</p> | <p>Visit leader</p> | |
| <p>d. Arrangements for taking any necessary medicines will be made and if necessary an additional member of the support staff, or an appropriate volunteer might be needed to accompany a particular child. Children's parents will not be required to accompany their own children on school trips.</p> | <p>Visit leader</p> | |
| <p>e. If there is any concern about whether the school is able to provide for a child's safety or the safety of other children on a visit, then parents will be consulted and medical advice sought from the school health service or the child's GP.</p> | <p>Head Teacher</p> | |
| <p>13. <u>Sporting Activities</u></p> | | |

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| <p>a. All children with medical conditions will be encouraged to participate as fully as possible in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-being. Staff will be sensitive to their individual needs and sufficient flexibility will be incorporated into the lesson planning for all children to be included in ways appropriate to their own abilities.</p> | <p>All staff</p> | |
| <p>b. Any restrictions on a child's ability to participate in PE will be recorded in their individual health care plan. These will include a reference to any issues of privacy and dignity for children with particular needs.</p> | <p>SENCo/Health care professionals</p> | |
| <p>c. Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.</p> | | |
| <p><u>Unacceptable Practice:</u></p> <p>It is not acceptable:</p> <ul style="list-style-type: none"> to place children at risk for any reason to exclude children from curriculum activities because of their condition | <p>All staff</p> | |

