

## MEDICAL CONDITIONS

<b>Date of last review</b>	September 2020
<b>Date of next review</b>	September 2021

### AIMS

To provide a framework and guidance to ensure:

- All children with medical conditions, in terms of both physical and mental health, are properly supported so that they have full access to education, including school visits and physical education and can play a full and active role in school life, remain healthy and achieve their academic potential.
- School, health and social care professionals, children and parents collaborate so that the needs of children with medical conditions are properly understood and effectively supported

### GENERAL GUIDANCE

- This policy and guidance is based on and is in line with the DfES document ‘Supporting pupils at school with medical conditions’ (Dec 2015) and gives regard to the statutory duty of schools to make arrangements for supporting pupils with medical conditions (Section 100 of the Children and Families Act 2014). In addition, advice from LA and other healthcare professionals is sought and implemented as necessary when managing complex health needs.
- Our procedures apply to long term medical needs, short term medical needs and unforeseen medical needs (First Aid).
- Where children have **long term medical needs**, or require medicines in particular circumstances, the school will liaise with home and other professionals to ensure that we have sufficient information about the medical condition. Where appropriate, a health care plan will be drawn up to clarify the situation.
- We recognise that most children may at some time have **short term medical needs** i.e. finishing a course of prescribed medication which cannot be taken entirely outside of school hours i.e. where 4 doses are required within a day. Such medicines should only be taken in school where it would be detrimental to a child’s health if it were not administered during the school day.
- Consideration will be given to how any long or short term absences may affect a child’s academic attainment and progress, emotional development and social relationships so that these absences can be effectively managed and supported.
- Children with medical needs have the same right of admission to school as other children in line with the LA admissions policy. However, in line with their safeguarding duties, the governing body must ensure that children’s health is not put at unnecessary risk from, for example, infectious diseases. We therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.
- All relevant staff are made aware of this policy and guidance through the school’s staff induction arrangements and at the beginning of each academic year when the policy is reviewed.

### ROLES AND RESPONSIBILITIES

#### INCLUSION LEAD/SENCo RESPONSIBILITIES

- Ensure sufficient staff are trained, competent and confident before they take on responsibility to support a child and are able to access information and support materials
- Ensure the school nursing service are aware of any child with a medical condition who requires support at school
- Liaise with healthcare professionals and parents to coordinate Individual Health Care Plans

## MEDICAL CONDITIONS

---

- Ensure children have the opportunity to share information about how their condition affects them, how their needs can best be met in school and any concerns they may have
- Implement policy and procedure and ensure these reflect current legislation and good practice

### STAFF 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.
- All relevant staff are made aware of a child with medical conditions and are given appropriate information or training so that they know what to do and how to respond accordingly if they become aware that the child needs help. A list of children with special medical needs which all staff need to be aware of, is displayed in the staff room and the office, as well as in the First Aid area.
- There is no legal duty that requires school staff to administer medicines or first aid. At Oyster Park, some support staff administer medication in a voluntary role and are appropriately trained to manage medicines.
- The school has responsibility for trained staff administering or supervising the taking of prescribed medication or undertaking healthcare procedures during the school day. The school provides indemnity for any staff who agree to administer medication following agreement by parents and school.
- Any member of staff giving prescribed medicines or supervising a child taking their medicine will check the label for:
  - Child's name and date of birth
  - Prescribed dose
  - Expiry date
  - Written instructions provided by the prescriber on the label or container
- The administration of prescribed medication will be witnessed by a member of school staff, this member of staff will check the measured dosage is accurate and correspondence with the prescribed dosage. The member of staff will sign the Individual Medical Record for the child to evidence they have witnessed the administration of the accurate of dose of medication.
- Children who are ill should not attend school. For children with short term illness, deemed fit enough to attend school but finishing a prescribed course of medicine, school cannot guarantee to administer medicines at an exact time of the school day and if this is considered to be essential, the child should not attend school until the course of treatment is finished. Alternatively, parents may wish to come into school to administer medicine at a specific time.

### PARENT RESPONSIBILITIES

- Parents have a prime responsibility for their child's health and should provide school with sufficient and up-to-date information about their child's medical needs and any relevant medical history.
- Parents should inform school of any changes to medical needs or if medication is discontinued.
- They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

### INDIVIDUAL HEALTH CARE PLANS (IHCP)

- If the need for a health care plan is identified, the school will lead the development of this in consultation with school nursing service, other healthcare professionals involved, parents and the child if appropriate. All staff will be made aware of any such cases and the provision for these.
- The plan will set out what needs to be done, when and by whom.
- The format and level of detail in the plan will depend on the complexity of the child's condition and the key information and actions that are required to support the child effectively. (See Appendix 1: Process for developing an individual healthcare plan and Appendix 2: What to consider and include in a plan).

## MEDICAL CONDITIONS

---

- Plans will be easily accessible to all who need to refer to them, while preserving confidentiality.

### ADMINISTRATION PROCEDURES

#### Prescribed Medication

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- Medicine will only be accepted in school where it has been prescribed. Prescribed medicines are defined as medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
- Medicine should be in date, in the original container as dispensed and include the prescriber's instructions for administration, dosage and storage. Any alterations to dosage must be accompanied by written instructions provided by the prescriber. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- The school's written agreement form must be completed by a parent for school to administer prescribed medicine
- The school's administration of medication record will be kept each time medicine is administered.
- A record will be kept and parents informed as soon as possible if a child refuses to take medication or carry out a necessary procedure: staff should not force them to do so.
- Controlled drugs may be prescribed as medication for use by children.
- Prescribed medication will only be given if it cannot be taken wholly out of school hours i.e. where 4 doses are required within a day or where within the prescriber's instructions, it is to be administered as necessary for regular pain relief. In the latter case, in order to ensure an appropriate dosage within the 24 hour period usually specified, parents must also complete the school's record of medication given prior to school hours.

#### Non-prescribed medication

- Staff should never administer a non-prescribed medicine to a child at school. It may be administered where written parental consent has been given for specific circumstances eg travel sickness tablet, hayfever tablet, Calpol, antihistamine cream whilst on a residential visit
- A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

#### Self-Administration

- Where appropriate, children will be encouraged to take responsibility for managing their own medicines and procedures and to self-administer their own prescribed medicine, under staff supervision, unless they are deemed too young or unable to do so.
- School must be aware of any children carrying and administering their own prescribed medication.

### MANAGEMENT OF MEDICINES

- Unless otherwise indicated, all medication will be stored securely. Devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily accessible and available to children.
- It is parent/carer's responsibility to monitor and ensure that medication is in date and that school has appropriate supplies.
- Unused or out of date medicines will be returned to parents for disposal.
- Sharps boxes will be used for disposal of needles and collection and disposal arranged in line with Council environmental service arrangements.

### EDUCATIONAL VISITS

- Prescribed medicines will be taken on off-site activities if necessary and administered in line within the same guidelines as for in school.
- The risk assessments carried out as part of the school visits procedures will take into account any reasonable adjustments that may need to be made to enable children with medical needs to take part in a safely managed visit. School will seek advice and parent views where they have any concerns about providing for a child or the safety of others on such a visit.

### EMERGENCY PROCEDURES

- In an emergency, first aid procedures will be followed and emergency services called if necessary. Health care plans will include specific details as appropriate to individual children.
- If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance
- Through the school's wider curriculum, other children in school will be made generally aware of the need to get adult help immediately in an emergency. If appropriate, they will be made aware of specific children's medical needs and emergency symptoms.

### ILLNESS

- Children who become unwell during the school day will be monitored and parents may be contacted to take them home. This decision will be the responsibility of the SLT in conjunction with the class teacher or member of staff who has monitored the child and must only be done with SLT permission. Parents may be contacted to inform them and consult with them if it is felt the child could improve and remain in school.
- An unwell child will be accompanied when being sent to the First Aid area/school office

### STAFF MEDICAL CONDITIONS AND MEDICATION

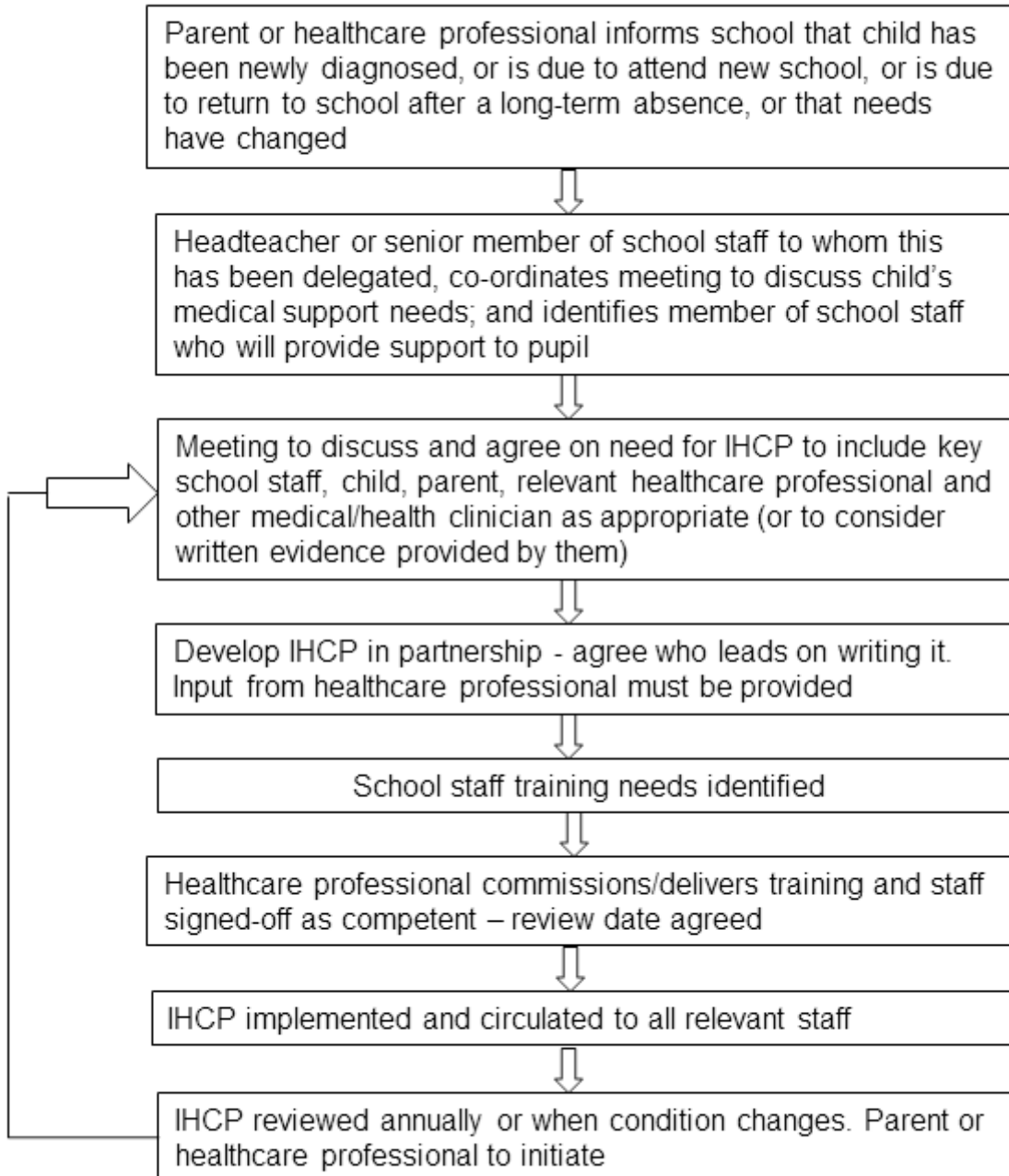
- Staff taking any medication which may affect their ability to care for children, should seek medical advice. Staff medication in school must be securely stored and out of reach of children at all times.

**APPENDIX 1**

**INDIVIDUAL HEALTH CARE PLANS (IHCP)**

**Process for Developing Individual Health Care Plans**

(DfE Supporting pupils with Medical Conditions 2015)



**APPENDIX 2****INDIVIDUAL HEALTH CARE PLANS (IHCP)****What to consider and include in a plan**

These will be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

**Where appropriate, Health Care Plans may include:**

- What needs to be done, when and by whom;
- Names and contact details of healthcare professionals involved
- The medical condition, its triggers, signs, symptoms and treatments;
- The child's resulting needs, including medication and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons and break times;
- Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision
- The level of support needed - some children will be able to take responsibility for their own health needs
- Who will provide support, their training needs, expectations of their role
- Specific support for the pupil's educational, social and emotional needs
- Who in the school needs to be aware of the child's condition and the support required;
- Describe what constitutes an emergency, and what to do in an emergency, including who to contact and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan

