

**Supporting Pupils with Medical Conditions**

**November 2023**

The aim of the Policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

We acknowledge and believe that children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

The school will ensure that children’s health is not put at unnecessary risk from, for example, infectious diseases. They therefore, acknowledge that they do not have to accept a child in school at times where it would be detrimental to the health of that child or others.

**Roles and Responsibilities**

We acknowledge that supporting a child with a medical condition during school hours is not the sole responsibility of one person. We work co-operatively with other agencies.

The school, in conjunction with the Governing Body will:

➢ Make arrangements to support children with medical conditions in school and will make sure that this policy for supporting children with medical conditions in school is developed and implemented.

➢ Ensure that a child with a medical condition is supported to enable the fullest participation possible in all aspects of school life.

➢ Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

➢ Ensure that any members of school staff who provide support to children with medical conditions are able to access information and other teaching support materials as needed.

**The Head Teacher will:**

➢ Ensure that this policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of this policy for supporting children with medical conditions and understand their role in its implementation.

➢ Ensure that all staff who need to know are aware of the child’s condition and that sufficient trained members of staff are available to implement this policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The Deputy Head and designated admin staff will support the implementation of the policy which will be overseen by the Head Teacher who will have overall responsibility for the development of individual healthcare plans.

➢ Make sure that school staff are appropriately insured and are aware that they are insured to support children in this way. They will contact the school nursing service in the case of any 1 The Trust is currently a member of the Department of Education’s Risk Protection Arrangement. child who has a medical condition that may require support at school but who has not yet been brought to the attention of the school nurse.

**The School Staff**

➢ Any member of school staff may be asked to provide support to a child with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers’ professional duties, they should take into account the needs of the children with medical conditions that they teach.

➢ School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

➢ Any member of school staff should know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

**School Nurses**

We have access to the school nursing service. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions but may support staff on implementing a child’s individual healthcare plan and provide advice and liaison, for example, on training.

School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. Other healthcare professionals, including GPs and Paediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

Specialist local health teams may be able to provide support in schools for children with particular conditions eg Asthma, Diabetes.

**Children**

Children with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

**Parents/Carers**

Parents/carers should provide the school with sufficient and up-to-date information about their child’s medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child’s individual healthcare plan and may be involved in its drafting. They should carry out any action that they have agreed to as part of its implementation eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

**Transition Arrangements**

When notification is received that a pupil has a medical condition the school, in conjunction with all relevant stakeholders including parents/carers will:

➢ Ensure that arrangements are put in place to cover transition from another setting, upon being notified that a child is coming into school with a medical condition. These may vary from child to child according to existing Health Care Plans.

➢ Ensure that arrangements are implemented following re-integration into the school or when the needs of a child change.

➢ Put arrangements in place in time for the start of the new school term.

➢ In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are in place as soon as possible.

➢ Provide support to pupils where a condition is undiagnosed or difficult to diagnose but there is a possibility that a medical condition is causing difficulties. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right levels of support can be put in place.

➢ Any staff training needs are identified and met.

**Individual Health Care Plans**

The purpose of individual healthcare plans are to help ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. Not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be appropriate. If consensus cannot be reached, the Head Teacher will take a final view. Where a child is returning to school following a period of hospital education or alternative provision, we will work closely with the appropriate agencies and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

We would not necessarily wait for a formal diagnosis before providing support to a child. In cases where a child’s medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/carers.

**Staff Training and Support**

Any member of school staff providing support to a child with medical needs will have received suitable training. We ensure that training is kept up to date. Staff have the opportunity to discuss their training needs with the Inclusion Manager.

Staff carrying out medical procedures will be monitored by line managers in addition to healthcare professionals. Any member of staff expressing concerns whatsoever will be fully supported until they feel confident.

**The Child’s Role in Managing their own Medical needs**

Wherever possible, children who are competent to manage their own healthcare needs and medicines, in consultation with healthcare professionals and parents/carers, will be encouraged to do so under the supervision of school staff. If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so but follow the procedure agreed in the individual healthcare plan. Parents/carers will be informed so that alternative options can be considered.

**Managing Medicines on School Premises**

➢ No child under 16 should be given prescription medicines without their parents /carers written consent. (Appendix 1)

➢ No un-prescribed medicines will be given to a child. In certain cases a Doctor may advise on giving medicines purchased over the counter (e.g. Piriton), for a school to administer such medicines, a dated and signed letter from the Doctor will be required along with the parents’ consent form.

* If your child is prescribed Calpol or Ibuprofen but it has been bought over the counter, we would need a medical letter or other medical evidence (for example a care plan) to that effect.

➢ Only medicines that are in date, labelled with the child’s name, provided in the original container as dispensed by a pharmacist and including instructions for administration will be accepted. This includes Asthma Inhalers, Epipens, Insulin etc.

➢ All medicines must be stored in a secure area out of reach of children.

➢ Use of emergency Salbutamol Inhaler. (Appendix 4)

Short Term Prescriptions

➢ Medicines may be administered in school if it is required to be taken four times a day.

➢ Medicines will only be administered if the parent/carer has completed and signed an indemnity form.

➢ When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

➢ A record of all medicines administered will be kept and stored. (Appendix 2)

➢ Parents/carers will be informed if their child has been unwell at school. (Appendix 3 for a bump to the head)

**Day Trips, Residential Visits and Sporting Activities**

All medicines will be taken to any of the above activities and administered following all the above procedures.

**Insurance**

Staff who undertake responsibilities within this policy are covered by the school’s insurance.

**Complaints**

Should parents/carers be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaints procedure outlined in the school’s Complaints Policy. The policy can be found on the school website.

Appendix 1

**Sacred Heart Catholic Primary School**

**Parental Agreement to Administer Medicine**

The school will not give your child medicine unless you have completed and signed this form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child |  | | | |
| Date of birth |  |  |  |  |
| Class |  | | | |
| Medical condition or illness |  | | | |
| **Medicine** |  | | | |
| Name/type of medicine  *(as described on the container)* |  | | | |
| Expiry date |  |  |  |  |
| Dosage and method |  | | | |
| Timing |  | | | |
| Duration of medicine |  | | | |
| 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 |  | | | |
| I understand that I must deliver the medicine personally to the school office. I understand and accept that this is a voluntary service provided by the school and give consent in accordance with the school policy. |  | | | |

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

Signature: Date:

****

**Sacred Heart Catholic Primary School**

Appendix 2

**Record of Medicine Administered**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child |  | | | |
| Class |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |
| Time given |  |  |  |  |  |
| Dose given |  |  |  |  |  |
| Name of member of staff |  |  |  |  |  |
| Staff initials |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |
| Time given |  |  |  |  |  |
| Dose given |  |  |  |  |  |
| Name of member of staff |  |  |  |  |  |
| Staff initials |  |  |  |  |  |



Appendix 3

**Sacred Heart Catholic Primary School**

Interim Headteacher: Mrs G Somes

Langford Drive, Luton LU2 9AJ

Tel: 01582 287480

E-Mail: admin@sacredheart.primaryluton.co.uk

Date:

Dear Parent/Carer

Today ………………………………….. suffered a bump on the head. Your child has been looked after and their injuries checked and monitored by a trained First Aider.

Your child did not need hospital treatment, however please be vigilant and if your child suffers later from any of the symptoms below please seek medical advice.

• Excessive tiredness

• Vomiting

• Headache

Yours faithfully



Mrs G Somes

Interim Headteacher

Appendix 4

**Sacred Heart Catholic Primary School**

**Asthma Information**

|  |  |
| --- | --- |
| Name of child |  |
| Date of birth |  |
| Class |  |
| **Inhaler** |  |
| Name & colour of inhaler |  |
| Is inhaler in school? |  |
| When does your child need their inhaler?  What are the triggers? |  |
| Dosage |  |
| Can your child use their inhaler independently? |  |
| **If for any reason your child’s inhaler is not available we hold an emergency Salbutomol inhaler in school. Please give your permission for this to be used.**  Signature:………………………………………………  **Contact Details** | |
| Name |  |
| Daytime telephone no. |  |
| Relationship to child |  |

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

Signature:…………………………………… Relationship to child:……………………………

Date:…………………