

# **ST VINCENT'S CATHOLIC PRIMARY SCHOOL**



## **SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY**

**Policy Date: May 2022**  
**Review Date: May 2024**

## **Mission Statement**

### **Caritas Christi Urget Nos**

***The love of Christ urges us to care for each other and strive for excellence in everything we do.***

## **ST VINCENT'S PRIMARY SCHOOL SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY**

### **Responsible People:**

**Liz Wolfenden (Inclusion manager/Deputy Head Teacher)**

**Kerry Malone (SENDCO)**

**Deborah Worthington (Welfare Assistant)**

This policy is written in regard to Section 100 of the Children and Families Act 2014 which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions.

### **Aims**

- To ensure pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.

### **Procedure**

The people named above are responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- Sufficient staff are suitably trained.
- All relevant staff are made aware of a child's condition.
- Cover arrangements in case of staff absence/turnover is always available.
- Supply teachers are briefed.
- Risk assessments for visits and activities out of the normal timetable are carried out.
- Individual healthcare plans are monitored (at least annually).
- Transitional arrangements between schools are carried out.
- If a child's needs change, the above measures are adjusted accordingly.

Where children are joining St Vincent's at the start of a new academic year, these arrangements should be in place for the start of term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks. Any pupil with a medical condition requiring medication or support in school should have an individual healthcare plan which details the support that child needs. If the parents, healthcare

professionals and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be kept in the school's medical record and the child's individual record.

### **Individual Healthcare Plans (IHP)**

The following information should be considered when writing an individual healthcare plan:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues.
- Specific support for the pupil's educational, social and emotional needs.
- The level of support needed including in emergencies.
- Who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements?
- Who in school needs to be aware of the child's condition and the support require?
- Arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff or self-administered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision).
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate.
- Confidentiality.
- What to do if a child refuses to take medicine or carry out a necessary procedure.
- What to do in an emergency, who to contact and contingency arrangements.
- Where a child has SEND but does not have an Education, Health and Care plan, their special educational needs should be mentioned in their individual healthcare plan.

### **Roles and Responsibilities**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

### **The Governing Body**

- Must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented.
- Must ensure sufficient staff receive suitable training and are competent to support children with medical conditions.

- Must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk.

### **The Head Teacher**

- Should ensure all staff are aware of this policy and understand their role in its implementation.
- Should ensure all staff who need to know are informed of a child's condition.
- Should ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations, and they are appropriately insured.
- Should contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school nurse.

### **School Staff**

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

### **School Nurses**

- Are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.
- May support staff on implementing a child's IHP and provide advice and liaison.

### **Other healthcare professionals**

- Should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- May provide advice on developing healthcare plans.
- Specialist local teams may be able to provide support for particular conditions (eg. Asthma, diabetes).

### **Pupils**

- Should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP.

## **Parents**

- Must provide the school with sufficient and up-to-date information about their child's medical needs.
- Are the key partners and should be involved in the development and review of their child's IHP.
- Should carry out any action they have agreed to as part of the IHP implementation.

## **Managing medicine on school premises**

- Medicine will only be administered at school when it would be detrimental to the child's health not to do so. This does not include antibiotics that is prescribed 3 times a day.
- No child under the age of 16 will be given prescription or non-prescription medicines without written permission from their parents.
- A child under 16 will never be given a medicine containing aspirin unless it is specifically prescribed by a doctor.
- Medicine for pain relief should never be given without first checking the dosage and when the previous dosage was administered.
- The school will only accept prescribed medicines that are in date, labelled and in the original container with instructions for dosage and frequency clearly marked on. The only exception to this is insulin which must still be in date but can be provided in a pump or pen as opposed to the original container.
- All medicines will be stored safely. The children will know where their medicines are kept and how to access them instantly. When relevant the children should know who the key holder is. Medicines such as asthma pumps, blood glucose testing meters, adrenaline pens etc must never be locked away and should be readily available to the children. This is of particular importance on school trips and events off school premises.
- Staff can administer a controlled drug to the child that it has been prescribed for. They will do so in line with the prescriber's instructions.
- The school will keep a record of all medicines administered to individual children and will state what and how much was given when, and by whom.
- When no longer required medicine will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

## **Emergency procedures**

Risk assessment will be undertaken for dealing with emergencies for all school activities wherever they take place, including on school trips.

When a child has a health care plan, details of what to do in an emergency will be clearly stated. Other pupils in the school will also have been informed of what to do if they think help is needed.

- If a child needs to be taken to hospital staff will stay with the child until a parent arrives or, if necessary, will accompany the child in the ambulance to hospital.

## **Day trips, residential visits and sporting activities**

- The governing body and school will support any child as far as possible with a medical condition to participate in school trips and visits or in sporting activities.
- Teachers will be aware of how a child's medical condition will impact on their participation.
- With reasonable adjustments all children should be able to participate
- Risk assessment will be carried out to enable children with medical conditions to participate fully and safely on school visits. Consultation with the pupil and parents will also be necessary.

## **Covid 19**

Any child who has a confirmed case of Coronavirus would be expected to remain in isolation for the required number of days as current advice suggests. This policy would only need to be enforced in such cases as there are prolonged symptoms or other underlying health complications exacerbated by the virus. Please see also school guidance sheets on Coronavirus.

## **Notes**

The school does not have to accept a child identified as having a medical condition at times when it would be detrimental to the health of that child or others to do so.

The following practice is considered not acceptable:

- Preventing children from easily accessing their medication and administering it when and where necessary.
- Assuming children with the same condition require the same treatment.
- Ignoring the views of the child, their parents; ignoring medical advice or opinion.
- Sending children with medical conditions home frequently or prevent them from staying for normal school activities (unless specified in IHP).
- Penalising children for their attendance record if their absences are related to their medical condition that is recognized under this policy.
- Preventing children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively.
- To require parents to attend school to administer medication or provide medical support to their child, including toileting issues (no parent should have to give up working because the school is failing to support their child's medical needs).

- Preventing children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips (such as requiring parents to accompany the child).

### **Equal Opportunities**

In making decisions about the education of students with medical conditions all staff will take into account any special educational needs, disabilities, gender, and cultural differences that may be relevant to the case and ensure that the physical environment of the school enables all students to have equal access to continuity of education.

### **Monitoring and Evaluation of this policy**

The Premises Committee will, in consultation with the Head teacher/Deputy Head teacher monitor and evaluate the implementation of this policy. It will be reviewed at least every 2 years to ensure it reflects current practice.

Member of staff with Lead Responsibility for this policy:	Liz Wolfenden, Kerry Malone, Deborah Worthington
Date of Policy:	September 2022
Date for Review:	September 2024