



Curwen Primary School

Together Everyone Achieves More

Supporting Children with Medical Needs Policy

Date agreed: Autumn 2022

Next review: Autumn 2025

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on [supporting pupils with medical conditions at school](#).

Being an academy, this policy also complies with our funding agreement and articles of association.

The aims of this policy are:

- 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 which includes trips and sports events, remain healthy and achieve their academic potential.
- To ensure that no child with a medical condition is denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.
- To ensure that all staff involved are clear of their roles.
- To ensure that Curwen Primary School, TTLT, health professionals and other support services work together to ensure that children with medical conditions receive a full education.

Roles and Responsibilities

Local Advisory Board (LAB) will ensure that:

- a child with medical conditions is supported to enable the fullest participation possible in all aspects of school life
- sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions
- any members of school staff who provide support to children with medical conditions are able to access relevant training and information and other teaching support materials as needed

Head of School will ensure that:

- be responsible for the implementation of this policy
- all staff are aware of the policy for supporting children with medical conditions and understand their role in its implementation
- all staff who need to know are aware of a child's condition
- sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose
- school staff are appropriately insured and are aware that they are insured to support children in this way

- systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- contact will be made with the school nursing service and other health services

The Head of Inclusion will:

- be responsible for ensuring all paperwork is uploaded onto Provision Map
- be responsible for ensuring the completion of all Individual Health Care Plans, Temporary Health Care Plans and Universal Asthma Plans and ensure these are shared with the relevant stakeholders

Staff will:

- support pupils with medical conditions during school hours if they feel confident to do so; any member of staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they will not be required to do so
- take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- liaise with members of SMT regarding any changes to the conditions of a child

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

School nurse will:

- maintain regular contact with the school, including onsite visits and be prompt to respond when the school seeks advice
- notify the school when a pupil has been identified as having a medical condition that may require support in school. This might be before the child starts school, or might be when child is already in school and a condition has developed/been found
- draw up IHCPs, liaising with parents / carers and key staff in the process
- support staff to implement a child's IHCP if and when needed
- attend school if available, to examine target pupils and meet with pupils and parents / carers when necessary

Other healthcare professionals and services will:

- co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training
- provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school
- aid the school in drawing up IHCPs for specific conditions such as Diabetes and VACTERL

Parents / Carers will:

- provide the school with sufficient and up-to-date information about their child's medical needs
- work in partnership with the school and be involved in the development and review of their child's IHCP
- 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
- inform the school of any changes/amendments to a condition or medication
- ensure medication in school is in date, and provide replacements for any medication that has expired

Pupils will:

- as much as is possible, inform adults how their condition affects them and talk about their medical support needs
- as much as is possible, contribute to the development of their IHPs
- comply with their IHPs

Support for Children with Medical Needs

It is important to support a child with medical needs whether physical, mental or both. A child's social and emotional well-being may be compromised. Staff will discuss such children at VCMs to suggest best channels of support, such as nurture groups, intervention groups or therapeutic support.

Parents / Carers have prime responsibility for their children's health and should provide the school with information about any medical condition. Parents / carers should ensure that all necessary medication is provided to the school, and that this is in date. The school will liaise with previous schools when admitting a child with specific medical needs and arrange relevant staff training as required.

Children currently attending Curwen Primary School who are diagnosed with specific medical needs will have procedures put in place at the school within two weeks from being informed of the diagnosis.

Where a children's medical condition is unclear, or where there is a difference of opinion, judgements will be made about what support is needed based on the available evidence. This would normally involve some form of medical evidence and consultation with parents / carers.

Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Staff Training

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals, including the school nurse, will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Whole school awareness training will take place as and when needed so that all staff are aware of the school's policy for supporting children with medical conditions and their role in implementing that policy.

Staff are informed of a medical condition of a child within their class or year group on a need to know basis.

Usually there are enough staff trained in allergies and asthma to support pupils in each group; for other conditions training will be provided for a sufficient number of staff, never just one staff member.

Induction arrangements for new staff will include information and training as appropriate on the medical conditions of children within the school and how to support them.

The relevant healthcare professional should be able to give advice on training that will help ensure that all medical conditions affecting children in the school are fully understood. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key members in providing relevant information to school staff about how their child's needs can be met, and parents/carers should be asked for their views. They should provide specific advice, but should not be the sole trainer.

The Local Advisory Board (LAB) will consider providing relevant professional development opportunities as appropriate.

Managing Medicines on School Site

No child will be given prescription medicines without their parent / carer's written consent. There are two main types of prescribed medication:

(1) regularly prescribed medication due to an ongoing condition. For this there will usually be a care plan that the parent / carer has signed to agree that school staff can administer any named medicines.

(2) prescribed medication for a short illness or condition. For this there is a form that the parent / carer must complete and sign.

The school will only accept prescribed medicines that are in-date, labelled with the child's name, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

The only exception to this is the administration of paracetamol for menstrual cramps, for which parents are unable to get prescribed medication and/or a care plan. In that case, parents should provide a labelled bottle of paracetamol and complete a consent form. Paracetamol will **only** be administered in the event of being able to contact parents to seek additional verbal consent and ensure no other medication has been administered.

Medication will be administered by an SMT member, a member of staff who have received the relevant training or the named Office Staff Member who herself is a First Aider and has received relevant training.

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

No child will be given medicine containing aspirin unless prescribed by a doctor. Medication should only be taken to school when absolutely essential. It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents / Carers should ask the prescribing doctor or dentist about this.

Medicines must be handed over at the main office to an office staff member or member of SMT and not the class teacher. This is to ensure all relevant paperwork is in place.

Authorised personnel should check:

- Child's name
- Dosage as stated by a pharmacist or doctor
- Prescribed dose
- Expiry date
- The Medicine Consent Form has been correctly completed by a parent / carer.

For medical conditions such as asthma or an allergy, children will be informed where their medicines are at all times and be able to access them immediately, including when on school trips. Medicines like an Adrenaline Auto Injector (AAI) are kept in a place that is easily accessible. This is the Medical Bay for KS1 and KS2 children, the Nursery Office for Nursery children and the Reception Kitchen for Reception children. Each child's inhaler will be kept in a zip wallet along with their spacer and blue asthma book; all wallets are kept in an Asthma box in each classroom. Children with asthma either have an IHP or a Universal Asthma Plan (UAP) in school.

The school will keep controlled drugs that have been prescribed for a child securely stored in a non-portable cupboard in the medical bay; this has limited access by staff such as the Head of Inclusion or named Office Staff Member. Children should not have them in their classrooms, except asthma inhalers and eczema cream if regular application is needed; these are kept in the relevant white classroom cupboard.

All medicines will be returned to parents / carers to arrange for safe disposal when no longer required or if they have reached their expiry date. School will remind parents / carers if medication is due to expire, however ensuring the correct medication is in school remains the responsibility of parents / carers.

Controlled Drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A record should be kept of any doses used and the amount of the controlled drug held in school. School staff will administer a controlled drug to the child for whom it has been prescribed.

Staff administering medicines will do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted.

Non-Prescription Medication

The school will not generally give non-prescribed medication to children. If a child regularly suffers from acute pain, such as migraine, parents / carers should supply and authorise appropriate pain killers for their child's use, with written instructions. However, this will only be with written advice from a GP or a Health professional. The exception to this is if a pupil suffers from period pain and we have the written consent of the parent / carer to administer pain relief such as Paracetamol.

Self-Management

It is good practice to support children to become as independent as possible with their condition; the age and maturity of each child will be taken into account. Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and be reflected in their IHPs.

Refusing Medication

Staff will not force a child to take a medicine or carry out a procedure if they refuse, but will follow the procedure agreed on the IHP and inform parents so that an alternative option can be considered if necessary.

Staff will work with children who refuse to take their medication or participate in the relevant procedure. A member of SMT or the Pastoral Team will work closely with the child and family and look into ways of overcoming this issue. If the issue becomes more long term and serious then it may need to be taken over by the DSL.

Unacceptable practice

Generally, it is not acceptable to:

- prevent pupils from easily accessing their inhalers
- assume that every child with the same condition requires the same treatment
- ignore the views of pupils, parents, medical evidence or opinion
- prevent pupils from normal school activities including lunch and trips out and to send them home regularly due to their condition, unless there is a specification for any of these on their IHP
- penalise pupils for poor attendance if this is related to their condition
- prevent pupils from eating, drinking, toileting or resting when they need to in order to manage their condition
- require parents to attend school to administer medication or help with a procedure, including toileting or to require them to accompany their child on school trips
- if the child falls ill, to send them to the medical bay or office unaccompanied
- administer or ask pupils to administer medicines in the toilet

Disposing of Medicines

When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharp objects in school.

Record Keeping

Written records will be kept of all medicines administered to children.

Asthma inhalers-date / time / number of puffs must be entered in the small blue book that is in each child's asthma bag in the asthma box in each classroom cupboard.

Medicines taken during a short illness-the medicine consent forms are kept in a folder in the medical bay. The date / time and dosage are entered on a grid on the reverse of this form.

Antihistamine-when administered date / time / dosage are entered on a sheet in the folder in the medical bay.

Emergency Procedures

Staff will stay with the child until the parent / carer arrives, or accompany a child taken to hospital by ambulance if the parent is not readily available. Difficulties contacting parents / carers will not delay school calling 999 if necessary. If there are issues with seeking consent to medical treatment, the Head of School may authorize emergency medical treatment.

Generally, staff should not take children to hospital in their own car. However, in an emergency it may be the best course of action. The member of staff should be accompanied by another adult and have public liability vehicle insurance.

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

Other children in the school will know what to do in general terms, such as informing a teacher immediately if they think help is needed.

School Trips

Children with medical needs are encouraged to participate in visits and residential trips just like any other pupil.

Staff are made aware of any medical needs and arrangements for taking any necessary medication are put in place.

The Risk Assessment for the trip will include all medical issues of pupils going; sometimes an additional adult might accompany a particular child if their medical needs are complex

The Residential Trip Leader will ensure all medicines are packed in a Medicine Carrier along with all IHPs. If a child does not have an IHP, we will complete a care plan on our Curwen Temporary Care Plan Form so this can be taken on the trip; this will be drawn up by the School Nurse, a member of SMT and the parent.

Sometimes the advice of a medical practitioner like the school nurse or other professional may be called upon to overcome any medical issues that might prevent the child from going on a trip.

Sporting Activities

Our PE and extra-curricular sport is sufficiently flexible for all children to follow in ways appropriate to their own abilities.

Some children may need to take precautionary measures before or during exercise and be allowed immediate access to their medication if necessary, such as inhalers.

Teachers supervising sporting activities are made aware of relevant medical conditions.

Hygiene Control

Staff are familiar with normal precautions for avoiding infection and should follow basic hygiene procedures.

Staff have access to protective disposable gloves, aprons and face masks and must take care when dealing with blood or other bodily fluids and dispose of dressings or equipment in the correct bins provided.

There is a sharps box and a clinical waste bin in the Medical Room.

Individual Health Care Plans

The Executive Head Teacher has overall responsibility for the development of IHPs for pupils with medical conditions. Plans will be reviewed yearly (or earlier if there are changes to medication or procedure).

Plans will be developed with the child's best interest in mind and will set out: What needs to be done, when and by whom.

Not all pupils with a medical condition will require an IHP. This will be decided between a Healthcare professional and the parents; if there is no consensus, the Head of School will make the final decision.

Plans will be drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Children should also be involved whenever appropriate.

Where the child has a special educational need identified in a statement or EHC plan, the Individual Healthcare Plan should be linked to or become part of that statement or EHC plan. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their Individual Healthcare Plan.

The level of detail will depend on the complexity of the child's condition and how much support is needed. When deciding what information should be recorded, the following will be considered:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (dose, side-effects and storage) 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
- specific support for the children's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable
- who in school needs to be aware of the child's condition and the support required
- arrangements for written permission from parents / carers and the Head teacher for medication to be administered by a member of staff, or self-administered by the child during school hours
- where confidentiality issues are raised by the parent / carer-child, the designated individuals to be entrusted with information about the child's condition
- 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.

Separate arrangements or procedures may be required for school trips or other activities outside of the normal school timetable so that the child can participate; this may be added on to the main group's RA, or on a separate RA.

Agreeing to administer intimate or invasive treatment is entirely up to each individual member of staff. Two adults should be present for the administration of intimate or invasive treatment, unless there are exceptional circumstances.

Complaints

Should parents / carers or children be dissatisfied with the support provided they should discuss their concerns with the class teacher in the first instance. A member of SMT may then be involved to discuss the matter further and look for solutions. If the matter cannot be resolved at this point, the member of SMT will direct the parents / carers to the school's complaints procedure.

Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Ultimately, parents / carers (and children) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Liability and indemnity

The LAB will ensure that the appropriate level of insurance is in place and reflects the school's level of risk

With regards to insurance, we will ensure that we are a member of The Department for Education's risk protection arrangement (RPA)

Monitoring arrangements

This policy will be reviewed every three years, or any time there is an update or change to health and safety, to ensure that it is being effectively implemented and remains focused and up to date on issues surrounding health and safety both within the school and nationally.

Links to other policies

This policy links to the following policies:

Accessibility Plan; TTLT Inclusion Policy; Intimate Care Policy; School Equality Objectives; SEND Information and Local Offer; TTLT Complaints Policy and Procedures; TTLT Health and Safety Policy