



# **Supporting Pupils with Medical Needs Policy**

**April 2022**

**Supporting Pupils with Medical Needs  
Queensgate Foundation Primary School**

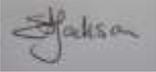
**Policy Review**

This policy was adopted on 1<sup>st</sup> July 2015 and will be reviewed in full by the Governing Body on a three-yearly basis.

The policy was last reviewed and agreed by the Governing Board on 26<sup>th</sup> April 2022

It is due for review on April 2025 (up to 36 months from the above date).

Signature  Head Teacher Date: 26<sup>th</sup> April 2022

Signature  Chair of Governors Date: 26<sup>th</sup> April 2022

**Policy control**

Date	Amendments / additions	Reason
April 2022	Defibrillator - Change to place of AED storage – Rewording of 'some' staff are trained in CPR – Visual checks recorded in Every system	New building
	Introduction re-worded	To include Gov.uk advice 2015
	Administering medication – Final bullet point reworded	To reflect appropriate training of staff
	Emergency Procedures – administration of rectal diazepam section removed	Covered elsewhere in policy

## Introduction

Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be short term. Other children have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs. Most of these children will be able to attend school regularly and take part in normal school activities.

This policy outlines responsibilities and procedures for supporting pupils at Queensgate Foundation Primary School who have medical needs and reflects the statutory guidance – Supporting pupils with medical conditions at school – Gov.uk ([www.gov.uk](http://www.gov.uk)) December 2015

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The aim 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.

## Parents and guardians

- Parents, as defined in the Education Act 1994, are a child's main carers. They are responsible for making sure that their child is well enough to attend school. Children should be kept at home when they are acutely unwell
- Parents are responsible for providing the headteacher with sufficient information about their child's medical condition and treatment or special care needed at school
- With the headteacher, they should reach agreement on the school's role in helping their child's medical needs
- Where parents have difficulty understanding or supporting their child's medical condition themselves, the School Health Service can often provide additional assistance. However, ideally, the head should seek parents' agreement before passing on information about their child's health to other school staff
- Parents' religious and cultural views should always be respected

## The Governing Board

The governing board has a duty to ensure that their insurance arrangements provide cover for staff to act within the school of their employment; that the procedures outlined in this policy are followed, and that any necessary training is made available to staff

The governing board:

Is legally responsible for fulfilling its statutory duties under legislation.

Ensures that arrangements are in place to support pupils with medical conditions.

Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.

Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.

Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.

Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.

Instils confidence in parents/carers and pupils in the school's ability to provide effective support.

Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.

Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.

Ensures that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.

Ensures that policies, plans, procedures and systems are properly and effectively implemented.

Should ensure that any individual health care plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should 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.

### **The Headteacher**

The headteacher is responsible for implementing this policy in practice and for developing detailed procedures. When teachers volunteer to give pupils help with their medical needs, the head should agree to their doing this, and must ensure that teachers receive proper support and training where necessary. Day to day decisions about administering medication will normally fall to the headteacher. The head is also responsible for making sure parents are aware of the school's policy and procedures for dealing with medical needs. The head is responsible for arranging back-up cover when the member of staff responsible for a pupil with medical needs is absent or unavailable.

### **Teachers and other school staff**

Teachers who have pupils with medical needs in their class should understand the nature of the condition, and when and where the pupil may need extra attention. They should be aware of the likelihood of an emergency arising and what action to take if one occurs.

School staff:

May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.

Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.

Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.

Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **Other health professionals**

The school will receive support and advice as necessary from the following in conjunction with meeting the needs of pupils with medical needs:

- The local health authority
- The school health service
- The school nurse
- The general practitioner (with the consent of the child's parents)
- The community paediatrician

### **Short term medical needs**

At times, it may be necessary for a child to finish a course of medication at school. However, where possible, parents will be encouraged to administer the medicine outside school hours. School staff will not give non-prescribed medication to children except in special cases at the complete discretion of the

headteacher. In the case of children suffering regularly from acute pain, such as a migraine, the parents will authorise and supply appropriate painkillers together with written instruction about when the child should take the medication. A member of staff will supervise the pupil taking medication, keep a log of all medication taken and notify the parents in writing on the day painkillers are taken.

**Commented [CL2]:** Should this need to be prescribed painkillers via the child's GP/prescribing pharmacist?

### Long term medical needs

The school needs to have sufficient information of any pupil with long-term medical needs. The school will then draw up a written health care plan for such pupils, involving the parents and relevant health professional.

### Individual health care plans

These enable the school to identify the level of support that is needed at school. Those who may need to contribute to and monitor the plan are:

- The headteacher
- The parent or guardian
- The child
- Class teacher
- Teaching assistant
- School staff who have agreed to administer medication or be trained in emergency procedures
- The school health service, the child's GP or other health care professionals.

### Administering medication

No pupil will be given medication without the parent's written consent via Appendix A. This consent will also give details of the medication to be administered, including

- Name of medication
- Dose
- Method of administration
- Time and frequency of administration
- Other treatment
- Any side effects
- School will provide written consent for agreeing to administer the medication via Appendix A; this will be held on the pupil's school record
- Staff will complete and sign Administration of Medicines forms, contained in Appendix B time they give medication to a pupil. The dosage and administration will be witnessed and signed off by a second adult
- If pupils can take their medication themselves, staff will supervise this, bearing in mind the safety of other pupils. Written parental consent is necessary for this
- Staff should receive sufficient and suitable training, and achieve the necessary level of competency before they take on responsibility for supporting pupils with medical conditions.

**Commented [CL3]:** Provide to who - parents? Does this written consent occur every time?

### Refusing medication

If a child refuses to take medication, the school staff will not force them to do so. The school will inform the child's parents as a matter of urgency. If necessary, the school will call the emergency services.

### School trips

Staff supervising excursions should be aware of any medical needs, and relevant emergency procedures. Sometimes an additional supervisor or parent might accompany a particular pupil. If staff

are concerned about whether they can provide for a pupil's safety, or the safety of other pupils on a trip, they will seek medical advice from the School Health Service or the child's GP.

### **Sporting activities**

Children with medical needs will be encouraged to take part in sporting activities appropriate to their own abilities. Any restrictions on a pupil's ability to participate in PE will be included in their individual health care plan. Some pupils may need to take precautionary measures before or during exercise and/or need to be allowed immediate access to their medication if necessary. Teachers should be aware of relevant medical conditions and emergency procedures.

### **Confidentiality**

The school will treat medical information confidentially. The head will agree with the parents who will have access to records and information about a pupil. If information is withheld from staff they cannot be held responsible if they act incorrectly in giving medical assistance but otherwise acted in good faith.

### **Storing medication**

- Where practical, the parent or child will be asked to bring in the required dose each day.
- When the school stores medicine it will be labelled with the name of the pupil, the name and dose of the drug and the frequency of the administration
- Where a pupil needs two or more prescribed medicines, each should be kept in a separate container
- Pupils should know where their medication is stored
- Asthma inhalers/Epi-pens are allowed to be carried by the pupils
- Other medicines are kept in a secure place not accessible to pupils
- Medicines are kept in a secure place not accessible to pupils
- The fridge used in the first aid room for the storage of medicines will be kept locked at all times
- If a child with a prescribed controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action is taken in accordance with our Drugs and Alcohol Policy.
- If a child is prescribed controlled drugs, these will be kept securely stored in a non-portable container and only named staff will have access. Any controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held on the school premises

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### **Disposal of medicines**

Parents must collect medicines held at school at the end of the medication period. Parents are responsible for disposal of date expired medicines

### **Hygiene/infection control**

Staff should follow basic hygiene procedures. Staff should use protective disposable gloves and take care when dealing with blood or other body fluids and disposing of dressings or equipment using agreed infection control measures.

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### **Defibrillators**

- The school has an automated external defibrillator (AED)
- The AED is stored on an external hall wall, in a locked cabinet. The code is displayed in the staff room

- The AED is available for public use and anyone requiring a code will be given one by the emergency services operator
- All staff members and pupils are aware of the AED's location and what to do in an emergency.
- No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, some staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use
- The emergency services will always be called where an AED is used, or requires using
- Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight
- A visual check will be undertaken on the AED on a daily basis by the Premises Manager, with a record of all checks being kept and sent to the IOW Ambulance Service on a monthly basis

### **Emergency procedures**

Allocated staff have regular training in First Aid and know how to call the emergency services. A pupil taken to hospital by ambulance will be accompanied by a member of staff until the pupil's parents arrive.

## Appendix A: Parental agreement for school to administer medicine

The school will not give your child medicine unless you fully complete and sign this form.

Date for review to be initiated by	
Name of child	
Date of birth	
Class name	
Medical condition or illness	

### Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school 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	
Relationship to child	
Address	
Contact telephone number	
Name of GP	
GP Telephone number	

### Declaration

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the school's Supporting Pupils with Medical Conditions Policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

I will ensure the medicine is collected as soon as the administration period is complete.

I will ensure the medicine is handed in at Reception and not brought into school by my child.

Commented [CL7]: to school personnel at

Signed:.....Parent Date: .....

I confirm ..... will be administered with the stated dose of medicine at the appropriate time and this arrangement will continue until either end date of course of medicine or until instructed by parents.

Signed:..... Headteacher Date: .....

