



***Risby CEVC Primary School***

**Medical Policy**

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Approved by:	Suzy Stennett <b>Chair of Governors</b>
Signature of Chair of Governors:	
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## **Introduction**

The school has a duty under Section 100 of the Children and Families Act 2014 to make arrangements for supporting pupils at school with medical conditions and a duty to make reasonable adjustments for pupils with disabilities under the Equality Act 2010. The Equality Act 2010 states that a person has a disability if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

- The governing body will ensure that arrangements are in place to support pupils with medical conditions and disabilities, so that such children can access and enjoy the same opportunities at school as any other child including school trips and physical education;
- The governing body will ensure that the focus is on the needs of each individual child and how their medical condition or disability impacts on their school life;
- The governing body will ensure that school leaders will consult health and social care professionals, pupils and parents so that the needs of children with medical conditions and disabilities are properly understood and effectively supported. They will ensure that staff are properly trained to provide the support that pupils need;
- The arrangements will give parents and pupils confidence in the school's ability to provide effective support for medical conditions and disabilities in school. They will show an understanding of how medical conditions and disabilities impact on a child's ability to learn as well as increase their confidence and promote self care.

## **Purpose**

Children 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 should be denied admission (see School Admissions Code 2012) or be prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governors 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.

## **Policy Implementation**

The overall responsibility for the successful administering and implementation of this policy is given to the Headteacher, who is also the co-ordinator. She will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site. The Headteacher is also responsible for ensuring risk assessments are completed and approved for school visits and other school activities outside of the normal timetable.

The class teacher is responsible for completing an 'Out of Class' instruction document that contains details of children with medical conditions and the Headteacher will be responsible for passing this document to supply teachers and briefing them accordingly.

All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this policy.

## **Definition of Medical Conditions:**

Pupils' medical needs may be broadly summarised as being of two types:

**Short term:** affecting their participation in school activities because they are on a course of medication.

**Long term:** potentially limiting their access to education and requiring extra care and support (deemed special medical needs). We include diabetes under this policy and will assess all children on Ritalin, with asthma or nut allergies on a case by case basis.

### **Short Term Medical Needs**

Most pupils will at some time have a condition requiring medication. For many the condition will be short term – perhaps the duration of a short absence from school. However, although a child may soon be well enough to be back at school, medication may perhaps still be required for a short period. The administration of antibiotics in school will be permitted only if the recommended dosage is four or more times per day. A prescribed dosage of three times a day could be taken in the morning, after school and at bedtime.

Each time that a child has a new prescription for antibiotics, they will not be able to attend school until 24 hours after the first dose. This is in case the child has a reaction to the medicine and applies even if the child has previously had that antibiotic.

If a medicine does need to be taken in the middle of the day, parents will be asked to fill in a medicine administration form at the office and medicine will be administered by a member of the office team.

Children should stay at home when they are acutely unwell. If a child is sent home from school with sickness and/or diarrhea, he or she should not return to school until forty-eight hours have passed since the last bout.

### **Non-prescription medicines**

Unless otherwise agreed by the Headteacher or another member of the Senior Leadership Team, non-prescription medicines should not be sent into school. If a medicine does need to be taken in the middle of the day parents will be asked to visit, perhaps during the lunch break, to administer the medication themselves (after first reporting to the office).

### **Long Term Medical Needs**

#### ***Procedure to be followed when notification is received that a pupil has a medical condition***

For children starting at a new school, wherever possible, arrangements will be in place in time for the start of the relevant 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 put in place within two weeks.

In cases where there is no formal diagnosis, where a pupil's medical condition is unclear or there is a difference of opinion, the coordinator will consult with parents and medical professionals to ensure the right support is put in place based on available evidence.

### **Managing Medicines on School Premises**

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 under 16 will be given prescription or non-prescription medicines without their parent's written consent;

- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor;
- Medication e.g. for pain relief should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed;
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- **The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.** 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;
- All medicines will be stored safely. Children will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips;
- Schools should keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. 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 in school;
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions;
- The school will keep a record of all medicines administered to individual children, stating what and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted;
- When no longer required, medicines will be returned to the parent to arrange for safe disposal;
- Sharps boxes should always be used for the disposal of needles and other sharps.

## Record Keeping

A written record will be kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at school.

## The Child's Role in Managing Their Own Medical Needs

- After discussion with parents, children, who are competent, should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within IHCPs;
- Wherever possible, children should be able to access their medicines for self-medication quickly and easily. On school visits medicines will be kept in their group leader's bag. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them;
- If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so. Parents should be informed, so that alternative options can be considered.

## Individual Health Care Plans (IHCP)

The SENDCO or Headteacher will be responsible for the drawing up of individual healthcare plans and will work with the class teacher to monitor individual healthcare plans. IHCPs help ensure that the school

effectively supports pupils with medical conditions. They provide clarity about what needs to be done when and by whom. They will often be essential in cases where conditions fluctuate or there is a high risk that emergency intervention will be needed. When the school is informed that a pupil has a medical condition, the coordinator and class teacher will consult the parents and healthcare professional to decide if an individual healthcare plan is required. See Annex A.

A member of school staff or healthcare professional may initiate individual health care plans, in consultation with the parents. The pupil will be involved whenever this is deemed appropriate. The school or healthcare professional may write the plan, but the school is responsible for ensuring it is finalised and implemented. The plan will set out the key information and actions that are required to support the child effectively. The detail required will depend on the complexity of the child's condition and the degree of support required. This is important because different children with the same health condition may require very different support. Where a child has SEN, but does not have an EHCP, their special educational needs will be mentioned in their IHCP. Where the child has a special educational need identified in an EHCP, the IHCP should be linked to or become part of that EHCP.

The plan will be developed with the child's best interests in mind and the school will ensure that they assess and manage risks to the child's education, health and social well-being and minimise disruption. IHCPs will be kept by the class teacher and also centrally in the Headteacher's office. Proformas will be kept in the Headteacher's office.

IHCPs will be reviewed annually or earlier if the child's needs have changed.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the IHCP identifies the support the child will need to reintegrate effectively.

**An IHCP will consider the following:**

- 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 pupil'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 the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- 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, e.g. risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
  - What to do in an emergency, including whom 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.

### **Emergency Procedures**

An IHCP will clearly define what constitutes an emergency and explain what to do. All staff will be aware of emergency symptoms and procedures. Other pupils in the school will know what to do in general terms such as informing a member of staff immediately if they think help is needed. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives or accompany the child to hospital by ambulance.

### **Emergency Adrenaline Auto-Injectors (AAIs or *Epi-pens*)**

In some cases, a child or member of staff may be prescribed Emergency Adrenaline Auto- Injectors (AAIs) – more commonly known as Epi-pens. Schools are allowed to purchase spare Adrenalin auto-injectors (AAI) for use on children with serious allergies in emergencies, however Risby CEVC Primary School asks parents to provide a spare if at all possible.

- The school will keep a register of pupils who have been prescribed an AAI (or where a doctor has provided a written plan recommending an AAI to be used in the event of an anaphylaxis);
- Staff will have appropriate support and training for the use of AAIs;
- AAIs will be stored in the office in a box clearly labelled with the child's name and a photograph. The box will be checked on a termly basis and parents will be informed when an AAI is nearing its expiry date;
- Used AAIs will be given to the ambulance paramedics on arrival for disposal;
- The school will record any use of an AAI and inform parents or carers that their child has been administered an AAI;
- Any pupil that has been given an AAI will be transferred to hospital for further monitoring and the parents/legal guardians will be contacted immediately;
- In the event of a possible severe allergic reaction in a pupil who does not have an IHCP, the school will contact emergency services (999) and seek advice as to whether to use an AAI that it holds for a child for whom the school has an IHCP.

### **Emergency First Aid**

All staff at Risby School have First Aid training. Five members of staff have paediatric first aid training. One member of staff has Forest School First Aid training. When children receive any form of first aid a note of the date, time and treatment given will be written in the class First Aid Book. If a child has a bumped head, a note will also be sent home in their bag and an email sent to the parent/career to inform them. Further information can be found in the First Aid Policy.

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

The school will actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and ensure visits are suitable for all children. Teachers will be aware of how a child's medical condition will impact on their participation, but will try to ensure there is enough flexibility for all children to participate according to their own abilities and with any reasonable

adjustments. The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits.

A risk assessment will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This may include consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

## **Unacceptable Practice**

The school considers it unacceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCPs;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

## **Roles & Responsibilities**

Supporting a child with a medical condition during school hours is not the sole responsibility for one person. School will work in partnership with healthcare professional, social care professionals, Local Authorities, parents and pupils.

## **Governing Body**

The governing body will make arrangements to support children with medical conditions in school and ensure that a policy is developed and implemented.

## **Headteacher**

The Headteacher will ensure that:

- The school's policy is developed and effectively implemented with partners;
- All staff are aware of the policy and understand their role in its implementation;

- All staff that need to know are aware of the child's condition;
- There are sufficient trained numbers of staff available to implement the policy and deliver against all IHCPs including in contingency and emergency situations;
- External staff such as the bus company and sports staff are aware of individual children's needs with the support of parents;
- School staff are appropriately insured and aware that they are insured to support pupils in this way;
- The school nursing service is contacted in the case of any 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.

### **School Staff**

- May be asked to provide support for children with medical conditions, including administration of medicines;
- Will receive sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility to support children with medical conditions;
- Should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **School Nurse**

Every school has access to school nursing services. They are responsible for:

- Notifying the school when a child has been identified as having a medical condition which will require support in school;
- Liaising with lead clinicians locally on appropriate support for the child and associated staff training needs;
- Providing advice and liaising with staff on the implementation of a child's IHCP.

### **Other Healthcare Professionals including GPs and Paediatricians**

- They should notify the school nurse when a child has been identified as having a medical condition that will require support at school;
- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).

### **Children**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils will be fully involved in discussions about their medical support needs and contribute, and comply with, their IHCP as appropriate.

### **Parents**

- Will provide the school with sufficient and up to date information about their child's medical needs;
- Will be involved in the development and review of their child's IHCP;
- Will provide medicines and equipment and ensure they, or another nominated adult, are contactable at all times.

### **Local Authority**

The Local Authority should provide support, advice and guidance including suitable training for school staff to ensure that the support specified within IHCPs can be delivered effectively. Local authorities should work with schools to support children with medical conditions to attend full time. Where children

would not receive a suitable education at Risby because of their health care needs, the LA has a duty to make other arrangements. The local authority should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs(whether consecutive or cumulative across the school year).

### **Providers of Health Services**

Providers of Health Services should co-operate with school in providing valuable support, information, advice and guidance.

### **Staff Training & Support**

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support children. This includes an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. A record of the staff training will be kept.

A first-aid certificate may not constitute appropriate training in supporting children with specific medical needs. Healthcare professionals, including the school nurse, can provide confirmation of the training that will be required.

### **Liability and Indemnity**

School has an Insurance Policy that provides liability cover relating to the administration of medication.

### **Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school by contacting the Headteacher. If this does not resolve the issue they may make a formal complaint via the school's complaints procedure as set out on the school's website.

## Annex A: Model process for developing individual healthcare plans

