



# Medical Needs Policy



Date	May 2023
Version	6.1
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Adopted by Governors: 15.05.2023

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### Version Control

Date	By	Version No.	Changes
September 2011	H Marsden	1.0	For Governor Approval
November 2014	E Chester	2.0	Approved by Governors
December 2015	H Marsden	3.0	
October 2017	H Marsden	4.0	Emergency Inhalers and EpiPen
May 2021	A Jacklin	5.0	
June 2022	N Brewer	6.0	Items 15,16,18,19,23 and 27

## **1. Pupils with medical needs**

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; perhaps finishing a course of medication.

Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such children are regarded as having medical needs. Most children with medical needs can attend school regularly and, with some support from school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk. For these pupils, an individual care plan will be drawn up in consultation with parents and medical professionals.

At all times, staff and pupils will be encouraged to be sympathetic to children who have medical needs or who require medication at school.

## **2. Support for pupils with medical needs**

Parents or guardians have prime responsibility for their child's health and should provide school with information about their child's medical condition. Parents, and the pupil if s/he is mature enough, should give details in conjunction with their child's GP or paediatrician, as appropriate. The school nurse or doctor and specialist voluntary bodies may be able to provide additional background information for school staff.

## **3. Medication**

There is no legal duty which requires school staff to administer medication; this is a voluntary role.

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child, must be competent to do so and needs support from the head and parents. Such staff should receive appropriate training and guidance. They should be aware of possible side effects of the medicines and what to do if they occur.

Such staff must have access to information and training and reassurance about their legal liability. The LA must ensure that their insurance policies provide appropriate cover for staff who agree to administer medicines.

## **4. Staff 'Duty of Care'**

Anyone caring for children, including teachers, other school staff and day care staff in charge of children have a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe.

In exceptional circumstances the duty of care could extend to administering medicines and/or taking action in an emergency.

This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips.

## **5. Parents and Carers**

Parents, as defined in the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child, such as foster parent. They are responsible for making sure the child is well enough to attend school.

Parents should provide the head with sufficient information about their child's medical condition and treatment, or special care needed at school. They should, jointly with the head, reach agreement on the school's role in helping with their child's medical needs. Parents cultural and religious views should always be respected. It only requires one parent to agree to or request that medicines are administered. As a matter of practicality this is likely to be the parent with whom the school has day-to-day contact. Where parents disagree over medical support, the disagreement must be resolved by the Courts. The school will continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a Court decides otherwise. (DfES Guidance 1448-2005DCL -March 2005) The school will follow DfES guidance in determining parental responsibility.

## **6. Confidentiality**

The Head and staff must always treat medical information confidentially. The Head will agree with the child where appropriate, or otherwise the parent, who else should have access to records and other information about a child and this will be detailed in their Individual Healthcare Plan.

If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

## **7. The Employer**

The employer at The Beeches School is the LA and is responsible under the Health and Safety at Work etc Act 1974, for making sure that the school has a Health and Safety Policy. This should include procedures for supporting pupils with medical needs, including managing medication.

## **8. The Governing Body**

The governing body has the general responsibility for all the school's policies even when it is not the employer. The governing body will generally want to take account of the views of the head, staff, and parents in developing a policy on assisting pupils with medical needs. At The Beeches School the governing body should follow the health and safety policies and procedures produced by the LEA as employer. The Governing should follow section 100 of the Children and Families Act 2014. This act places a duty on governing bodies of maintained schools, proprietors of academies and management of PRUs to make arrangements for supporting pupils in schools with medical conditions.

## **9. The Headteacher**

The head is responsible for implementing the governing body's policy in practice and for developing detailed procedures. When teachers volunteer to give help to pupils with 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 Senior Leadership Team.

## **10. Teachers and other school staff**

Some school staff are naturally concerned about their ability to support a pupil with a medical condition, particularly if it is potentially life threatening. 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. The pupil's parents and health professionals should provide this information. All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when a member of staff responsible is absent or unavailable. At different times of day other staff may be responsible for children, e.g., lunchtime supervisors. The school will ensure that they are provided with appropriate training and advice.

### **11. School staff giving medication**

School Staff conditions of employment do not include giving medication or supervising a pupil taking it, although staff may volunteer to do this, and many are happy to do so. Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil should have proper training and guidance and be competent. He or she should also be made aware of the possible side effects of the medication and what to do if they occur. The type of training will depend on the individual case.

### **12. Others with a role**

LA, Health Authorities, School Health Service, School Nurse/Doctor, GP, other Health Professionals will advise, as necessary.

### **13. Short Term Medical Needs**

Many pupils will need to take medication (or be given it) at school at some time in their school life. Mostly this will be for a short time only, e.g. to finish a course of antibiotics. To allow pupils to do so will minimise the time they need to be absent from school. However, medicines should only be taken in school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Parents should keep children at home if they are acutely unwell.

Where possible, medicines should not be given in school – parents are encouraged to ask the prescriber to prescribe dose frequencies which enable the medicine to be taken outside school hours. For example, medicines that need to be taken three times a day could be taken in the morning, after school and at bedtime.

Where possible, parents should come to school to dispense medicines. School will not administer prescribed or non-prescribed medicines to a child unless the child's parent and/or carer have completed an *Administered Medication Form* with the school. A child under the age of 16 should never be given aspirin unless prescribed by a doctor. The school will not administer non-prescribed pain killers more than once to a child. If a child suffers regularly from frequent or acute pain the parents are encouraged to refer the matter to the child's GP.

### **14. Policy on Administering Medicines**

All medicines must be in their original container as originally dispensed.

They must be clearly labelled with the child's name and the appropriate dose.

School will not accept medicines that have been taken out of their original container as dispensed nor make changes to doses on parental instruction.

A spoon/measuring syringe must be provided if needed.

No child at school will be given medicines without parental consent.

Any member of staff giving medicines will check:

The child's name

Prescribed dose

Expiry date

Written instructions provided by the prescriber on the label or container.

### **15. Storage and Disposal of Medicines**

Medicines will be stored securely in the school. Certain medicines will be stored in the medical fridge if advised to do so.

Controlled drugs will be kept in a locked, non-portable container within the first aid room. A record will be kept for audit and safety purposes.

All medicines will be returned to the parent when no longer required/end of school year, so that they can arrange for safe disposal. If this is not possible it will be returned to the dispensing chemist.

Inhalers will be kept within the child's classroom and not in the first aid room. There are spare inhalers stored in the first aid room. These are to be used for emergency use ONLY, if the child's inhaler is damaged or empty.

### **16. Record Keeping**

Parents must complete and sign an *Administered Medication Form* before medicines can be administered. Current forms are to be kept in a folder and stored with the medication e.g., inhalers, in that child's class. Each class has an identical red box.

When the course of medication is completed, forms are to be filed into each child's school folder.

### **17. Long Term Medical Needs**

It is important for the school to have sufficient information about the medical condition of any pupil with long term medical needs. If a pupil's needs are inadequately supported, this can have a significant impact on a child's academic attainment and/or lead to emotional and behavioural problems. For pupils who attend regular hospital appointments, special arrangements may be necessary.

For pupils with long term medical needs, we will draw up an individual health care plan. (IHCP).

### **18. Individual Health Care Plans (IHCP)**

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual pupil. This written agreement with parents clarifies for staff, parents, and the pupil the help the school can provide and receive. These plans will be reviewed annually or more frequently at the request of parents or the school.

An IHCP will include:

- details of the child's condition
- details of any special educational needs even if they do not have a statement or EHC plan
- special requirements e.g. dietary needs,

- pre-activity precautions,
- any side effects of medicines,
- what constitutes an emergency,
- what action to take in an emergency,
- what not to do in the event of an emergency,
- who to contact in an emergency,
- and the role the staff can play.

A copy will be given to parents, class teacher and a copy will be retained on the child's profile on Scholarpack. The general medical information sheet given to all staff will indicate that the pupil has an IHCP.

Teachers/Team leaders must notify supply and support staff to the medical needs of pupils in their care.

### **19. Self-Management**

We recognise that it is good practice to encourage children, who are able, to take responsibility to manage their own medicines. This will be discussed and agreed with parents, children, and health professionals as appropriate. Any decisions regarding self-medication will be outlined in the individual health care plan, depending on the child's maturity and about the safety of other children.

Children who suffer with Asthma should always have an inhaler in school with signed permission from the parents. Parents will support children in understanding the safety issues involved in carrying their own medication. If a child is too young to carry their medication safely, it will be stored in a location that is always easily accessible.

### **20. Refusing Medication**

If a pupil refuses to take medication, it is the policy of the school not to force them to do so. This will be noted in the records and procedures as outlined in the individual care plan will be followed. Parents will be contacted as a matter of urgency. If necessary, the school will call the emergency services.

### **21. Administering medicine to children with long term needs**

Parents must tell the school about the medicines their child needs to take and provide written details of any changes to the prescription or the support required. Staff should make sure that any instructions match those of the prescriber. School will keep written records of any medicines administered.

Medicines must be provided in their original container as dispensed by the pharmacist and must include the prescriber's instructions. In all cases staff will check that written details include:

- name of child
- name of medicine
- dose
- Method of administration
- Any side effects
- Expiry date

### **22. Sporting Activities**

We recognise that most children with medical needs can participate in physical activities and extra-curricular sport. Any restrictions in a child's ability to participate in

PE should be recorded in their IHCP. All staff should be aware of issues of privacy and dignity for children with specific needs.

### **23. Emergency Procedures**

Details of actions to be taken for those children with IHCP's will be kept on the child's profile on Scholarpack.

A file detailing actions to be taken in a range of emergencies is located in the school office. Each team has a copy of these procedures and staff should make themselves aware of where to locate this information.

References:

[Supporting Pupils with Medical Needs](#) 2015

Supporting Pupils with Medical Needs in School - Circular 14/96#

### **24. School Trips**

We recognise that it is good practice to encourage children with medical needs to participate in safely managed visits.

When preparing risk assessments staff will consider any reasonable adjustments, they might make to enable a child with medical needs to participate fully and safely on visits. Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional supervisor, a parent, or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned or as part of the risk assessment and trip planning process. A copy of individual health care plans should be taken on trips and visits in the event of information being needed in an emergency.

All staff taking pupils out of school are required to take a first aid kit, a mini accident book, current Administered Medication Forms for children on the trip and if any children are going with asthma, an emergency inhaler.

Staff are required to take a mobile phone.

Pupils with inhalers must bring them on trips, staff must check they have them with them and that they are in date.

Additional measures may be necessary for individual pupils. These will be specified in the child's individual health plan.

### **25. Complaints**

Should parents or pupils 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 complaint via the school's complaints procedure.

### **26. Emergency Inhalers**

Emergency inhalers are for emergency use only, for example, if a student's inhaler becomes damaged or, if on a trip, theirs becomes empty. The Emergency inhalers are to stop occasions of borrowing another inhaler from another student. Once used, the inhaler may be kept by that child and are not to be used by another.

There are also 2 sizes of spacers, held with the inhalers, in the medical room. If used, these are to be washed out and left to dry.

One inhaler, with spacers, to be stored in a clear box with EpiPen. Written parental consent must be obtained before the emergency inhaler can be used on a child. A record of children with consent will be kept in the medical folders in the first aid room and PPA room.

### **27. Emergency EpiPen**

An emergency EpiPen will be held in the First Aid room. This is for emergency use only, for example;

- The child's EpiPen is damaged
- The child's EpiPen cannot be found
- A second dose is required, and emergency services are on their way,