

Wootton St Andrew's Church of England (VA) Primary School

January 2025



Medical Needs Policy

1. Introduction

This policy outlines the school's provision for children with medical conditions and provides, in its appendices, forms to support parents and teachers in fulfilling this statutory duty.

At Wootton St Andrew's Primary School, children with medical conditions, in terms of both physical and mental health, will be appropriately supported in school so that they can play a full and active role in school life, remain healthy and achieve their full personal potential. Children with medical conditions will be encouraged and supported to access and enjoy the same opportunities at school as any other child.

We recognise that children with long-term and complex medical conditions may require ongoing support, medicines or care whilst at school to help them to manage their condition and to keep them well. Other children may require monitoring and interventions in emergency circumstances. At Wootton St Andrew's Primary School, we recognise that every child's needs are individual. We also recognise that children's needs may change over time, and that this may result in extended absences from school. The school will make every effort to minimise the impact upon a child's educational achievement and to promote their emotional and general well-being, including any necessary reintegration programmes following a period of absence. The school will work in close partnership with families to ensure a consistent approach.

The school recognises that some children who require support with their medical conditions may also have Special Educational Needs and may have an Education, Health and Care Plan (EHCP). We will work together with other schools, health professionals, support services, and the Local Authority to ensure that every child's medical needs are met. Sometimes it will be necessary for the school to work flexibly; for example, by means of a combination of attendance at school and alternative provision or a personalised learning plan.

The implementation of this policy is the responsibility of all teaching staff. The responsibility for monitoring and review rests with the SENCO.

2. Legislative Requirements

At Wootton St Andrew's Primary School, we recognise and will meet our duties and responsibilities in relation to supporting children at school with medical conditions. These duties and responsibilities are contained in the legislation and statutory guidance listed below:

- **Department for Education's statutory guidance - 'Supporting pupils at school with medical conditions' December 2015)** – governing bodies, proprietors and management committees must have regard to this guidance in order to meet the duty / responsibilities of the Children and Families Act 2014.
- **Children and Families Act 2014 (Section 100)** – places a duty upon governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting children at their school with medical conditions.

- **Equality Act 2010** – some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010.
- **Special Educational Needs and Disability (SEND) Code of Practice July 2014** – some children with medical conditions may also have Special Educational Needs and Disabilities (SEND) and may have an Education, Health and Care Plan (EHCP). For children with SEND, this policy / procedure statement should be read in conjunction with the school's SEND policy and the SEND Code of Practice.
- **Human Medicines (Amendment 2024) Regulations 2014** – allows schools to hold stocks of asthma inhalers containing salbutamol and also Epipen and Epipen Junior adrenaline injector pens for use in an emergency. These regulations came into effect on 1 October 2014.

3. Definition

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

- Short-term: affecting their participation in school activities, which they are on a course of medication for.
- Long-term: potentially limiting their access to education and requiring ongoing extra care and support (deemed special medical needs).

4. The Purpose of the Policy

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. **Children with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.**

All school staff have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and should supply the school with accurate and up to date information and medication. The school takes advice and guidance from existing 'Medicines in Schools Guidance', which encourages self-administration of medication when possible. Alongside this policy, the school provides forms for parents to outline the exact medication needs of their child and to authorise, where necessary, their administration and monitoring by staff.

5. Our Aims

The school aims to:

- assist and work in partnership with families in providing medical care for their children
- educate staff and children in respect of special medical needs
- adopt and implement the LA policy of 'Medication in Schools'
- arrange training for all staff, including volunteer staff, to support individual children
- liaise, as necessary, with medical services in support of the individual child
- ensure that staff feel confident and competent in knowing what to do in an emergency
- ensure access to all aspects of our broad and balanced curriculum
- monitor and keep appropriate, up to date records

6. Inclusion and Special Educational Needs

This school is an inclusive community that welcomes and supports children with medical conditions. We accept that children with medical needs should be assisted where appropriate and that they have a right to the same education opportunities as other children. The school believes that children with medical needs should be enabled to have full attendance and receive necessary, proper care and support.

The school accepts that all employees have rights in relation to supporting children with medical needs as follows:

- to choose whether or not they are prepared to be involved;
- to receive appropriate training;
- to work within clear guidelines;
- to have concerns about legal liability;
- to bring to the attention of the SENCO any concern or matter relating to supporting children with medical needs.

7. Procedure to be Followed When Notification is Received That a Child Has a Medical Condition

The school, in consultation with all relevant stakeholders, including parents will:

- ensure that arrangements are put into place for transition from another setting, upon being notified that a child is coming into school with a medical condition. These may vary, according to the child's individual needs;
- ensure that arrangements are implemented following reintegration into the school or when the needs of a child change;
- put arrangements into place in time for the start of the new school term or year;
- in other cases, such as a new diagnosis or children moving to a new school mid-term, make every effort to ensure that appropriate arrangements are in place within two weeks;
- provide support to children where it is judged by professionals that there is likely to be a medical condition;
- ensure that any staff training needs are identified and met, and inform all staff of any arising or existing conditions.

8. Individual Healthcare Plans (IHP)

The school's SENCO will normally be responsible for developing IHPs, in liaison with, and with appropriate oversight of, a relevant healthcare professional (e.g. school nurse/nurse specialist – diabetes/epilepsy/paediatrician etc.) and with the child's family. The purpose of an IHP is to ensure that there is absolute clarity about what needs to be done, when and by whom. An IHP will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases, especially where medical conditions are long-term, complex and require specific management. However, not all children will require an IHP. The school, healthcare professionals and parents will agree, based upon evidence, when an IHP would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will take a final view.

The IHP is confidential to parents, the child and to those school staff who need to know. The level of detail within an IHP will depend upon the complexity of the child's condition and the degree of support needed. Where a child has a Special Educational Need but does not have an EHC Plan,

their Special Educational Needs will be referred to in their IHP.

IHPs and their reviews may be initiated, in consultation with the family, by a member of school staff or a healthcare professional involved in providing care for the child. IHPs will be developed in partnership between the school, parents and a relevant healthcare professional, e.g. Specialist, Community/School Nurse or other health professional. Wherever possible, the child should also be involved in the process. The aim is to capture what needs to be done to help staff and the child manage their condition and to overcome any potential barriers to getting the most from their education. **Responsibility for ensuring the plan is finalised rests with the school.**

IHPs will be reviewed **at least annually** or more frequently if evidence is presented that the child's needs have changed. IHPs are devised with the child's best interests in mind, ensuring that an assessment of risk to the child's education, health and emotional well-being is managed with minimum disruption. Reviews will be linked to any EHC Plan, as appropriate. **IHPs must reflect the current recommended practice and current practice must adhere to the details recorded in the IHP. They may be subject to frequent change for conditions which continually fluctuate or in the event of new knowledge gained.**

9. Information to be Recorded

When deciding upon the information to be recorded on IHPs, the following will be considered:

- the medical condition, its triggers, signs, symptoms and treatments;
- the child'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 child's educational, social and emotional needs, e.g. exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide the 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 child 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. appropriate risk assessments;
- where confidentiality issues are raised by the parent or child, the designated individuals to be entrusted with information about the child's condition;
- '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 the development of their school IHP;
- sharing appropriate IHP information with other relevant bodies (e.g. Out of School Club) – through appropriate agreement/consent.

Roles and Responsibilities

Supporting a child with a medical condition during school hours should never be the sole

responsibility of one person. The school will work collaboratively, both with staff within the organisation and with outside agencies, as the circumstances of each child dictate.

Governing Body

The Governing Body will ensure that:

- children in school with medical conditions are supported;
- this policy is reviewed at least annually, developed, implemented and monitored;
- staff receive suitable training and that they are competent before they take on the responsibility to support children with medical conditions;
- there are quality assurance systems in place to ensure that children in school with medical conditions are supported (e.g. case monitoring / assurance audits).

Headteacher

The Headteacher has overall responsibility for the development of IHPs. They will ensure that:

- the Medical Needs Policy is developed and effectively implemented with partners, including ensuring that all staff are aware of the policy and that they understand their role in implementing the policy;
- all staff who need to know are aware of a child's medical condition;
- sufficiently trained staff are available to implement the policy and deliver against all the IHPs, including in contingency and emergency situations;
- all staff are appropriately insured to support children in this way;
- there is appropriate liaison with the appropriate medical professional in respect of a child who has a medical condition.

School Staff

Any member of school staff may be asked to provide support to children with medical conditions, including the administration of medicines.

Any member of school staff supporting an individual child should be equipped to know what to do and be able to respond accordingly, when they become aware that a child with a medical condition needs help.

Pupils

Children with medical conditions may be best placed to provide information about how their condition affects them. Where appropriate, they will be involved in discussions about their medical support needs and contribute as much as possible to the development, and review of, their IHP. Other children will often be sensitive to the needs of those with medical conditions and this will be considered as part of wider planning.

Parents/Carers

Parents/carers must provide the school with sufficient and up-to-date information about their child's medical needs. At Wootton St Andrew's School, parents/carers are key partners and they are fully involved in the development and review of their child's IHP, including its drafting. **Parents/carers must carry out the action they have agreed to as part of its implementation; e.g. provide any medicines or equipment and ensure they or another nominated adult are contactable at all times.**

Local Authority

The school will liaise with the Local Authority as appropriate or required by a child's medical needs. The Local Authority has a duty to commission a school nursing service to this school. The Local Authority will provide support, advice and guidance, as appropriate.

Providers of Health Services

The school will communicate with providers of health services as appropriate or required by a child's medical needs. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical Commissioning Groups (CCGs)

The school will liaise with CCG colleagues as appropriate or required by a child's medical needs. CCGs commission other healthcare professionals such as specialist nurses. They ensure that commissioning is responsive to children's needs, and that health services are able to cooperate with schools supporting children with medical needs.

10. Guidelines on Policy into Practice at Wootton St Andrews' Primary School

There is a need for proper documentation at all stages when considering the issue of support for children with medical needs in school.

All children at this school with medical conditions have easy access to their emergency medication. Children never carry their own medication; however, they know where their medication is stored and how to access it.

Where age-appropriate, children understand the arrangements for members of staff to assist in helping them take their medication safely.

10.1 Staff Training and Support

Training needs for staff will be assessed by looking at the current and anticipated needs of children already on roll. This assessment will be completed in collaboration with the school nursing team who book a medical needs audit with the school at the beginning of the school year. It may be possible to determine specific training needs via early information relating to a child who is due to be admitted to the school. All members of staff providing support to a child with medical needs will receive relevant training. Staff who provide specific support to children with medical conditions will be included in meetings where appropriate. All staff training in relation to medical conditions will be recorded on IHPs.

The type and frequency of refresher training will be determined by the medical condition that a child may have and this will be supported by the Governing Body. Training may be arranged by the school, or they may make use of the skills and knowledge provided by the other health services such as the school nursing team, or specialist nursing services. In some cases, a specific health care professional will be required to provide appropriate training e.g. a Diabetes nurse. Training may involve on-site or off-site provision, or it may take the form of online training. Parents / carers and appropriate healthcare professionals will be asked to supply specific advice in relation to possible training requirements.

Staff will be made aware of the specific needs of each child with a medical condition and will be competent and confident to deliver the support. It must be noted that a First Aid certificate alone will not suffice for training to support children with medical conditions. The 'Supporting Pupils at School with Medical Conditions Policy' will be subject to whole staff consultation as part of the

draft, and subsequent reviews. All members of staff will be informed of it and it will be included in the induction arrangements for new staff to the school.

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

At Wootton St Andrew's School, the children who require medication or other procedures will be supervised in administering them or receiving them from a relevant member of staff. If a child refuses to take medicine or carry out a medical procedure, staff will follow the procedure agreed in the IHP. Parents / carers and relevant health professionals will be informed so that alternative options can be considered.

10.3 Managing Medicines on School Premises

Where clinically possible, medicines should be prescribed in dose frequencies, which enable them to be taken outside school hours. Where this is not possible, the following will apply:

- no medicines (prescription or non-prescription) can ever be administered without their parent's/carers' written consent – (except in exceptional circumstances where the medicine has been prescribed to a young person without the knowledge of the parents);
- non-prescription medicines will be administered and managed by parents, as far as is reasonably practicable, should they be needed during the school day;
- for the administering of non-prescription medicines during an educational visit, parents are required to provide written consent;
- no child will be given a medicine containing aspirin unless it has been prescribed by a doctor. Parents will be required to give their written consent;
- the school will only accept prescribed medicines (such as inhalers, epipens) that are in-date, labelled, provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or pump, rather than its original container;
- written records will be kept of all prescription and non-prescription medicines administered to children and parents/carers will be informed if their child has been unwell at school;
- any prescribed medicines are kept in a locked cabinet in the school office and administered by the school's administration team when dose frequencies fall within the school day. **It is the parent's/carers' responsibility to ensure that prescribed medicines are delivered to and collected from the school office on a daily basis as these cannot be placed in a child's possession under any circumstances;**
- medicines will be stored safely in individual sealed and named bags/boxes or in the First Aid cabinet in the Main Office. In specific circumstances, where the child's needs dictate this, some medicines may be stored in classroom cupboards. Children who need to access their medicines immediately, such as those requiring asthma inhalers, will know how to access these, always under the direct supervision of an adult. On educational visits, medicines will be available and they will be looked after by a relevant member of staff (never carried by the children);
- if a controlled drug has been prescribed, it will be kept securely and stored in a non-portable container in the school office. Named staff only will have access to such medication so that it can be administered to the specific child. The school will keep a record of doses administered, stating what, how and quantity administered, when and by whom. Any side effects of the medication will be noted;
- when no longer required, medicines will be returned to the parent to arrange for safe

- disposal and the medical booklet updated accordingly;
- under exceptional circumstances and **always** following prior written consent from parents / carers, the school is able to administer Calpol where the Headteacher has authorised this during the school day. Verbal confirmation would always be required from a parent / carer on these occasions to ensure that no medication had been administered to the child earlier in the day;
- prescribed and non-prescribed medicines will normally be administered by the administration team. In the event of Calpol being administered, two signatures are required to confirm the full name of the child, date, time and dose administered. The first signature would normally be the administration team or a member of SLT; the second being a qualified First Aider within school.

10.4 Emergency Procedures

A child's IHP will clearly define what constitutes an 'emergency' and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms and procedures. It may be necessary to inform other children in general terms so that they can inform a member of staff immediately if they think help is needed. Individual Emergency Procedures should be documented.

If a child is taken to hospital, staff will stay with the child until the parents/carers arrive, or accompany a child taken to hospital by ambulance. Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital.

In the event of an emergency whereby resuscitation is required, the school has a defibrillator on site. This is kept in the main entrance and staff are trained in how to use this specific type of defibrillator as part of their ongoing first aid training.

10.5 Educational Visits and Sporting Activities

The school will consider how a child's medical condition will impact upon their participation. We will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.

The school will consider what reasonable adjustments and risk assessments are required, so that planning arrangements take into account all steps needed to ensure that children with medical conditions are included. This will require consultation with parents/carers, children and advice from relevant healthcare professionals to ensure that children can participate safely.

11. Record Keeping: Health Care Plans, Agreements and Recording Documents

11.1 Enrolment Forms

Parents/carers are asked if their child has any health conditions or issues on the enrolment form, which is completed at the start of each school year. Parents of new children starting at other times during the year are also asked to provide this information on enrolment forms.

11.2 Drawing up Healthcare Plans

We use a Health Care Plan to record important details about individual children's medical needs at school; their triggers, signs, symptoms, medication and other treatments. Further documentation

can be attached to the Healthcare Plan if required.

The parents/carers, healthcare professional and child with a medical condition are asked to fill out the child's Healthcare Plan together. Parents/carers then return these completed forms to the school. These are reviewed annually with parents/carers or more frequently should any needs change.

We ensure that a relevant member of school staff is also present, if required, to help draw up a Healthcare Plan for children with complex healthcare or educational needs. This would normally be the SENCO.

11.3 Short Term Medication

If a child has a short-term medical condition that requires medication during school hours, a medication form plus an explanation is sent to the child's parents to complete and sign.

11.4 Register and Review

Health Care Plans are used to create a centralised register of children with medical needs. The SENCO is the identified member of staff has responsibility for the register at this school.

The SENCO follows up with the parents/carers any further details on a child's Health Care Plan required or if permission for administration of medication is unclear or incomplete. Parents/carers with children who have a Health Care Plan are asked to review every September and inform the school if there are any changes throughout the school year.

11.5 Storage and Access to Health Care Plans

Parents/carers and relevant staff at this school are provided with a copy of the child's current agreed Health Care Plan. Health Care Plans are kept in a secure central location at school in addition to copies being held by relevant key staff in school on a need to know basis to ensure that all staff have appropriate information to support with managing the child's medical needs if required.

All members of staff who work with groups of children have access to the Health Care Plans of children in their care.

11.6 Use of Healthcare Plans

Healthcare Plans are used by this school to:

- inform the appropriate staff about the individual needs of a child with a medical condition in their care;
- remind children with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times;
- identify common or important individual triggers for children with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers;
- ensure that all medication stored at school is within the expiry date;
- ensure this school's local emergency care services have a timely and accurate summary of a child's current medical management and healthcare in the event of an emergency;
- remind parents of children with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

11.7 Consent to Administer Medicines

If a child requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Health Care Plan, giving the child (where appropriate) or staff permission to administer medication as required. A separate form is sent to parents for children taking short courses of medication.

All parents/carers of children with a medical condition who may require medication in an emergency are asked to provide consent on the Health Care Plan for staff to administer medication.

If a child requires regular help in administering their medication, then the school outlines its agreement to administer this medication on the child's Health Care Plan. The school and parents/carers keep a copy of this agreement.

11.8 Residential Visits

Parents are sent a residential visit information form to be completed and returned to school before their child leaves for an overnight or extended day visit. This form requests up-to-date and accurate information about the child's current condition and their overall health. This provides essential information to relevant staff to help the child manage their condition while they are away. This includes information about medication not normally taken during school hours.

All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours' activities where medication is required. These are accompanied by a copy of the child's Health Care Plan. Health Care Plans must be carried by staff when attending a school trip, to ensure that the child's needs are able to be met in the event of the child falling ill.

All parents/carers of children with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required. Families may be requested to meet with staff prior to any visit to ensure that needs can be fully met and the appropriate steps are taken to ensure that staff are able to competently manage the child's needs and to arrange for additional training as appropriate.

The residential visit form also details the medication and dosage the child is currently taking at different times of the day. It provides accurate and up-to-date information to relevant staff and supervisors to help the child manage their condition while they are away.

11.9 Other Record Keeping

We keep an accurate record of each occasion that a child is given, or supervised taking, medication. Details of the supervising staff member, child, dose, date and time are recorded. If a child refuses to have medication administered, this is also recorded and parents are informed as soon as possible. Administration staff or SLT members are able to administer prescribed medication or Calpol.

Approved by: Headteacher: R.Zaitschenko
 Chair of Governors: Rev.A.Wright
 Governors: K.Hewson, A.Morgan

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