

Rishton Methodist Primary School

Medical Needs Policy 2023 - 24



Our Christian Vision

As a Methodist school, our values lie at the heart of all we are and do. Within our caring Christian community, where all are welcome, everyone is encouraged to be the best that they can possibly be. We promote respect, compassion and resilience to prepare our children for the challenges of an ever-changing world and encourage our whole school community to 'Rise up...take courage and do it" (Ezra 10:4).

Agreed by Governing Board on 13.5.24

Policy will be reviewed by 1.9.24

Created by SLT

Policy Statement

At Rishton Methodist School we believe that inclusion and equal opportunities for pupils with medical needs are an entitlement, and that as a school, we have the responsibility to create the conditions for each of our pupils to access their education (in line with Section 100 of the Children and Families Act 2014). We will make the necessary adjustments to the curriculum, make necessary environmental alterations and give appropriate social support to minimise the potential barriers which may be created.

We aim to create a school community which accepts others as they are and value each other.

In developing this policy, we have followed the statutory guidance laid out in the DfE document Supporting Pupils at School with Medical Conditions (April 2014 - updated August 2017).

Definition of medical needs

Children may be afflicted with a variety of medical needs. These may include:

- Long term medical needs – cystic fibrosis, epilepsy, diabetes, hearing loss, Crohn's
- Recurring medical needs – CFS/ME, leukaemia
- Life threatening conditions – leukaemia, cystic fibrosis
- Operations, road accidents – resulting in a period of recuperation
- Mental health – mood disorders, depression, anxiety disorders, obsession compulsive disorders, eating disorders, self-harming behaviour, psychotic disorders, tic disorders (including Tourette's syndrome)
- Effects of treatment for diagnosed medical conditions: steroids, chemotherapy, medication affecting performance and behaviour
- Infectious diseases – tuberculosis
- Degenerative conditions where deterioration in eyesight or physical mobility are expected
- Diagnosed low immunity/vulnerability to illnesses which could severely risk health or life, resulting in temporary self-isolation.

Aims

It is the aim at our school to ensure that each child with medical conditions is properly supported so that they have full access to education, including school trips and physical education, and they can play a full and active role in school life, remain healthy and achieve their academic potential. They will have a broad and balanced curriculum that prepares pupils for the responsibilities and opportunities for adult life. We are committed to providing pupils with medical needs as much education as their incapacity allows while minimising the disruption to normal schooling.

Organisation

Provisions must be made, either full or part time, for those children who may not attend school due to their illness.

We strive to:

- continue to provide a broad and balanced curriculum
- work in partnership with parents
- provide a laptop/tablet as suitable for those children who otherwise do not have access to one
- strive for individual flexible approaches as required by changing medical needs
- expect and achieve multi-agency co-operation

School's Responsibility

Our Governing Body must ensure that arrangements are in place to support pupils at school with medical conditions.

They will ensure that policies, plans, procedures and systems are properly and effectively implemented.

Our office team, and SLT, have an overview of all children with medical conditions and will ensure that all staff are aware of children's medical conditions within the school, with particular reference to their own class. They will also ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans.

Whole school medical notes are available to all staff, including access to all health care plans within the school. This is discussed and updated regularly through staff meetings and briefings, including yearly training within staff Inset days. Staff who are employed mid-year are informed of medical arrangements in school during part of their safeguarding induction.

School staff - any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Staff will not undertake personalised health care procedures without appropriate training. School staff will receive sufficient and suitable training and achieve the necessary level of competency to fulfil the requirements as set out in individual healthcare plans, before they take on responsibility to support children with severe medical conditions.

The schools' responsibilities also include:

- keeping the pupil with medical needs on roll and including the pupil when planning
- continuing the pupil's access to education by providing work and materials for periods of absence, as appropriate
- ensure that pupils who have an illness/diagnosis which indicates prolonged or recurring illnesses have access and can enjoy the same opportunities at school as any other child

- support reintegration back into school following long term absences so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend
- produce an Individual Healthcare Plan with parents
- listen to and value the view of parents and keep parents informed
- establish relationships with relevant local health services to receive and fully consider advice from healthcare professionals
- ensure that current attainment levels are made available to the support services
- offer to loan appropriate resource materials, where possible, to hospital or home
- teaching staff show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care
- ensure that staff are properly trained to provide the support that pupils need

Parents and Carers Responsibilities

If the school staff agree to administer medication on a short term or occasional basis, the parent(s) are required to complete a signed Consent Form. Verbal instructions will only be accepted in the event that the parent/carer is unable to get to school to sign on the first day of the child requiring medication, but a signed form must be completed after this.

Children should not be self-administering medication in school on a regular basis except under supervision for certain medicines eg. Inhalers. A written form of confirmation is still required from the parent(s).

For administration of emergency medication, a Care Plan must be completed by the parent(s). Minor changes to the Care Plan can be made if signed and dated by the parent(s). If, however, changes are major, a new Care Plan must be completed. Care Plans should be reviewed annually. Care plans are to include medical needs only. Any other information or requests should be communicated with the class teacher in the usual ways, such as an email or dojo to the school office, or verbally.

The parent(s) need to ensure there is sufficient medication and that the medication is in date. The parent(s) and carer(s) have a responsibility to replace the supply of medication as appropriate, including at the request of relevant school/health professional. At times of a national medical supply shortage, for example auto injectors, school and parents will communicate with each other regarding extended expiry dates, in line with government advice.

Medication should be provided in an original container with the following, clearly shown on the label:

- Child's name, date of birth;
- Name and strength of medication;
- Dose (This will be noted on the corresponding health care plan if applicable)
- Expiry dates whenever possible;
- Dispensing date/pharmacist's details.

School Staff Responsibilities

Medication will be administered by staff where written permission is given on the medicines consent form.

Prescribed medicines will be administered when it is necessary in school hours.

For ongoing conditions, such as those which require pain relief as and when needed, or antihistamines needed in certain months only, a consent form stating these conditions must be signed.

Each request should be considered on individual merit and school staff have the right to refuse to be involved. It is important that school staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise. Regular training relating to emergency medication and relevant medical conditions should be undertaken. Staff who administer medication should record each dose given in the school record file.

All staff are trained on an annual basis on the use of epi-pens and inhalers. First aid training is renewed every three years by all staff.

Overview of when a school is notified about a child's medical condition:

- Arrangements will be in place in time for the start of the relevant school term. When there is 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.
- Where diagnosis is unclear, some form of medical evidence and consultation with parents will guide what support is most appropriate.
- Medical information received from parent(s) will be collated by the office staff into a whole school form, in order for all staff within school to be aware of specific medical needs of children. These are kept in the office, staffroom and first aid boxes. Any individual child's medical changes are also reported directly to the class teacher.

Individual Health Care Plans

- The staff responsible for ensuring health care plans are updated are Jayne Newsham (Family Support Worker), Lucy Studholme (SENDCO) or Donna Higgs (Headteacher), depending on circumstance, by consultation with parents and relevant healthcare professionals where necessary.
- In cases where conditions fluctuate, or where there is a high risk that emergency intervention will be needed, or where medical conditions are long-term and complex, such as food allergies, a health care plan will be used.
- The plan provides clarity about what needs to be done, when and by whom.
- They will be easily accessible to all who need to refer to them, while preserving confidentiality.
- Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local

authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

- School will ensure that 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 well-being and minimises disruption.

A Health Care Plan will include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- and any side effects of the 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
- the role the staff can play

Health Care plans should not include anything non-medical related, for example social preferences or behaviour needs.

The child's role in managing their own medical needs

- After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans.
- The child will be able to access their medicines such as inhalers for self-medication quickly and easily. 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, then relevant staff should help to administer medicines and manage procedures for them. Parents wishing for their child to carry their own medicines will need to fill in a request form.
- If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the individual healthcare plan.
- Parents will be informed so that alternative options can be considered.

Children's Medicines

- The school has a policy of storing children's temporary medicines centrally in the school office, including in the medicine fridge in there. When prescription items are held by the school for administration by school staff they will be stored in a lockable cupboard/cabinet, with restricted access to keys. This will be in the school office.
- The school will only accept prescribed medicines that are in-date (excluding national shortages where government guidelines extend expiry dates), 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.

- Asthma inhalers are kept in classrooms and should be clearly labelled with the child's name and dosage instructions. Two further school 'emergency inhalers' are available for children who have broken/empty inhalers. These are kept in the staffroom first aid cupboard and the first aid trunk.
- Exceptions to this policy will apply to asthmatics who will carry their inhalers with them after the school has received advice from their GP.
- Although the school will monitor their expiry dates it is the parents' responsibility to monitor this also and provide new inhalers as necessary.
- Staff are not obliged to administer any medicine to any child and would be cautioned to take the advice of the Headteacher before doing so.
- Medicines should 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 prescription or non-prescription medicines without their parent's written consent, with the only exception being the first day of medication if the parent is unable to come into school to sign before medication is due, as noted previously.
- A child will never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.
- All staff have been trained in the use of Epi-pens and inhalers and these are stored in areas where they can be quickly accessed for the child who requires them. In the case of Epi-pens, children have one in the office and another in their classroom (if possible), clearly marked, with the child's care plan accessible.
- Children requiring such medication should have Individual Healthcare Plans which their teachers should have been made aware of.
- Schools 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 should be noted

Antibiotics

Parent(s) should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school hours wherever possible. Most antibiotic medication will not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after school (provided this is possible) and at bedtime.

It should normally only be necessary to give antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Parent(s) must complete the Consent Form and confirm that the child is not known to be allergic to the antibiotic.

The antibiotic should be brought into school in the morning and taken home again after school each day by the parent. Whenever possible, the first dose of the course,

and ideally the second dose, should be administered by the parent(s) in case of an adverse reaction.

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose and the date of dispensing. In school the antibiotics will be stored in a secure cupboard or, where necessary, in a refrigerator.

Many of the liquid antibiotics need to be stored in a refrigerator – if so; this will be stated on the label. Where there are allergies to antibiotics in school, they will be stored in sealed plastic bag to avoid cross contamination.

Some antibiotics must be taken at a specific time in relation to food. Again, this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent.

The appropriate records must be made. If the child does not receive a dose, for whatever reason, the parent must be informed that day.

Analgesics (Painkillers)

For pupils who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic should be kept in school. It is recommended that school does not keep stock supplies of analgesics e.g. paracetamol (in the form of soluble), for potential administration to any pupil, unless in situations such as residential school trips, where parent consent is pre-arranged. Parental consent must be in place. CHILDREN SHOULD NEVER BE GIVEN ASPIRIN OR ANY MEDICINES CONTAINING ASPIRIN.

Over the counter medicine (eg hayfever remedies)

These should be accepted only in severe exceptional circumstances and be treated in the same way as prescribed medication. Parent(s) must clearly label the container with child's name, dose and time of administration and complete a Consent Form.

Disposal of medicine

Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should collect medicines held by the school at the end of each term. Medicines such as inhalers/epi-pens that are kept in school should be checked termly by parents.

Refusing medicine

When a child refuses medicine, the parent should be informed the same day and be recorded accordingly. Staff cannot force a child to take any medicine.

Day and Residential Trips

- It is part of the school's equal opportunities policy that no child should miss out on day or residential trips because of conditions such as diabetes, epilepsy or allergy etc.

- We will make arrangements for the inclusion of pupils in activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.
- Teachers should only administer medicine to any child with written and signed permission of parents or guardians and detailed instructions on timing, dosage and any side effects.
- It is hoped that any diabetic child old enough to attend a residential trip may be able to self-administer their medicine. However, parents will be consulted regarding this.
- If the parent feels a child may need travel sickness pills, hay fever medication or painkillers of any sort these should be in the original packaging, clearly marked with their child's name and written permission for its use.
- Any medicines should be kept on the teacher's person or in a separate storage box on a residential trip. Class A drugs will be locked away at a safe place on a residential and remain with the teacher if on a day trip. In the case of inhalers, children will be given these to carry themselves if the main group is split into smaller numbers. The adult in charge of the group will be aware that the child has their inhaler on their person/bag. Inhalers are then collected back when the smaller groups merge back together by the main first aider.
- On occasion it may be necessary for a school/centre to administer an "over the counter" medicine in the event of a pupil suffering from a minor ailment, such as a sore throat, while away on an Educational Visit. In this instance the parental consent form will provide an "if needed" authority, which should be confirmed by phone call from the appropriate staff member to the parent/carer when this is needed, and a written record is kept with the visit documentation.
- The designated first aider for the trip will ensure all non-school medication is given back to the parents/carers on their return to school.

Emergency procedures

- 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 pupils in the school will know what to do in general terms, such as informing a teacher 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 a child taken to hospital by ambulance.

Unacceptable practice

The school will not:

- 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, or advice sought through medical practitioners for further advice or opinion);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their diagnosed medical condition - eg hospital appointments - but evidence will be required, and school policy will be followed;
- prevent pupils with medical needs 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 of their child's medical needs
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips.

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 formal complaint via 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.

Review date: March 2025