



# Swanmead Community School

Statutory Policy 12

## Children with Medical Conditions

*Document history:*

First introduced in current format		Nov 2017
Review Timescale		3 Years
Version	Last Reviewed	Next Review
<b>2</b>	<b>June 2019</b>	<b>June 2022</b>
Changes made at last review?		Yes
Prepared by:	<b>SENCo</b>	
Checked by:	<b>Link Governor – SEN</b>	

*For approval by:*

Headteacher	
Signed by the above:	
Date:	06.06.2019

*Summary of changes:*

Date of change	Nature of change
06.06.2019	Removal of reference, in 11a, to Pupil's confidential medical plans, with photos, being displayed on the staff room noticeboard. This is no longer the case as this contravenes the General Data Protection Regulation (GDPR).
06.06.2019	The school's 'Medical Lead' is Debbie Harvey.

## **1. Children with Medical Conditions Policy**

- a. We aim to ensure that all children, including those with medical conditions can continue to enjoy learning, friendships and play. The contents of this policy will be shared with all school staff to ensure that these aims are met. Governors & all staff
- b. Parents have the prime responsibility for their child's health and are required to provide the school (via the Head teacher) with information about their child's medical condition before they are admitted to the school, or as soon as the child first develops a particular medical need. Where possible and appropriate, the young person should also be involved in providing information about their medical condition. Parent carers, pupil
- c. Once the pupil is established in the school community, it may be more appropriate for parents to contact the Medical lead/ SENCo to pass on details of new medical needs and to discuss the implications in school. These will be communicated to school staff as appropriate, including the Headteacher. Where possible and appropriate, the young person should also be involved in providing information about their medical condition. Parent carers, pupil

## **2. Pupils with Short – Term Medical Needs**

- a. If children are unwell and unable to cope with a busy school day or if the child has an infectious or contagious condition they should not be sent to school. Parent carers
- b. If a child becomes ill during the day, parents/carers will be contacted by the school office or a first aider in order that the child can be taken home. School staff
- c. Many children will need to take medicines at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of prescribed antibiotics. Where possible doses should be given before or after school, however medicines may be brought into school if it would be detrimental to the child not to do so. Medicines should be brought to school in the original containers with the labels attached. Medication should be in date. Parent carers

- d. Parents should inform the school (using the forms available from the school office) about the medicines that their child needs to take and provide details of any further support required. Parent carers

### **3. Responsibility for administering prescribed medication**

The school will ensure that there are sufficient members of support staff who are employed, appropriately trained and willing to manage medicines. The type of training necessary will depend on the individual case. If they are in doubt about any procedure, staff will not administer the medicines but will check with the parents or a health professional before taking further action. Medication will only be administered by staff with first aid training. Governors & Head teacher

### **4. Record-keeping**

Staff will complete and sign a record each time they give medicine to a child. (These are kept in the file in the school office for the academic year and then passed to the Office and Finance Manager for safekeeping) Named staff/ First aiders

### **5. Refusal to take medicine**

- a. If a child refuses to take medicine, staff will not force them to do so, but will note this in the records and inform parents of the refusal immediately. Head teacher/ First aiders
- b. If a refusal to take medicines results in an emergency, then the usual emergency procedures will be followed. First aiders

### **6. Storage of medication**

- a. All emergency medicines, such as asthma inhalers and adrenaline pens, will be safely stored and will be readily available. They will not be locked away and where children are considered safely able to take care of their own medicines they will be supported to do so. First Aiders/ Medical Lead

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| b. Some medicines need to be refrigerated. These will be kept in the fridge at Reception and access to the refrigerator holding medicines will be restricted.          | First Aiders/ Medical Lead                   |
| c. Medication is normally stored in and administered from the Reception area for short-term medical needs and occasional use (eg. paracetamol/ piriton).               | First Aiders/ Medical Lead                   |
| d. For pupils who require regular daily medication, it may be stored in and administered from the HUB. The pupil will be informed of where to go for their medication. | First Aiders/ Medical Lead/ HUB staff/ SENCo |

## **7. Absence from school for more than 15 days**

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| a. For those children who attend hospital appointments or are admitted to hospital on a regular basis, special arrangements may also need to be considered. In this event advice will be sought from The Medical Tuiton Service and referrals made where appropriate.                                      | Headteacher/ SENCo/ Medical lead                      |
| b. Children with medical needs may be unable to attend school for many reasons relating to their condition and in this event the school will make arrangements to link the child to suitable learning opportunities and will facilitate their links with other children so that friendships are sustained. | School staff/ Headteacher/ SENCo/ Medical lead/ tutor |

## **8. Pupils with Long Term or Complex Medical Needs**

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| a. Where a child's needs are particularly complex and could affect their ability to access the full curriculum or participate in other areas of school life, then special arrangements will be made. The PIMS Team and SENITAS may be contacted to support any adaptations to the curriculum. | SENCo                            |
| b. In some cases this might take the form of dedicated adult support, at certain times of the school day. Alternatively, the child's needs could be such that modifications to the learning environment and /or the provision of specialist aids will need to be considered.                  | Headteacher/ SENCo/ Medical lead |

## **9. Individual Health Care Plans**

- a. A written, individual health care plan will be developed where needed, to clarify for staff, parents and the child, the support that will be provided and what training may be required. This will include:
- i. details of the child's medical condition,
  - ii. any medication,
  - iii. daily care requirements
  - iv. action to be taken in an emergency,
  - v. parents/carers details including emergency contact numbers
- b. Those who may contribute to a health care plan include:
- i. The parents/ carers ( and the child, if appropriate)
  - ii. The school nurse, specialist nurses, children's community nurses, the child's GP or other health care professionals (depending on the level of support the child needs
  - iii. The Head teacher and SENCo
  - iv. The tutor, Learning Support Assistant or Pupil Support Assistant
  - v. Support staff who are trained to administer medicines or trained in emergency procedures.
  - vi. PIMS team
- c. Parents should carry out any action they have agreed to as part of the Medical Plan eg. provide medication with dosage details.
- Parents should ensure that they or another nominated adult is contactable at all times.
- d. The school will agree with parents how often they should jointly review a health care plan. The timing of this will depend on the nature of the child's particular needs. As a minimum, there should be an annual review which should take place at the start of each school year. Some plans will
- Headteacher supported by SENCo/ Medical lead
- Parent carer
- SENCo/ Medical lead

need to be reviewed more frequently depending on individual needs.

- e. Healthcare plans and training are not transferable, even when children have the same condition. SENCo/ Medical lead

## **10. Training**

- a. Several members of school staff will at all times have current certificates in First Aid training in order that a qualified person is always available to administer medication in school. Governors & Head teacher
- b. If school staff need to be trained to administer medical procedures the school will contact the relevant health care professional, eg School Nurse, specialist nurse or children's community nurse. Parents cannot be responsible for leading this training but parents and children will be asked to participate in the training and give advice and guidance on how they prefer things to be done. SENCo/ Medical lead
- c. Parents and school staff cannot cascade training that they have received when the training is specific to an individual child. Head teacher
- d. School staff who have been trained are responsible for following and delivering the health care plan and if the child's condition alters they will contact an appropriate professional and the parents, making them aware of the change and requesting further training if needed or an alteration to the plan. Individual staff
- e. School staff will request further training when needed, and professional updates at least once a year. Individual staff
- f. Staff who have been trained in the child's care are responsible for following the procedures in children's care plans as they have been trained to do.
- g. The (Headteacher/ SENCo/ Medical lead) will liaise with health care professionals and the trained staff to support and facilitate training refreshers and updates as needed.
- h. Individual staff are responsible for identifying and communicating any changes that they notice in the child's

care needs. The SENCo will inform parents and health care professionals in writing and discuss whether further training is needed.

### **11. Communicating Needs**

- a. Individual Medical Plans are stored on the computer 'P' drive under P; Staff; Medical; pupil name.
- b. Medical Plans for individual children are kept in the staff room where they are accessible to all staff involved in caring for the child.
- c. Further copies and full medical records are stored in the child's SEN file. SENCo
- d. Copies of Medical Plans are kept in the Information file for supply teaching staff so that they are aware of pupils with medical issues.

### **12. Educational visits (see also school's Trips Policy)**

- a. Visits and school residential trips will be planned so that pupils with medical needs can participate and reasonable adjustments will be made as appropriate to ensure that they are not discriminated against. Risk assessment(s) should be completed pertinent to a pupil's current medical needs, medication and the activities involved in the visit. If a risk assessment indicates that it is not safe for the pupil to participate in part of the experience because of their condition, then reasonable adjustments will be made and an alternative experience will be provided to ensure that they are enabled to join in the curriculum surrounding the trip. Trip leader
- b. Staff supervising excursions and residentials will always make sure that staff supporting the trip are aware of any medical needs, and relevant emergency procedures. Trip leader
- c. Parents of children participating in residential trips will need to complete required consent forms giving details of all medical/dietary needs. All medication or equipment which needs to be administered during the course of the visit should be handed directly to the trip leader in accordance with the school's guidelines before leaving the school at the Parent carers

start of the trip.

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| d. A copy of individual Medical plans will be taken on visits in the event of the information being needed in an emergency.   | Trip leader               |
| e. Arrangements for taking any necessary medicines will be made and if necessary an additional member of the support staff, or an appropriate volunteer might be needed to accompany a particular child. Children's parents will not be required to accompany their own children on school trips. | Trip leader               |
| f. If there is any concern about whether the school is able to provide for a child's safety, or the safety of other children on a visit, then parents will be consulted and medical advice sought from the school health service or the child's GP.   | Head teacher/ Trip leader |

### **13. Sporting Activities**

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| a. All children with medical conditions will be encouraged to participate as fully as possible in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-being. Staff will be sensitive to their individual needs and sufficient flexibility will be incorporated into the lesson planning for all children to be included in ways appropriate to their own abilities. | PE teachers; all staff who teach sports or offer sports activities (including clubs before/ during/ after school) |
| b. Risk assessment(s) should be completed pertinent to a pupil's current medical needs, medication and the activities involved in the sport.  |   |
| c. Any restrictions on a child's ability to participate in PE will be recorded in their Medical plan, which must be taken into account by the sports teacher/ leader. This will include reference to any issues of privacy and dignity for children with particular needs.  |   |
| d. Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.  |   |

### **14. School Nurse Service**

The school nurse service is responsible for notifying the school	School nurse
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when a child has been identified as having a medical condition which will require support in school.  
School staff can contact the school nurse service to request assistance, training, resources or liaison with other medical professionals in order to facilitate appropriate care for pupils with Medical needs.

Headteacher/ SENCo/  
Medical lead

## **15. Insurance, liability & Indemnity**

The governing body arranges insurance for the care of pupils with medical conditions and ensures that it appropriately reflects the level of risk.  
School staff are made aware of the fact that they are insured to support pupils as required. Insurance policies are available to staff providing medical support.

Governors & Head  
teacher

Individual cover may need to be arranged for healthcare procedures.

Any requirements of the insurance should be made clear and complied with.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

## **16. Complaints Procedure**

If a parent carer wishes to complain about Medical provision for their child they should initially speak to the Headteacher.

Parent carers

A complaint can also be taken to the school's SEN governor or chair of governors.

In the unlikely event of this not resolving the issue, the parents must make a formal complaint using the Swanmead School Complaints Procedure.

Parent carers may also seek advice from the Somerset Special educational Needs and Disability Information, Advice & Support group (SENDIAS) Tel:01823 355578 e-mail: [info@somersetsend.org.uk](mailto:info@somersetsend.org.uk) Website: [www.somersetsend.org.uk](http://www.somersetsend.org.uk) ).

# MEDICAL PLAN

**Pupil Name**

**DOB:**

Pupil
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**Named condition/ outline of Medical need.**

**Plan:**

*Consider:*

- *what may occur/ change in school affecting the pupil*
- *What to do in the event of an injury*
- *What to do in an emergency*
- *Actions to be taken to alleviate the medical condition/ reduce the problem*
- *If medication is required – name, dose, requirements once administered*
- *Whether/ when parent carer should be contacted*

Data collection sheet is kept with this medical plan in the main office.

Agreed and signed by .....

Relationship to child .....

Date .....