





Supporting Children with Medical Needs

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CHAIR OF TRUSTEES SIGNATURE	
CEO SIGNATURE	

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INTRODUCTION

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. Other children have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs. Most of these children will be able to attend school regularly and take part in normal school activities.

This policy outlines responsibilities and procedures for supporting pupils at all EPA Schools who have medical needs. It is supported by EPA First Aid & Medicines Policy.

All forms/documents referred to in this policy can be found in the appendices of the EPA First Aid & Medicines Policy.

PARENTS AND CARERS

- Parents are responsible for making sure that their child is well enough to attend school. Children should be kept at home when they are acutely unwell. If the child is not well enough to attend school parents/carers must phone the school each day of absence and leave a message detailing their child's condition.
- Parents are responsible for providing the school with sufficient information about the child's medical condition and treatment, or special care needed at school.
- With the Headteacher, they should reach agreement on the school's role in supporting their child's medical needs.
- Where parents have difficulty understanding or supporting their child's medical condition themselves, the School Health Service can often provide additional assistance. However, ideally, the Headteacher should seek parents' agreement before passing on information about their child's health to other school staff.
- Parents' religious and cultural views should always be respected.

EPA TRUST (EPA)/GOVERNORS

As the employer, EPA Trust is responsible for all health and safety matters. The EPA Trust has a duty to ensure that their insurance arrangements provide cover for staff to act within the school of their employment; that the procedures outlined in this policy are followed, and that any necessary training is made available to staff.

The governing body will ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Procedures will be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupils' needs change and arrangements for any staff training or support. For children starting at a new school, arrangements will be in place for the start of the relevant term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within 2 weeks.

THE HEADTEACHER

The Headteacher is responsible for implementing the EPA Trust's policy in practice and ensuring that all staff are aware of this policy. When teachers and support staff volunteer to give pupils help with their medical needs, the Headteacher should agree to their doing this, and must ensure that the staff receive proper support and training where necessary. Day to day decisions about administering medication will normally fall to the Headteacher or their delegated member of staff. The Headteacher is also responsible for making sure parents are aware of the schools policy and procedures for dealing with medical needs. The Headteacher, or their delegated member of staff is responsible for arranging back-up cover when the member of staff responsible for a pupil with a medical need is absent or unavailable.

TEACHERS AND OTHER SCHOOL STAFF

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. They should be aware of the likelihood of an emergency arising and what action to take in one occurs. If staff are to administer medication, they may only do so if they have had appropriate training. Visitors, including Supply Teachers will be informed of any relevant medical needs within the class.

OTHER HEALTH PROFESSIONALS

The school will receive support and advice as necessary from the following in conjunction with meeting the needs of pupils with medical needs:

- Local Health Authority
- School Health Service
- School Nurse
- General Practitioner (with the consent of the child's parents)
- Community Pediatrician

SHORT-TERM MEDICAL NEEDS

At times, it may be necessary for a child to finish a course of medication at school. However, where possible, parents will be encouraged to administer the medicine outside of school hours. School staff will not give non-prescribed medication to children except in special cases at the complete discretion of the Headteacher. In the case of children suffering regularly from acute pain, such as a migraine, the parents will authorise and supply appropriate painkillers together with a completed "Parental Agreement for Setting to Administer Medicine" form. A member of staff will supervise the pupil taking medication, keep a log of all medication taken and notify the parents on the day the painkillers are taken.

LONG-TERM MEDICAL NEEDS

The school needs to have sufficient information of any pupil with long-term medical needs. The school will then draw up a written health care plan for such pupils, involving the parents and relevant health care professionals.

INDIVIDUAL HEALTH CARE PLANS

These enable the school to identify the level of support that is needed at school. Those who may need to contribute to the plan are:

- Headteacher
- Parent/Carer
- Child (if sufficiently mature)

- Class teacher
- Teaching Assistant
- School staff who have agreed to administer medication or be trained in emergency procedures
- School health service, the child's GP or other health care professionals

ADMINISTERING MEDICATION

No pupil will be given medication without the parent's written consent. Form available in the EPA First Aid and Medicines Policy.

The form requests:

The name of the medication

Dosage

Method of administration

Time and frequency of administration

Any side effects

All medication must be stored either in the fridge in the staff room, Medical Room or in the school office. Children must not have any medication in their own bags, or drawers. (The exception to this is asthma inhalers or blood monitors).

School will provide written consent for agreeing to administer the medication. Staff will complete and sign a form each time they give medication to a pupil. If a child can take their medication themselves, staff will supervise this, bearing in mind the safety of other pupils.

REFUSING MEDICATION

If a child refuses to take medication, the school staff will not force them to do so. The school will inform the child's parents/carers as a matter of urgency. If necessary, the school will call the emergency services.

SCHOOL TRIPS

Staff supervising excursions should be aware of any medical needs, and relevant emergency procedures. Sometimes an additional supervisor or parent might accompany a particular pupil. If staff are concerned about whether they can provide for a pupil's safety, or the safety of other pupils on a trip, they will seek medical advice from the school health service or the child's GP.

SPORTING ACTIVITIES

Children with medical needs will be encouraged to take part in sporting activities appropriate to their own abilities. Any restrictions on a pupil's ability to participate in PE will be included in their Individual Health Care Plan.

Some pupils may need to take precautionary measures before or during exercise and/or need to be allowed immediate access to their medication if necessary. Teachers should be aware of relevant medical conditions and emergency procedures.

CONFIDENTIALITY

The school will treat medical information confidentially. The Headteacher will agree with the parents which staff will have access to records and information about a pupil. If information is withheld from staff, they cannot be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

CONTROLLED DRUGS

Where practical, the parent or child will be asked to bring in the required dose each day. When the school stores medicine it will be in its original container, labelled with the name of the pupil, the name and dose of the drug and the frequency of the administration.

Pupils should know where their medication is stored.

Asthma inhalers are allowed to be kept in the classroom, in a place identified by the class teacher. Secondary aged pupils may hold inhalers/diabetic medicines themselves (if in agreement with healthcare professional),

Other medicines are kept in a secure place not accessible to pupils.

DISPOSAL OF MEDICINES

Parents/Carers must collect medicines held at school at the end of the school term. Parents are responsible for disposal of date-expired medicines including epi-pens.

HYGIENE/INFECTION CONTROL

Staff should follow basic hygiene procedures. Staff should use protective gloves and take care when dealing with blood or other body fluids and disposing of dressing or equipment. These should be disposed of in suitable containers i.e. sharps bins.

EMERGENCY PROCEDURES

Allocated staff have regular training in First Aid and know how to call the emergency services. A pupil taken to hospital by ambulance will be accompanied by a member of staff until the pupils parents arrive. Secondary schools may agree with the parent for the pupil to travel in the ambulance alone and for the parent to meet them there.

Administration of Rectal Diazepam in Epilepsy and Febrile Convulsions, and the Anaphylaxis Procedure

The administration of medication for these medical conditions requires specific training and procedures. Training will be arranged by the school as soon as a pupil is admitted to the school, and every effort will be made to ensure arrangements are in place within two weeks.

UNACCEPTABLE PRACTICE

The Governors will ensure that school staff follow the policy and that although they will use their discretion and judge each case on its merit, they are aware that it is not generally acceptable 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 for reasons associated with their medical condition 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 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 the child's medical needs
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including trips, e.g. by requiring parents/carers to accompany the child

COMPLAINTS

If parents or pupils are 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.

HEALTH & SAFETY POLICY

When reading this policy please also make reference to the EPA Health and Safety policy and EPA First Aid and Medicines Policy



APPENDIX A: INDIVIDUAL HEALTHCARE PLAN

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-
indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

APPENDIX B: PARENTAL AGREEMENT FOR SETTING TO ADMINISTER MEDICINE

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of child

Date of birth

Year

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage

Time to be administered

Are there any side effects that the school/setting needs to know about?

Self-administration – Y/N

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

This form must be retained in the school office.

APPENDIX C: INFORMATION FOR PARENTS WHEN MEDICATION ADMINISTERED

(this form is only required when medication has been administered on a “as and when” required basis according to parental instruction)

Name of child

Date

Year

Medication given

Dosage

Staff initials

Why medication was given: eeds and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-
indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

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Year	
Medical condition or illness	

Medicine

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Expiry date	
Dosage	
Time to be administered	
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Self-administration – Y/N	
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