



Leslie Manser Primary School

Supporting children at school with medical conditions policy (incorporating medicines policy)

Agreed: December 2018

Signed: Adrian Jones Headteacher

Signed: Emma Lintin SENCo

Signed: Lynne Newbrook Chair of Governors

Review: December 2021



1 Writing and reviewing the Medical Needs Policy

Our Medical Needs Policy has been written by the school, following government and local authority guidance. It has been agreed by senior management and approved by governors. The Medical Needs Policy and its implementation will be reviewed annually. Where necessary healthcare professionals, including the School Nursing Team, can be consulted for advice on specific medical conditions.

2 Introduction

At Leslie Manser Primary School we place a significant importance on all of our children being able to access and enjoy the same curriculum as each other, regardless of any medical conditions, either physical or mental health conditions. We also acknowledge that some medical conditions are more obvious than others however, both parents and children should feel confident in the school's ability to provide effective support. A child will never be denied access to our school because medical arrangements are not in place. Equally, children will be supported with any transitions that they have to make, either the transition into our school, during the school day or their transition into the next school following Leslie Manser Primary School.

The Governing Body will ensure that health and social care professionals, pupils and parents are consulted to ensure that the needs of children with medical conditions are properly understood and effectively supported.

3 Responsibility

The Headteacher (Mr Adrian Jones) is the person with named responsibility and he will be responsible for the following:

- Organising training by appropriate professionals
- Whole school staff awareness
- Ensuring that cover of staff involved in medical needs are replaced and fully trained to the standard of the original person
- Briefing supply teachers
- Carrying out risk assessments when necessary
- Monitoring of healthcare plans
- Developing the policy
- Seeking professional advice when needed
- Ensuring that a reintegration plan takes place following a prolonged period of absence for a child.



4 Managing and organising training needs

When a child has a medical condition there will be whole school awareness training and where new staff join the school, they will be given awareness training as part of their induction. As a school we will ensure that all staff are trained in the appropriate medical areas and it is the Headteacher's responsibility to make sure that staff feel supported and their training needs are met. Anyone that is providing medical support to a child should have had suitable training and an understanding of the medical condition.

The Healthcare Plan will identify any training needs and must remain up to date as any changes to the medical needs change.

5 Writing an Individual Healthcare Plan

Once a child develops a medical need there is no need to wait for a formal diagnosis before a healthcare plan should be written. The healthcare plan will be written by the Special Educational Needs Co-ordinator (Mrs Emma Lintin) in conjunction with the child (if appropriate), the parent/carer and medical professionals where necessary. The plan will be overseen by the Headteacher. The healthcare plan should be confidential but easily accessible to all staff. It should also be updated regularly. Where a child is on the Special Educational Needs Register or they have an Education Health Care Plan then the information will be linked between documents.

The following should be included in an Individual Healthcare Plan:

- An outline of the medical condition
- The medical needs including medication
- Support for the child's educational, social and emotional needs
- The level of support including for emergencies
- The responsible person for medical needs is named in the plan
- The members of staff that need to be aware
- Written permission for the medication
- Any risk assessments should include the child with the IHP
- Which people are entrusted with the information on the child
- What to do in an emergency

6 The role of the Governing Body

The Governing Body must make arrangements to support pupils and ensure that sufficient training is done. They must also provide continuing professional development for staff.

7 The role of the Parent/Carer and child

Parents and carers are key partners in the relationship between school and home and they need to be involved in writing and then reviewing the Individual Healthcare Plan. It is the parent/carer's responsibility to share information about the child and their medical condition.

If a child is competent enough then they should be part of the process of writing the Individual Healthcare Plan and their comments should be reflected in the plan.



8 The role of the Local Authority

It is the Local Authority's responsibility to support schools with training and to make arrangements if a child is away for fifteen or more days because of health (either consecutive or cumulative days).

9 The role of other groups of people

The providers of health services: should co-operate with schools.

Clinical commission groups: commission other healthcare professionals such as specialist nurses.

Ofsted: Ofsted's new common inspection framework came into effect on 1 September 2015, aimed at promoting greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.

10 Managing medicine

Staff must not give prescription medication or undertake healthcare procedures without training.

If a child refuses to take medication then they will never be forced to take it, the Individual Healthcare plan will be shown to the child and if they continue to refuse then the parents/carers must be contacted.

Where appropriate children can administer their own medicine under the supervision of an adult, however, if not then relevantly trained staff should administer the medicine following the guidance below:

- Children must not be given medicines that are detrimental to their health or attendance.
- Written consent must always be given prior to taking medicine apart from in exceptional circumstances.
- No aspirin should be given unless prescribed.
- The maximum dose should be checked for pain relief and the time of the previous dose should be checked on the administered medicines list and then parents/carers should be informed of the doses.
- Where possible doses are to be given outside of school.
- Medicines should always be in date, labelled with the child's name and details, in the original container and given only as prescribed.
- All medicines should be stored safely and children should know where to go (to the school office) and who to see (Mrs Crosby and in her absence, Mr Jones).
- Inhalers and adrenaline pens should not be locked away, they should always be readily available.



- Controlled drugs can be administered but as with all medicines a record should be kept of what dosage was given and when and any side effects should be recorded.
- All medicines should be returned to the parent/carer at the end of the day and any sharps should be disposed of in a sharps box.

11 Record keeping

The Governing Body should ensure that written records are kept of all administered medicines and parents are informed if the child is unwell.

All medicines given are recorded by the person administering the medicine and witnessed by a second member of staff. Examples of the school's record keeping can be found at the end of this policy.

12 Emergency procedures

All personalised emergency procedures are outlined for each child on their Individual Healthcare Plan which is available at the school office for the emergency services to access if necessary. The Plan is also taken into account on any risk assessments done therefore enabling the child to have the same experiences of school trips.

13 Day trips, residential visits and sporting activities

During school trips the Plan must have been seen by all members of staff attending and a trained member of staff must attend the trip in order to support the child if and when necessary. The Governing Body must ensure that arrangements are clear and unambiguous about the need to support actively children with medical conditions to do school trips, residential visits and sporting activities and they will not be prevented from doing so. Within the risk assessments there should be reasonable adjustments made to ensure that all children can access the same curriculum and school experiences.

14 Other considerations

Where the need arises school will support parents/carers with investigating home-to-school transport possibilities in order that the child can attend school.

The school can consider the purchase of a defibrillator at a reduced cost but full training must be given.

Asthma inhalers – school may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol¹³ which provides further information.

15 Unacceptable practice

Under no circumstances will the following situations arise at Leslie Manser Primary School:

- No child will be stopped in their access to an inhaler



- There will be no assumption made that all children have the same condition therefore they need the same treatment.
- The school will never ignore the views of either the child or the parent.
- A child will never be sent home frequently for reasons associated with their medical condition.
- A child who is feeling ill will not ever be sent to the school office on their own, they will always be accompanied.
- Children will not be penalised for absences related to a medical condition.
- A child will never be prevented from participating fully in school life.
- Children being prevented from eating, drinking, having toilet breaks which are related to their medical condition.
- Parents/carers will not normally be asked to come into school to give medication or to do toileting with their child unless in exceptional circumstances where school feels that they require additional parental support.

16 Insurance

Insurance for staff administering medicines is covered under the school's Public Liability Insurance.

17 Failure to comply

Failure to comply in any way with this policy will be considered a serious risk to health and safety and all incidents of non-compliance will be investigated by a senior member of staff. If there is a complaint to be made then in the first instance the Headteacher should be told, however, if the issue is still not resolved then the Chair of Governors should then be informed, following the school's complaints procedure.