

**Children with Medical Needs Policy**

The Old School Henstead

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| Written by:  | MJC/Reviewed by EG (November 2024) |
| **Version** | 1 |

**Children with Medical Needs Policy**

Policy to provide support for pupils with medical needs.

 Aims

 ·To ensure pupils at The Old School Henstead with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.

 ·To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.

 The school aims to:

• assist parents in providing medical care for their children;

 • educate staff and children in respect of special medical needs;

 • arrange training for volunteer staff to support individual pupils;

 • liaise as necessary with medical services in support of the individual pupil;

 • ensure access to full education as far as possible, so that all pupils with medical conditions are able to participate in all aspects of school life

Definitions

Pupils’ medical needs may be broadly summarised as being of two types:

 (a) Short-term - affecting their participation in school activities, whilst they are on a course of medication.

(b) Long-term - potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

As a school we have a responsibility for the health and safety of pupils in our care. In the case of pupils with special medical needs, the responsibility is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. We ensure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

Pupils 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. Teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. 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 information.

Entitlement

We believe that pupils with medical needs should be assisted wherever possible and that they have a right to the full education available to other pupils. We believe that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support whilst at school.

Relevant staff will;

• receive appropriate training;

 • work to clear guidelines;

 • bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

 Expectations

 It is expected that:

 • Any pupil with a medical condition requiring medication or support in school should have an individual healthcare plan which details the support that child needs. If the parents, healthcare professional and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child’s medical condition and any implications for the child, will be kept in the school’s medical record and the child’s individual record, which are stored safely in school. Inhalers will be kept in classrooms for easy access.

• Where parents have written to request the school to administer the medication for their child, the prescription and dosage regime should be typed or printed clearly on the outside. The school will only administer medicines when the dosage cannot be administered outside of school hours or has to be taken with meals. The name of the pharmacist should be visible. School staff will not accept any medications not presented as described. Pupils should not bring in their own medicine. This should be brought into school by the parent.

• Staff are trained by professionals (and parents in some instances) to administer medicines such as EpiPens.

 • Controlled drugs (such as Ritalin) may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence. Controlled drugs will be stored in a locked, non-portable container and only named staff will have access.

Whenever the school is notified that a pupil has a medical condition, the following will apply:

 • sufficient staff are suitably trained

 • all staff are made aware of a child’s condition

• cover arrangements in case of staff absence/turnover is always available

• risk assessments for visits and activities out of the normal timetable are carried out

 • individual healthcare plans are monitored regularly and reviewed annually or earlier if evidence is presented that the child’s needs have changed. The plan 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 wellbeing, and minimizes disruption.

• transitional arrangements between schools are carried out

• if a child’s needs change, the above measures are adjusted accordingly in the Individual Health Care Plans (IHCPs) There is a need for proper documentation at all stages when considering the issue of support for pupils with medical needs in school.

The following information should be considered when writing an individual healthcare plan:

• the medical condition, its triggers, signs, symptoms and treatments

 • the pupil’s resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues

 • specific support for the pupil’s educational, social and emotional needs

 • the level of support needed, including in emergencies

• who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements

• who in school needs to be aware of the child’s condition and the support required

• 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

 • confidentiality

• what to do in an emergency, who to contact and contingency arrangements.

• Emergencies - Medical emergencies will be dealt with under the school’s emergency procedures.

 • Where an Individual Healthcare Plan (IHCP) is in place, it should detail:

 What constitutes an emergency.

What to do in an emergency.

• Pupils will be informed in general terms of what to do in an emergency, such as telling a teacher.

• If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

Roles and Responsibilities.

Day trips, residential visits and sporting activities

• where pupils are required to take medicine during a day trip etc, arrangements should be made to administer them in accordance with this policy

• pupils with medical conditions should not be precluded from taking part in day trips, residential visits or sporting activities unless evidence from a clinician, such as a GP, states that this is not possible.

• teachers should be aware of how a pupil's medical condition may impact on their participation

 • school will consider any reasonable adjustments that may need to be made to enable pupils with medical conditions to participate fully and safely on visits.

 Good Practice relating to medical needs is:

 • Ensuring children can easily access their inhalers and medication, to be administered when necessary.

• Knowing that every child with the same condition requires personalised treatments

• Listening to the views of the child or their parents; or medical evidence or opinion (although this may be challenged);

 • Avoid sending children with medical conditions home frequently or preventing them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;

• If the child becomes ill, sending them to the school office or medical area accompanied or with someone appropriate;

• Not penalizing children for their attendance record if their absences are related to their medical condition, eg. hospital appointments;

 • Ensuring pupils drink, eat or take toilet or other breaks whenever they need to in order to manage their medical condition effectively;

• Avoid the situation where we require parents, or making 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;

• Enable inclusion of all children in all aspect of school life, including school trips, parties and activities.