

Wootton Bassett Infants' School



Supporting Pupil with Medical Needs Policy

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1. Introduction

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of primary pupils to make arrangements for supporting pupils at their school with medical needs. Pupils with 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. However, teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. 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 appropriate and up to date information.

Definitions of Medical Needs:

Short Term Medical Needs

Wootton Bassett Infants' School will not support the administration of medicines to pupils with short-term illness. This is because most short-term medications can be managed through administration before and after school. If this is not the case parent/carers are welcome to make arrangements to come into school during the day administer the medicine either by themselves or by someone they nominate.

Non-Prescription Medication

Wootton Bassett Infants' School cannot support the administration of painkillers, including Calpol, aspirin and paracetamol to pupils. Parents/carers are welcome to make arrangements to come into school during the day to administer the medicine by himself or herself or by someone they nominate.

Long Term Medical Needs

Wootton Bassett Infants School will only administer medicine to pupils who have long term medical needs and if their medical need is not properly managed, this could limit their access to education. In these cases, a MCP needs to be written in advance of the child starting with training delivered to staff as required.

1. Management Responsibility

All Schools are expected by Ofsted to have a policy supporting those with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this policy is given to the Headteacher who is the named person responsible for dealing with pupils unable to attend school due to their medical needs

and is also responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site. In some cases this responsibility may be delegated to the SENCO who will co-ordinate training and provision.

2:1 Responsibilities of Head Teachers

The Headteacher will be responsible for ensuring that arrangements required by this policy are in place. This will include providing information to staff, supply teachers, and new staff through induction. It will also involve ensuring that risk assessments for school visits and other school activities outside of the normal timetable are conducted and for the monitoring of individual healthcare plans.

2.2 Responsibilities of staff

All staff will be expected to show a commitment and awareness of children's medical needs and follow any defined MCP. All new members of staff will be inducted into the arrangements and guidelines set out in this policy. The class teacher will be responsible for the child's development and ensure that they and their medical needs are supported in school. In some cases personnel who are not staff but support (such as regular volunteers) will also be provided with appropriate information about a child's medical needs to enable safe and effective duties to be undertaken.

2.3 Responsibilities of SENCO

The SENCO will write and review Medical Care Plan (MCP). These plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

2.4 Responsibilities of Parents/Carers and Pupils

In order for the management arrangements to be properly discharged, it is an essential requirement that correct information is shared with the school by parents/carers and that this information is kept up to date in order that the school can provide education for pupils with medical needs. Parents are also required to support the school in its application of this policy for the benefit of the pupils involved. Pupils must also co-operate with arrangements defined later in this policy.

3. The Role of Staff at Wootton Bassett Infant's School

Some children with medical needs may be disabled. Where this is the case, governing bodies must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs and may have an Education, Health and Care Plan (EHCP) that brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the school's SEN policy.

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them and ensure that they can access and enjoy the same opportunities at school as any other child.

School, health professionals, parents/carers and other support services will work together to ensure that children with medical needs receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the Local Authority and health professionals. Where this is the case, consideration will also be given to how children will be reintegrated back into school after long periods of absence.

Teacher's conditions of employment do not include giving medication or supervising a pupil taking it, although staff may volunteer to do this and many are happy to do so for long term medical needs. Some school staff are understandably reluctant to administer intimate or invasive treatment. Any member of staff who agrees to accept responsibility for administering prescribed medication will be given training and guidance.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any MCP). We recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical needs. Health care professionals, including the school nurse, who we have regular access to, will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication.

4. Procedures to be followed when Notification is received that a Pupil has a Medical Need

The school will ensure that the correct procedures will be followed whenever we are notified that a pupil has a medical need. Procedures will be in place to cover any transitional arrangements between schools, or when pupil's needs change.

For children starting at Wootton Bassett Infants', arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to Wootton Bassett Infants' mid-term, we will make every effort to ensure that arrangements are put in place at the earliest possible time (this timescale may be affected by a need to train members of staff or ensure correct equipment is in place).

In making the arrangements, the school will take into account that many of the medical needs which require support in school will affect quality of life and may be life- threatening. We will also acknowledge that some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical needs impacts on their school life. The

school will ensure that arrangements give parents/carers and pupils confidence in the school's ability to provide effective support for medical needs in school.

The arrangements will show an understanding of how medical needs impact on a child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained to provide the support that pupils need. The school will ensure that arrangements are clear and unambiguous about the need to support pupils with medical needs and must not prevent them from participating in school trips or sporting activities. The school will make arrangements for the inclusion of pupils in such activities with any adjustments required unless evidence from a medical professional states that is not possible. The school will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that a pupil's health is not put at unnecessary risk from, for example, infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

The school does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical need is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would involve medical evidence and consultation with parents/carers. Where evidence conflicts some degree of challenge may be necessary to ensure that the right support can be put in place. This will usually be led by the SENCO. The outcome of this meeting needs to be reported back to the Headteacher and MCP will be put in place.

Where a child has a MCP, this should 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 should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.

5. Medical Care Plans

Medical Care Plans (MCP) will be written and reviewed by the SENCO with advice taken from external agencies as appropriate. It is the responsibility of all members of staff supporting the individual children to ensure that the plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical needs are supported at school.

MCP are designed to ensure that the school supports pupils with medical needs effectively. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be

needed. They are likely to be helpful in the majority of other cases too, especially where medical needs are long-term and complex.

In some cases, evidence may suggest that a Health Care Plan may be inappropriate or disproportionate. Appendix A is used to establish this need and this decision will be carried out with both school and parent making sure the child's needs are placed in the centre of any decision making.

MCP are kept centrally for the child. They are designed to be easily accessible to all who need to refer to them, while preserving confidentiality. Plans capture key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support required.

They will be developed and reviewed 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. It is important to note that children with the same medical needs may require very different support, hence the plans should always be bespoke to the individual child. Where a child has SEN but does not have an EHCP, their needs should be mentioned in their MCP

Within Wootton Bassett Infants One Page profiles are also used to ensure all members of staff are aware of medical needs within the whole school, this document will then direct members of staff to Individual Health Care Plans as required.

Annex B shows a template for the MCP and the information required. MCP, (and their review), may be initiated, in consultation with the parent/carer, by a member of school staff or a health care professional involved in providing care to the child. The MCP is usually completed by the SENCo with support from parents/carers, and a relevant health care professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the SENCo.

The school will ensure that MCP are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

Annex B provides a template for the MCP, it is a necessity that each plan includes:

- The medical needs, including triggers, signs, symptoms and treatments.
- The pupil's needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded/noisy conditions.
- Specific support for the pupil's educational and social and emotional needs, e.g. how absences will be managed, requirements for access arrangements, use of rest periods or counselling sessions etc.
- The level of support required, (is the child able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be

clearly stated with appropriate arrangements for monitoring who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical needs from a healthcare professional and cover arrangements when they are no available.

- Who in the school needs to be aware of the child's condition and the support required.
- Written permission from parents/carers and Headteacher for medication to be administered by a member of staff or self-administered by the pupil during school hours.
- Arrangements or procedures required for school trips that will ensure the child can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parents/carers or child, the designated individuals to be entrusted with information about the child's condition.
- What to do in an emergency; including who to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their MCP. The Emergency Health Care Plan will not be the school's responsibility to write or review.

6. The Child's Role in managing their own Medical Needs

After discussion with the parents/carers, if the child is competent to manage their own health needs and medicines, the school will encourage them to take responsibility for managing this and will be reflected within MCP. If a child is not able to self-medicate then relevant trained staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the MCP. Parents/carers should be informed so that alternative options can be considered.

7. Managing Medicines when in school

The following are the procedures to be followed for managing medicines:

- Medicines should only be administered at the school when it would be detrimental to a child's health or School attendance not to do so and MCP is in place.
- No child under 16 should be given prescription or non-prescription medicines without parents/carers written consent.
- The school will only accept prescribed medicines that are in-date, 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 inside an insulin pen or a pump, rather than in its original container.
- All medicines (including asthma inhalers) will be stored safely. Due to the layout of the school, there are locked medical cabinets in or outside classrooms, the rainbow room and school office where all supporting adults know how to access them. Medicines will be kept in the cabinet closest to the child. In some cases, a child will have emergency medication for hospitalisation,

this will be kept centrally in the school office and given on arrival of paramedics. Children should know where their medicines are at all times and be able to access them immediately.

- During School trips, the first aid trained member of staff/member of staff in charge of first aid will carry all medical devices and medicines required.
- Staff administering medicines should do so in accordance with the prescriber's instructions. The school 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 the school should be noted. Annex C and Annex D outline these procedures. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- When no longer required, medicines should be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

8. Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's MCP, it is not generally acceptable practice to:

- Prevent children from 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, parents/carers or medical evidence and opinion (although this may be challenged).
- Send children with medical needs home frequently or prevent them from staying for normal school activities, including lunch, unless specified in their individual healthcare plans.
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to their medical needs e.g. hospital appointments. Attendance is taken on a case by case basis.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical needs effectively.
- Require parents/carers to attend the school to administer medication or provide medical support to a child with long term medical needs.
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child.

APPENDIX A

Parent of healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long term absence, or that needs have changed.



SENCO co-ordinates meeting to discuss child's medical needs and identifies members of staff who will support pupil (in agreement with headteacher).



Meeting to discuss and agree on need for MCP to include school staff, child (age appropriate), parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them).



Develop MCP in partnership - agree who leads on writing it. Input from health care professional must be provided.



School training needs identified



Healthcare professional commissions/delivers training and staff signed-off as competent - review date agreed.



MCP implemented and circulated to all relevant staff.



MCP reviewed annually or when condition changes. Parent or healthcare professional to initiate.

APPENDIX B

Wootton Bassett Infants' Medical Care Plan	
Child's Name	
Class	
Date of Birth	
Address	
Medical Diagnosis/Condition/Needs	
Date	
Review Date	
Name of Parent/Carer 1	
Contact Numbers	
Relationship to Child	
Name of Parent/Carer 2	
Contact Numbers	
Relationship to Child	
Clinic/Hospital Name	
Contact Number	
GP Name	
Contact Number	

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

Name of medication, dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without suspension
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 is different for off-site activities.
Staff training needed/undertaken - who, what, where, when

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Planned with:	Signed
Copies sent to:	