

**Woodmancote School and Little Chestnuts  
Medical Conditions Policy  
Supporting Pupils with Special Medical Needs**

Designated Member of Staff	G Tucker
Committee with responsibility	Safeguarding
Date of Issue	September 2014
Frequency of Review	2 years

Issue Number	Issue Date	Summary of Changes
1	September 2014	<a href="https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3">https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3</a>
2	September 2017	Reviewed
3	February 2020	Reviewed in light of LC by SB
4	October 2021	No major updates
5	September 2023	UKHSA reference Cross Reference to other related policies

## **Definition**

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

(a) Short-term affecting their participation in school activities for which 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).

## **Rationale**

LAs and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer 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. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. 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. However, 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 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 information.

## **Aims**

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 if possible.
- monitor and keep appropriate records.

## **Entitlement**

The school accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils.

The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- choose whether or not they are prepared to be involved;
- receive appropriate training;
- work to clear guidelines;
- have concerns about legal liability;
- bring to the attention of management any concern or matter relating to supporting pupils with medical needs.
- Have responsibility for administering medication when 'confident and competent'.

## **Expectations**

It is expected that:

- parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative;
- where parents have asked the school to administer the medication for their child they must ask the pharmacist to supply any such medication to be dispensed in a separate container, containing only the quantity required for school use. The prescription and dosage regime should be typed or printed clearly on the outside. The school will only administer medicines in which the dosage is required 4 times a day. The name of the pharmacist should be visible.
- Any medications not presented properly will not be accepted by school staff. Pupils should not bring in their own medicine. This should be brought into school by the parent.
- that employees will consider carefully their response to requests to assist with the giving of medication or supervision of self-medication and that they will consider each request separately.
- the school will liaise with the Health Service for advice about a pupil's special medical needs, and will seek support from the relevant practitioners where necessary and in the interests of the pupil.
- Any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the school.

For children who have long term medical needs, a comprehensive Health Plan will form the basis of all actions.

## **Illness guidelines for parents**

- Children who are unwell should not be brought to school/pre-school . If parents/guardians bring children who are unwell, they will be asked to take them home again. We therefore reserve the right to refuse entry for any child deemed unwell.
- Parents/guardians who are unable to care for their own child when they are unwell must have adequate alternative arrangements in place.
- Parents/guardians must notify staff if their child has been unwell at the weekend or in the night, and if they have been given any medicine such as Calpol/Nurofen prior to coming to school/pre-school.
- Any child who has had vomiting and or diarrhoea must not return to Little Chestnuts until at least 48 hours have elapsed from the last bout of vomiting and or diarrhoea and they are eating normally.

### **Children who become ill whilst in our care**

- When a child becomes ill at school or pre-school every effort will be made to contact the parents/guardians, who will be requested to collect their child as soon as possible or send a known adult to collect the child on their behalf.
- If a child has a temperature (feels hot to touch on their forehead, back or tummy, feels sweaty or clammy and has red cheeks) they are given fluids and kept cool.
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parent/guardian informed.
- If a child has a case of vomiting and/or diarrhoea a parent/guardian must come and collect the child and the child must not return until at least 48 hours have elapsed from the last bout of vomiting and or diarrhoea and they are eating normally.

### **Reporting notifiable diseases**

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection Regulations 2010, the GP will report this to the Health Protection Agency.
- When the school becomes aware, or is formally informed of the notifiable disease, the manager acts on any advice given by the UK Health Security Agency.

<https://www.gov.uk/government/organisations/uk-health-security-agency>

### **Safeguarding**

This policy should be read alongside the school's Child Protection and Safeguarding policy.

### **Policy into Practice**

There is a need for proper documentation at all stages when considering the issue of support for pupils with medical needs in school. This will be kept in the Headteacher's office in the personal file. In the case of pre-school children, it is kept in the office at Little Chestnuts.

Signed: ..... Chair of Safeguarding Committee

## Appendix A

### **Procedure for managing children with medical needs**

There are four red medical folders in school, which are located in the medical room, in Woodpeckers, in Little Chestnuts and in the school office. These folders are to be regularly updated by the staff responsible (EL/KB).

#### **Asthma**

Parents need to complete a medical form, which should be updated each time the condition or medication changes. This information is then recorded onto the child's records in SIMS, copied for the class register/list in LC and updated in the red folders. The orange folder for emergency school inhalers can be used for named inhaler users. This is kept in the medical room in a green box.

Each September a class list will be issued to all class teachers and Little Chestnuts staff indicating pupils with medical needs or conditions. These should be kept in the class registers or LC medical folder. A whole school list will be kept in the in school red folders, but not in Little Chestnuts.

Parents should provide inhalers, which are kept in the classroom first aid box and taken on all trips and outdoor games. Emergency school inhalers may be given to children on the parental consent list (see orange folder).

#### **Anaphylaxis**

Parents must complete a medication form and Appendix A and B (and update if there are any changes). This information is then recorded on SIMS and copied for the red folders.

Each September a class list will be issued to all class teachers indicating pupils with medical needs or conditions. These should be kept in the class registers or LC medical folder. A whole school list will be kept in the red folders.

Parents should provide two epi-pens. One is to be kept in the classroom medication box or Little Chestnuts cupboard and one in the school administrator's office in the white sliding cupboard, in a box identified by their name and a photograph. These pupils will also be identified in the red folders.

#### **Other conditions**

The administrative staff should be made aware of any pupils with medical conditions by the completion of a medical form. This information will be recorded in SIMS and copied to red folders and class registers, via EL and KB.

#### **Short term illness**

If a pupil requires medication, such as antibiotics during the school day, a medication form should be completed by the parent. Medicine will be stored in the staffroom fridge or Little Chestnuts Kitchen fridge and administered at the specified time. This will be recorded in a notebook kept in the school office in the black medicine request folder, or in the Folder in the office at Little Chestnuts.

Safeguarding Policies	Policies currently allocated to Premises-December 2017 which have a Safeguarding element
Acceptable Use	Accessibility Policy, Audit and Plan
Allegations against Staff	Anaphylaxis Awareness and Monitoring
Anti-Bullying	Disability Discrimination Policy and Plan
Attendance	Business Continuity Plan
Bereavement	
Children in Care	Emergency Asthma Inhaler Policy
Children with Health Needs Who Cannot Attend School	
Code of Conduct	Fire Risk Policy and Risk Assessments
Complaints	Health and Safety Policy
Cyber Security	Lone Working Policy
Educational Visits	Lettings Policy
Equality	Security Policy
Flexi-Schooling policy	Records Management Policy
Governor's Behaviour Statement	
Intimate Care	
Lockdown	
Online Safety	
Preventing Radicalisation	
Recruitment and Selection	
Recruitment of Ex-Offenders	
Relationship and Behaviour	
Restrictive Physical Intervention	
Safeguarding and Child Protection	
SEN	
Supporting children with medical needs	
Volunteers in School	

Particular note should be made of looking at

- SEN Policy
- Children with Health Needs who cannot attend School
- Intimate Care
- Flexi-Schooling