

**Henleaze Infant School**  
**Policy for Supporting Pupils with Medical Conditions**

<b>Author/Person Responsible</b>	<b>SENCO</b>
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<b>Review Group</b>	<b>FGB</b>
<b>Ratification Group</b>	<b>FGB</b>
<b>Review Frequency</b>	<b>Subject to local education authority and/or national policy change</b>
<b>Review Date</b>	<b>December 2022</b>
<b>Previous Review Amendments/Notes</b>	<p><b>Page 5 updated with information for parents regarding accepted medicines (Dec 2019)</b></p> <p><b>Policy Updated with non-prescription medications, unacceptable practices, and procedure once notification has been received.</b></p>
<b>Related Policies</b>	<p><b>SEND Policy May 2018</b></p> <p><b>Child Protection &amp; Safeguarding Oct 2019</b></p> <p><b>Equality Plan March 2019</b></p>
<b>Equality Impact Assessment- Have any adverse impacts been identified under the Equalities Plan? (nb – if answered ‘yes’ please attach a Full Impact Assessment)</b>	<b>No</b>
<b>Chair of Governors Signature</b>	

## HENLEAZE INFANT SCHOOL

### **Policy for Supporting Pupils with Medical Conditions**

This policy aims to provide clear guidance and procedures to staff, parents and pupils. It forms the basis of a supportive environment in which pupils with medical needs may receive suitable medical care enabling their continuing participation in education.

The Key aims of the policy are to ensure that:

- Pupils at school with medical conditions are properly supported so that they have full access to education, including school trips and physical education
- Consultation with appropriate persons is undertaken, such as health and social care professionals, parents and pupils to ensure the needs of children with medical conditions is fully considered.
- Pupils are kept safe from harm and abuse
- Safe practices and procedures in place to ensure that the school meets its statutory responsibilities for health and safety

The governing body is responsible for ensuring that there are sufficient arrangements to support pupils with medical conditions in school and for ensuring processes are in place to enable the policy to be developed and implemented.

The Headteacher is responsible for overseeing all of the arrangements in place and ensuring that the policy is implemented effectively. The Headteacher will designate relevant staff to carry out the specific roles within the policy and ensure that there are sufficient deputies to allow for staff absence.

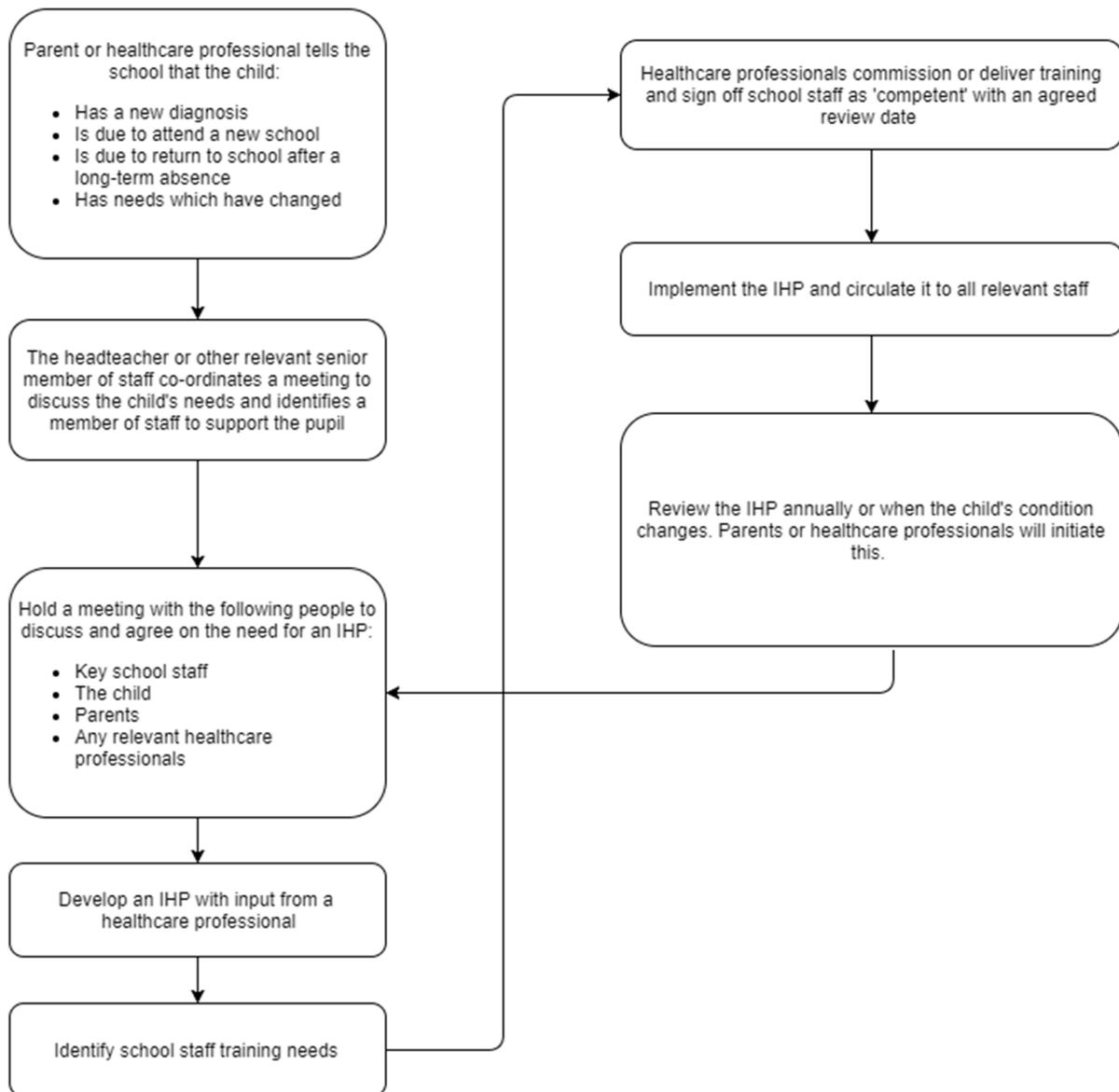
#### **Safeguarding**

Henleaze Infant School is committed to the welfare and safeguarding of all pupils. This policy should be read in conjunction with our Safeguarding Policy.

#### **Being notified that a child has a medical condition**

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within two weeks, or by the beginning of the relevant term for pupils who are new to our school.



### Individual Healthcare Plans

Individual Healthcare Plans (IHPs) will be drawn up where needs are complex or where it is necessary to clarify what support children require. The plan will be developed with the pupils' best interests in mind to ensure that the risks to the child's wellbeing, health and education are managed. Plans will be drawn up by the school in consultation with parents and medical professionals.

The Head teacher is responsible for deciding, in consultation with staff, parents, health professionals and the Local Authority how the school can support a pupil with medical needs.

The SENCO will be responsible for writing Individual Healthcare Plans in consultation with all relevant parties and ensure that information is disseminated to relevant staff on individual pupil needs as required, including any emergency procedures. IHPs will be reviewed at least annually or when the child's medical / health needs have changed.

- Medical information will be sought from the relevant medical professionals in order to inform the nature and content of the IHP
- Where a child has a special educational need identified in a statement or Education Health Care (EHC) plan, the IHP should be linked to or become part of that statement or EHC plan.
- Where a child has special educational needs, but no Statement or EHC plan, their special educational needs should be mentioned in their IHP.
- The content of the Health Care Plan will follow the format as required in Template 1, in order to ensure the required level of support is provided to adequately reflect the child's medical needs.
- During visits off-site visits or extra-curricular activities the medical needs of pupils will be considered as part of the planning process and first aid requirements for the activity will take into account any medical or health care needs of the pupils taking part. Where required, sufficient essential medicines and health care plans will be taken as part of the activity and controlled by a suitable designated member of school staff. Individual pupil risk assessments will be undertaken where additional controls are required to reduce risk of accident or ill health during the visit/activity to an acceptable level.
- Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

### **Training**

The Head Teacher will ensure that staff are appropriately trained, including any whole school awareness training, and that individual staff are equipped to administer medical treatment to pupils with medical needs as required.

The strategic identification and co-ordination of training will be the responsibility of the SENCO and reviewed at least annually.

Staff involved in supporting pupils with medical conditions will be provided with general in-house training by the relevant professional covering the school policy requirements and relevant school procedures. Staff must not give prescription medication or undertake health care procedures without training.

Where staff require additional training in order to deal with a specific medical condition, this will be undertaken by a school nurse or relevant health care professional as deemed necessary.

All training will be recorded. Staff training records will be managed by the school bursar and will be recorded on to staff records on SIMS.

### **Coordination of Information**

The Head teacher will ensure that all relevant staff are aware of individual pupils' medical needs and any emergency arrangements. The SENCO will be responsible for coordinating and disseminating information as required.

### **Long Term Medical Absence**

Where pupils are absent for 15 days or more (either consecutively or cumulatively) they will be considered to have long term medical absence.

All cases of long term medical absence will be supported by a multi-agency approach. This multi-agency response and planning will, as a minimum, involve school staff, a representative from the local authority, a healthcare professional as

well as parents/carers. The SENCO will be responsible for co-ordinating multi-agency response to a long term medical absence.

## Managing Medications

- Prescription and non-prescription medicines will only be administered at school when it would be detrimental to a child's health or their attendance not to do so. Where clinically possible medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours ie if antibiotics are required 3 times a day, it would be expected that dosage would be morning, after school and bedtime. Please note that we would consider a child who has had had Calpol/Ibuprofen before school is probably not fit enough to attend the school day
- It is the responsibility of the parent to collect all antibiotics at the end of the day
- Each request for administration of medication to a pupil in school will be considered individually. No medication will be administered without prior consultation with, and written permission from the parent or guardian. We would ask parents to note the following restrictions:
  - **Throat sweets** – are not allowed on school premises
  - **Travel sickness tablets** - can be given prior to a journey once the appropriate forms have been completed. Forms must be completed before the date of the journey. No tablets will be given without the completion of the form ie if found in lunch boxes or pockets
  - **Sun cream** - will not be held or applied during school hours by staff. It is expected that sun cream with a suitably high factor will have been applied at home prior to the start of the school day. Children are not allowed to apply sunscreen to themselves during the day, but parents may come to the school during the day to apply lotion to their child if necessary.
  - **Lip balm** – can be brought to school if it is labelled with the child's name and given to the class teacher to be stored securely. Children can apply lip balm independently when they have very sore lips
- A minimum amount of medication, required by the pupil, will be held in school to accommodate the needs of that pupil. Any surplus medication will be returned to the parents to arrange for safe disposal.
- Medicines received will be logged onto the school's drug file, and held securely within the school. All essential staff will be able to access medicines in case of emergency. Pupils will be informed of who to go to in order to access their medication and where it is stored.
- Medication must be delivered to school by the parent or responsible person (not sent to school in the child's bag) and given to School Office.
- Medicines brought into school should be in **original packaging** and clearly marked on a label **by the dispenser** with:-
  - the name of the medicine
  - the pupil's name
  - dosage (including method of administration and times)

- any special storage requirements
- date

The school will establish a medication chart, used in conjunction with the pupil's Individual Health Care Plan. Persons administering medication will check medication type is correct then log the time and date, and sign the chart upon administering medication.

Where a pupil has an Individual Health Care Plan the method of administration will be detailed within this document.

### **Unacceptable practice**

The governing body is responsible for ensuring that there are sufficient arrangements to support pupils with medical conditions in school and for ensuring processes are in place to enable the policy to be developed and implemented. Staff recognise their duty under the DfE statutory guidance Supporting Pupils at School at School with Medical Conditions and are committed to upholding best practice

The following examples would be considered unacceptable practice:

- Pupils will not be prevented from easily accessing their inhalers and required medication
- Assuming every child with the same condition requires the same treatment
- Ignoring views of parents or pupils
- Ignore medical evidence or opinion (although this may be challenged)
- Sending pupils home frequently or preventing them from staying for normal school activities (unless specified in their IHP)
- Sending unwell pupils to the school office unaccompanied
- Penalising children for their attendance if justifiably related to their medical condition, e.g. hospital appointments
- Preventing pupils from drinking, eating or taking breaks in order to manage their medication
- Requiring parents to attend school to provide medical support
- Preventing children from participating, or creating unnecessary barriers, in any aspect of school life, including school trips.
- Administer, or ask pupils to administer, medicine in school toilets
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### **Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the head teacher. If for whatever reason this does not resolve the issue the school's complaints procedure should be followed.