



**BROADWOOD PRIMARY
SCHOOL**

MANAGEMENT OF MEDICAL CONDITIONS POLICY

**Last review date
Reviewed by
Next review date**

**November 2019
SENCO
November 2022**

Rationale

In accordance with Section 100 of the 'Children and Families Act 2014' duty is placed on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

In meeting this duty, the governing body of Broadwood Primary School will comply with the guidance issued by the Secretary of State under Section 100 which will come into force on 1 September 2014. This guidance replaces previous guidance on Managing medicines in schools and early years setting published in March 2005.

Aims

To ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

To ensure children with medical conditions, who are well enough to attend school, but who require essential prescribed medication whilst in school are supported in doing so.

To establish clearly defined procedures for the management of pupils with medical needs in school.

To clearly establish the responsibility of parents/carers in the administration of medicine and what the school is prepared to undertake on a voluntary basis.

Guidelines

Parents

Parents / carers have prime responsibility for their child's health and should provide school with accurate and up to date information about any medical condition where treatment or special care is needed.

Parents / carers should ensure that the administration of any medication which can be taken outside of school hours is undertaken by the parents/carers

Parents/carers should ask doctors, wherever possible, to prescribe medication in dose frequencies which can be taken outside of school hours.

The parent/carer of a child who requires essential or prescribed medication during the school day will bring the medication to the school office and complete a parental request form. Medication will only be accepted in the original container, correctly labelled with information including the child's name, dosage and correct storage information. The only exception may be insulin which must still be in date but will generally be inside an insulin pen or pump.

Parents will have to provide written consent if any medication is to be accepted and administered in school

Parents / carers will take responsibility for collecting medication at the end of the day or on the date specified.

Children

Children are not allowed to deliver or collect medication, unless it is an asthma inhaler and it has previously been agreed that they are deemed competent to administer it independently.

In the case of inhalers for asthma, children in Key Stage 2 who are deemed by parents and staff to be competent to administer their own medication will do so. These pupils may also be responsible for managing the care of their inhalers i.e. carrying them themselves or having access to them independently.

Children will know where their medication is kept in school. However, unless they are deemed competent to administer them independently, they should only be accessed by staff.

Children will be made aware of the dangers of sharing medication and will be told of the consequences of using medication which has not been prescribed to them.

School

School will follow the LA policy and guidance within the DFE 'Supporting pupils at school with medical conditions statutory guidance for governing bodies in England' Dec 15

No child will be denied admission to school due to a medical condition. In addition, no child will be denied access to any of the school's activities based on their medical need. School will make necessary adjustments to enable access. (N.B the school will not accept pupils if their admittance is likely to have a detrimental effect on the health of that child or others e.g. infectious illness)

All relevant staff will be made aware of an individual pupil's medical condition and that other relevant staff (Supply teachers, adults running clubs etc.) will be informed accordingly.

School will designate a 'Named Person' who will complete relevant forms for individual pupils indicating that approval has been given to administer the medication during school hours where necessary.

An individual care plan will need to be completed for long term medical needs and reviewed at least annually. This will be drawn up in collaboration with the parent, child and any relevant health care professionals. The school SENCO and class teacher will be responsible for ensuring care plans are in place.

When planning school visits staff will ensure that all relevant risks are highlighted and assessed with regard to children with medical conditions. Necessary adjustments will be made if appropriate.

Staff will undertake relevant training in both the managing and administering of medicines and in supporting individual children with specific medical needs.

School will enlist the support of health professionals to provide both generic and specific advice and training for school staff e.g. in diabetes, Epipen use, asthma, allergies and anaphylaxis.

School will work with and act upon the advice, including technical support, for children with complex and long-term medical needs and conditions and /or who are dependent on medical technology.

Staff will never send a child with a known medical condition unaccompanied if there is concern for their wellbeing.

Any relevant pupil whose medical condition may necessitate emergency procedures will have their details and contact displayed in the staff area and in teacher's files.

The school will ensure that children whose attendance in school is affected by their medical condition are fully supported to ensure that it does not have a detrimental effect on their school life. Reintegration plans will be set in place for children who have had long absences due to their medical needs.

In case of an emergency, if parents cannot be contacted a designated member of staff should accompany the child to hospital and remain with them until their parent arrives. All relevant medical information and medication should also be taken.

Ensure effective transitional arrangements should the pupil move to another school.

Medication

School will not administer to children any non-prescribed medication.

An individual record of medication sheet will be issued for each child. When medication is administered the record must be updated and parents informed.

School will not accept out of date medication or medication not in its original, clearly labelled container.

Staff will not give prescription medicines unless they have had appropriate training. In the case of prescription medication this could be constituted as receiving written instructions from a parent or instructions on the container dispensed by the Pharmacist.

All medication, with the exception of inhalers, will be stored in the Main Office.

Inhalers and Adrenaline pens should always be accessible to individuals and never locked away.

Children who have asthma which is managed by the use of inhalers will keep the inhalers in their own classroom for ease of access. Inhalers should be taken out to PE sessions and on school visits.

School will keep an unused, unnamed, additional inhaler in school in case of emergencies. Parents will sign documentation to say they agree to its administration when necessary.

Staff will supervise the use of the inhaler and seek further advice if treatment appears to be ineffective.

Staff will never prevent a child from accessing medication or having it administered when necessary. Should there be any concerns regarding frequency, the named person should be consulted and parents involved.

During school visits approved medication for a child (with all forms completed and filed) is taken by the adult in charge of the party who will assume responsibility for its administration and safe keeping.

If a child refuses to take their medication parents should be immediately informed.

All unused medication should be returned to the parent for safe disposal.

Named Person

The Deputy Headteacher will act as the named person through which enquiries regarding the educational needs of a sick child or young person should be directed. They should be the first port of call where a dialogue needs to be established. This may be delegated at a later stage to the SENCO if an individual health care plan is required, and to child's class teacher if he/she has all the relevant information concerning the child and is the best person to provide work and up to date information about the child's attainment and progress. The named person will also ensure sufficient staff are suitably trained, review staff needs in supporting children with medical conditions.

Supporting pupils with medical needs which necessitate absence

No child will be penalised when their medical condition necessitates absence. This will include medical appointments. Their attendance record should not be affected by such appointments.

Absences due to illness

In the case of Broadwood Primary School being informed that a pupil is likely to have prolonged or recurrent periods of absence from school due to a medical condition, we will inform the concerned staff to ensure that the appropriate work is provided for the pupil. Information will be placed on the pupil's records. Any relevant information for staff will be circulated appropriately. If the period of absence is less than three school weeks, then the school will send work home if the child is well enough to do it. If the period of absence is expected to be longer than three weeks then the school will provide as much information as possible for the home tutor where the pupil is receiving Home Tuition or hospital teacher, where the pupil is in hospital.

Reintegration

Returning to school after a period of illness can be an emotional hurdle for a child. Broadwood Primary School will endeavour to maintain contact during the period of illness in order to support the successful return to school. Where appropriate we will encourage some peer group contact as this is very important to the sick child. Gradual reintegration will be facilitated where necessary as this may be of great importance to the success of reintegration. The Named Person will draw up a reintegration plan if thought necessary. For a checklist of considerations please refer to Reintegration Action Plan.

Please refer to DfE 'Supporting pupils at school with medical conditions statutory guidance for governing bodies of maintained schools and proprietors of academies in England' April 2014

Complaints

Should parents be dissatisfied with the support provided they should be directed to the named person to discuss their concerns, if this does not resolve their issues they may make a formal complaint to the Department for education under the scope of section 496/497 of the Education Act 1996