

ALL SAINTS CEVA  
PRIMARY SCHOOL  
AND NURSERY UNIT  
**POLICY**  
For  
**CHILDREN with  
MEDICAL NEEDS**

With Jesus as our guide we will inspire a passion for learning,  
high aspirations and respect for all.



**ALL SAINTS CEVA PRIMARY SCHOOL CHILDREN WITH MEDICAL NEEDS  
POLICY 2021**

<b>POLICY TITLE:</b>	<b>Medical Needs Policy</b>
<b>POLICY REFERENCE NUMBER:</b>	

<b>POLICY OWNERSHIP:</b>	
<b>School</b>	<b>Head Teacher</b>
<b>Governors</b>	<b>Chair</b>

<b>POLICY IMPLEMENTATION DATE:</b>	<b>September 2021</b>
<b>POLICY REVIEW DATE:</b>	<b>September 2022</b>

## ALL SAINTS CEVA PRIMARY SCHOOL CHILDREN WITH MEDICAL NEEDS POLICY 2021

### POLICY REVIEW DOCUMENT HISTORY

This policy is monitored by the Policy Owner(s) and will be reviewed every year, or as dictated by school requirements or legislation.

Version	Date	Author	Amendment	Approval / Adoption
1	23.4.15	E. Johnson		19.5.15
2	23.8.16	E. Johnson		
3	22.01.18	A. Tute	Page 11, 13	
4	7.3.18	E. Johnson	Page 5, 6,7,10,12	6.3.18
5	31.05.19	A. Corr	Page 5, 8, 10, 12, 16	
6	31.07.20	E. Johnson		15.9.20
7	01.09.21	A. Corr	Page 3	

### IMPLEMENTATION / UPDATING

Following approval, it is the responsibility of the Policy Owner(s) to ensure that the policy is:-

Date 01.09.21

- circulated to all relevant stakeholders
- uploaded onto the school website

### RESOURCE IMPLICATIONS

Training time to staff and cost of update training.

### REFERENCES/LINKS/CONSULTATION

### LEGAL COMPLIANCE & EQUALITY STATEMENT

At the time of ratifying this policy, the policy owner was satisfied that, to the best of their knowledge, this document complies with all relevant legislation.

The school is committed to the principles of Equality and under this policy no person will be treated less favourably on grounds of race, colour, nationality, ethnic or national origin, disability, gender, marital or parental status, age, religion or belief, sexual orientation, proposed or actual gender re-assignment, economic group, employment status, or any other condition or legally protected characteristic which cannot be shown to be wholly justified in relation to the effective operation of the school.

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New legislation came into force from September 1st 2014 under the Children and Families Act 2014, stating that *Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.*

This policy should be read in conjunction with All Saints CEVA Primary School and Nursery Unit School Policy for Inclusion, Access Policy, Equalities Policy, The Teaching and Learning Policy, the Attendance Policy and the Health and Safety Policy.

At All Saints CEVA Primary School we are committed to providing pupils with access to education whatever their medical needs or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation.

The Children and Families Act 2014 (section 100) from 1st 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.

Some children with medical conditions may be disabled. Where this is the case, the School and Governing Body must comply with their duties under the Equality Act 2010. Some children may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which 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 SEN code of practice 2014.

Under the Children and Families Act 2014, the governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.

In making their arrangements, governing bodies will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The governing body will

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therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The governing body should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

Governing bodies must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.

### **Definition of Medical Needs**

For the purpose of this policy, pupils with medical needs are:

- children with chronic or short term medical conditions involving specific treatments or forms of supervision during the course of the school day, or
- sick children, including those who are physically ill or injured or are recovering from medical interventions, or
- children with mental health problems or
- children who are unable to attend school due to a short term medical condition

### **Named person**

The member of staff responsible for ensuring that pupils with medical needs have proper access to education is the Special Needs Coordinator (SENco). They will be the person with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be their responsibility to pass on information to the relevant members of staff. The School Administrator in the School Office deals with the administration of the medicines and medical procedures which may need to be conducted in school.

The SENco along with the Senior Leadership Team will ensure that staff are fully trained for the children that are in their care. This will also include Lunchtime Supervisors and staff working with extra curriculum activities.

The School Administrator in the school office organises the medical records being shared and the medicines in school are regularly checked to ensure they are in date.

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The school office/School Business Manager will ensure that any supply teacher is briefed/ made aware of the pastoral file records about medical conditions of the child / children in the class they are covering. They will also ensure cover for children with medical conditions should a staff member trained in their medical condition is absent.

### **Partnership with parents/carers and pupils**

- Parents hold key information and knowledge and have a crucial role to play. Parents and pupils will be involved in the process of making decisions.
- Parents are asked to keep the school informed about any changes in the treatment their children are receiving, including changes in medication.
- Parents will be kept informed about arrangements in school and asked to sign to agree to contact made with outside agencies.
- Parents and pupils at the parents discretion will be fully involved in discussions and plans before any home teaching can be agreed to if that is deemed to be the best support at any given time.
- Parents need to provide information in writing about a change to a medical condition.

### **Absence as a result of a medical condition**

- In cases where pupils are absent for periods less than 15 working days, parents will follow the normal arrangements for informing the school. If the length of the period of absence can be anticipated, then it may be appropriate for the class teacher to provide the pupil with a pack of work to do at home.
- Where an absence exceeds 15 working days, the school will inform the Education Entitlement Service. Parents will need to provide the school with a letter from a medical Consultant containing details of the medical condition or intervention and information about the estimated period of absence.

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- If a pupil is to be admitted to hospital for a period longer than 5 working days or is going to be absent from school due to illness or injury for more than 15 days then the SENCO will contact Hospital and Outreach Education directly or via the teaching provision at Kettering or Northampton General Hospital as appropriate and will consult with staff there about ensuring continuity of education.

### Arrangements for access to education in the case of long-term absence

- It is essential that parents/carers inform the school at the earliest opportunity if it is anticipated that an absence will be long-term (exceeding 15 working days).
- When an absence of more than 15 working days can be predicted, arrangements for continuing the pupil's education will be made by the SENCO. After speaking to the parents, she will contact the Hospital and Outreach Education. She will then send on documentation that will inform staff about the pupil's needs, enabling them to plan appropriate provision. Information sent will generally include:
  - curriculum targets;
  - a current Individual Education Plan (IEP) and/or personal education plan, if the pupil has either of these;
  - extracts from the latest Annual Review (pupils with statements or Education Health and Care Plans only).
- The school, with the parent's cooperation, will maintain contact with pupils unable to attend. It may be appropriate for email to be used and if special events are taking place at school it may be possible for a video to be made and a copy sent to the hospital or home. In certain instances a child's class teacher may be able to send material to the education provider that will help to keep the absent pupil up to date with topics being covered in class.
- The school will continue to monitor the progress of pupils unable to attend. This will be done through discussion with teachers working with the child out of school and by examining work samples (where appropriate). In cases of extended absence the SENCO will arrange for a review to be held, attended by the pupil's parents, the education provider and the class teacher.

### **Reintegration following absence for medical treatment**

- As with the notification of absence, it is very important that parents give the school as much notice as possible about the pupil's date of return to school.
- The school will draw up an individually tailored reintegration plan including appropriate risk assessments for the pupil's safety being put into place in advance of the pupil's return to school. This plan will set down any new procedures that need to be followed and will ensure that any additional equipment is in place. Particular attention will be given to matters such as handling and lifting and support staff will be given appropriate training. It is essential that all agencies involved with the pupil contribute to the drawing up of the plan. In some cases it will be necessary to have outside professionals on site when the child first returns.
- For some children, **reintegration will be a gradual process**. A pupil may start with a short visit to school and gradually increase the time spent in class as s/he builds up stamina. Where mobility and independence are reduced, or where additional medical procedures are involved, a preliminary visit will help to establish whether there are any safety issues that need to be resolved before a date is fixed for the pupil's return.
- If it seems as though a pupil will have significant medical needs for the foreseeable future, it may be necessary to consider making a request for statutory assessment under the Code of Practice (Pupils with Medical Needs). There will be consultation with the parents on this matter.

### **Catering for pupils' medical needs in school**

- The majority of children who have medical needs are able to attend school regularly and do not have to undergo extended periods of treatment.
- Parents of new pupils are required to complete a form which gives the school information about individual medical needs. It is the duty of parents to return this form promptly so that any necessary preparations can be made. This will be updated annually.
- Information supplied by parents is transferred to the Medical Alert Forms for individual children. This is co-ordinated by the School office. All medical forms are stored on SIMS and in the Permissions documents on Google Drive. These are NOT displayed in the staff room or on classroom walls. Support staff are fully

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informed of the medical conditions of the children they may be supporting. The Medical Alert forms indicate whether there is a care plan or risk assessment in place for a pupil.

- Staff must familiarise themselves with the medical needs of the pupils they work with. Training is provided in connection with specific medical needs so that staff know what precautions to take and how to react in an emergency.
- Before taking children off the school premises, the member of staff in charge will check that any medication or equipment that needs to accompany pupils is safely packed and they will discuss this with the parents if necessary.
- Medication is kept in the school office and is taken under supervision. Prescribed medicines are only administered in specific circumstances and parents must complete a form from the school office given consent for staff in school to administer the medicine. It is the responsibility of parents to ensure that medicines are not out of date. Each classroom has a medical box to keep inhalers, epi pens etc in and can be accessed quickly. Parents are responsible for supplying information about medicines that their child needs to take at school, for letting the school know of any changes to the prescription or the support needed and for ensuring it is in date. The parent or doctor would provide details including:
  - Name of medication
  - Dose
  - Method of administration
  - Time and frequency of administration
  - Other treatment
  - Any side effects
- Any medication that is considered a 'Controlled Drug' must be kept in a locked cupboard and a register kept when this has been administered by staff trained to do so.
- Children with more complex medical needs may require a medical emergency protocol form. This will be drawn up in consultation with parents and outside professionals. A delegated member of the support staff will supervise the carrying out of the plan.

### Individual Health Care Plans

When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting 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

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- requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;

The level of support needed, (some children will be able to take responsibility for their own health needs), including 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
- condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;

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, eg risk assessments;

Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and what to do in an emergency, including whom to contact, and contingency arrangements.

Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

- with lessons, counselling sessions; to carry out regular exercise programmes will be supervised by a member of staff who will have received training from an appropriate professional. Where necessary, pupils will be provided with an exercise bed and a degree of privacy whilst carrying out their exercises.
- Pupils who need special arrangements for toileting will be assisted by a trained member of staff. Protective gloves and aprons are provided for staff and there are procedures in place for the disposal of soiled nappies and used catheters. Pupils are encouraged to develop as much independence as possible in connection

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with toileting. A toileting plan will be drawn in consultation with parents and professionals.

- Risk Assessments are completed for children where necessary for activities in school, in wrap around care on day trips and on residential trips. All risk assessments are stored in the School Office and are over seen by the EVC Co-ordinator. School staff always carry a mobile phone and are able to contact a member of staff with access to children's medical records. All children wear wrist bands with the school phone number on.

### **Monitoring**

Individual care plans and medical protocol plans are reviewed where necessary and at least annually. Changes of medical conditions must be given to the school office in writing from the parent /s.

### **Staff training and support**

The Governing Body will monitor how staff will be supported in carrying out their role to support pupils with medical conditions, and how this is reviewed. Training needs will be provided by approved providers e.g. School Nurses, relevant to the child's medical condition.

No staff will administer medication without the appropriate training.

The school business manager keeps a list of the staff trained with the different medications administered in school.

### **First Aid**

It is the policy of the School to have every member of staff with a 'First Aid at Work' certificate. In addition some members of staff have Appointed Persons certificates and / or Paediatric Certificates. These certificates are updated every three years.

The first aid kits are located throughout the school with additional first aid kits for use on educational visits and sports activities.

The School Administrator and the lead First Aider are responsible for checking the contents of the first aid kits on a termly basis, ensuring that they are maintained in line with the current regulations.

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All injuries are recorded in accordance with the LA's code of practice. All injuries which have required first aid treatment are logged on Plumsun by the adult who delivered the first aid.

If a child becomes unwell or has an accident during school hours, which is considered sufficiently serious to require medical attention, the Head Teacher/Deputy should be notified immediately and a parent contacted.

In the event of a serious accident an ambulance is called and a member of staff accompanies the pupil to hospital. Parents are asked to go immediately to the hospital.

Occasionally, it may be appropriate to transport a child to hospital without using an ambulance. This should be on a voluntary basis. In such cases staff are covered by the school car insurance policy and will be accompanied by another member of staff.

Children who are unwell should be reported to the office and arrangements will be made for a parent to collect the child.

If a child has a bumped head at school an accident form on Plumsun is completed, the class teacher is informed and the child also has a wrist band to wear which is sent home with the child.

The Governing Body and Headteacher are responsible for regularly reviewing the School's first aid needs to ensure the provision is adequate.

### **Medication**

#### ***Prescribed medication***

The administration of medication falls outside the definition of first aid and should only be administered under the following conditions:

1. All staff expected to administer medication must receive specific instructions and training relevant to the medication. The school should request training from the school nurse.
2. The only medications which can be administered by staff in school are medicines prescribed for a child by a Doctor and only after the parents have completed a permission form. The medication will be administered by any staff member who is deemed responsible and will ensure that an authorisation form has been completed.

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3. Commercially available medications must not be administered in School to children by any member of staff. The child's parent may however come into school to administer the medication. On trips a generic form needs to be completed by the parent for medicines such as Calpol to be given.
4. Children with special medical needs will be considered on an individual basis and a health care plan tailored to their needs will be negotiated.
5. Medicines will be kept in the School Office and all will be labelled.
6. Medicines can only be administered on completion of an authorisation form signed by the parent.
7. Medicines may only be given by the Headteacher, Office Staff, First aider or delegated member of staff.
8. A record should be kept in the school office of all medication administered.
9. Medicines must be clearly named.
10. All medication is sent home with the child at the end of the academic school year.

### ***Asthma Medication***

1. Children using asthma inhalers should be taught by parents to be responsible for their equipment and to use it properly.
2. Asthma medication must be named and should be kept either by the child or in the class medical box, where it is accessible for the child.
3. Parents should inform their child's class teacher of the required dosage of the medication and the teacher will supervise the administration of the medication.
4. Parents to sign an authorisation form at the beginning of each academic year, which is kept in the child's folder in the school office and class packs.
5. Parents and Doctor should be aware that problems could be encountered if inhaler is stolen, lost or broken as the school does not carry spare inhalers.
6. Asthma medication must be taken by the child to swimming and P.E and kept in the same room as the child during the activity.

7. Parents are responsible for keeping their child's medication up to date.

### **Epi-pens**

1. Children who have epi-pens for use in case of an anaphylactic reaction should have two pens stored in school. The first should be in their classroom in the medical box with their name on and the second should be stored in the school office, again with their name on.

2. Only staff that have been trained and signed a generic protocol form, copies of which are kept in the school office and the appropriate child's class medical box, are allowed to administer the epi-pen. This training is given by the school nurse and is reviewed regularly.

3. When going on school trips, both epi-pens need to be taken and a trained member of staff accompany the trip.

4. If an epi-pen is used, an ambulance must be called.

5. If a child uses an epi-pen or inhaler it must accompany the child on all school trips. If they are found to be out of date or not on site on the day of the trip, every endeavour will be made to get the medication into school. However if this is not possible the child will be unable to go on the school trip.

### **Liability and Indemnity**

Within the Children and Families Act 2014 guidance document there is reference to liability and indemnity. Paragraph 44 of the document states that Governing Bodies should ensure that the appropriate level of insurance is in place and appropriately reflects the levels of risk present. Paragraph 45 states that the insurance policies should provide liability cover relating to the administration of medicines.

The Northamptonshire Schools insurance scheme cover applies to all school related activities including extra-curricular activities and school trips and provides an indemnity to governors, teachers, other employees and volunteers in respect of the administration of medicines and first aid treatment.

The following are items considered to be insured under existing public liability insurance cover where an appropriate health care plan, training or written instructions have been provided and are updated on a regular basis in accordance with a care plan or risk assessment;

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- Administration of medicines pre-prescribed by a medical practitioner via nasogastric tube, gastrostomy tube or orally.
- Administration of over the counter medicines with parental consent
- Catheter bag changing and tube cleaning, excludes insertion of tubes
- Colostomy and Stoma care subject to written guidelines being followed
- Application and changing of dressings following a written health care plan
- Defibrillators subject to following written instruction and appropriate documented training
- First aid provision by qualified first aider and applicable during the course of the business for the benefit of employees, pupils and visitors
- Application of ear or nose drops
- Application of Epipen or Medipens
- Gastrostomy and nasogastric tube feeding and cleaning, no cover for insertion of tube
- Fitting and replacement of hearing aids following written guidance
- Inhalers, Cartridges and Nebulisers
- Injection of pre-packaged dose of treatment on regular basis as pre-prescribed by a medical practitioner, includes Insulin subject to training and written care plan
- Administration and assistance with Oxygen following written guidelines and training
- Rectal diazepam and midazolam in pre-packaged dose subject to written guidelines with 2 members of staff present

The cover specifically excludes any procedure or action taken that is not identified above. If a pupil at school requires support with a medical procedure not detailed above the named person will contact LGSS Insurance immediately for advice and guidance.

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In addition any use of equipment for the purposes of diagnosis is not insured nor is the prescription of medicines.

Insurance Details - Public Liability Insurance  
Insurer: QBE Insurance (Europe) Limited  
Policy Number: Y081349QBE114A

Alice Corr

Inclusion Manager

September 2021

Policy to be reviewed every year.