



<p>St. Michael's Academy, Yeovil.</p> <p>Policy: Supporting Children with Medical Conditions</p> <p>This policy should be taken as part of the overall strategy of the school and implemented within the context of our vision, aims and values.</p> <p>Date of issue: May 2017</p> <p>Review Date: May 2020</p>		
	Who is Responsible?	Additional Details
1. <u>Children with Medical Conditions Policy</u>	The Governor with responsibility for SEN and the head Teacher	
A. We aim to ensure that all children, including those with medical conditions can continue to enjoy learning, friendships and play.	All Staff	
B. Parents have the prime responsibility for their child's health and are required to provide the school (via the Head Teacher) with information about their child's medical condition before they are admitted to school, or as soon as the child first develops a particular medical need.	Parents	
2. <u>Pupils with Short-term Medical Needs</u>		
A. If children are unwell and unable to cope with a busy school day or if the child has an infectious or contagious condition they should not be sent to school. If they become ill during the day, parents/carers will be contacted by the school office in order that the child can be taken home.	Parents	
B. Many children will need to take medicines at some time during their time at school. This will usually be for a short period only, perhaps to finish a course of prescribed antibiotics. Where possible doses should be given before or after school, however medicines may be brought into school if it would be detrimental to the child to do so. Medicines should be brought to the school in the original containers with the labels attached and registered at reception.		
C. Parents should inform the school (using the forms available from the school office) about the medicines that their child needs to take and provide details of any further support required.	Parents	

<p>3. <u>Responsibility for administering prescribed medication</u></p>		
<p>A. The school will ensure that there are sufficient members of support staff who are employed, appropriately trained and willing to manage medicines. The type of training necessary will depend on the individual case. If they are in doubt about any procedure, staff will not administer the medicines but will check with the parents for a health professional before taking further action. Designated member of staff will be identified</p>	Head Teacher	
<p>B. When a medicine cannot be administered in the form in which it is supplied, e.g a capsule (cannot be swallowed) written instructions on how to administer the medication must be provided by a parent / carer following advice from a healthcare professional, such a GP or paediatrician.</p>		
<p>C. A named lead will administer ADHD medication because this is a controlled drug. The administration of this drug needs to be witnessed by another member of staff; This is usually the class TA who will bring the child to the medical room. They will countersign the administration form.</p>		
<p>4. <u>Record-keeping</u></p>		
<p>A. Staff will complete and sign a record each time they give medicine to a child. (Records are retained in a file in the medical room.)</p>	Named Staff	
<p>5. <u>Refusal to take medicine</u></p>		
<p>A. If a child refuses to take medicine, staff will not force them to do so, but will note this in the records and inform parents of the refusal immediately.</p>	Head Teacher	
<p>B. If refusal to take medicines results in an emergency, then the usual emergency procedures will be followed</p>	Head Teacher / Senior Teacher	
<p>6. <u>Storage of medication</u></p>		
<p>A. Emergency medicines, such as asthma inhalers and adrenaline pens, will be safely stored and will be readily available. They will not be locked away and where children are considered safely able to take care of their own medicines they will be supported to do so.</p>	All Staff	
<p>B. Some medicines need to be refrigerated. These will be kept in the medical room fridge and access to the refrigerator holding medicines will be restricted.</p>	Staff taking medicine from parent	
<p>7. <u>Absence from school for more than 15 days</u></p>		
<p>A. For those children who attend hospital appointments or are admitted to hospital on a regular basis, special requirements may also need to be considered. In this event advice will be sought from the Medical Tuiton Service and referrals made where appropriate.</p>	SENco	
<p>B. Children with medical needs may be unable to attend school for many reasons relating to their condition and in this event the school will make arrangements to link the child to</p>	SENco	

suitable learning opportunities and will facilitate their link with other children so that friendships are sustained.		
8. Pupil with Long Term or Complex Medical Needs		
A. Where a child's needs are particularly complex and could affect their ability to access the full curriculum or participate on other areas of school life, then special arrangements will be made. The PIMS Team and SENATAS may be contacted to support any adaptations to the curriculum.	SENco	
B. In some cases this might take the form of dedicated adult support, at certain times of the school day. Alternatively, the child's needs could be such that modifications to the learning environment and/or the provision of specialist aids need to be considered.	SENco	
9. Individual Health Care Plans		
A. A written, individual health care plan will be developed where needed, to clarify for staff, parents and the child, the support that will be provided and what training may be required. This will include: <ul style="list-style-type: none"> i. Details of the child's medical condition, ii. Any medication iii. Daily care requirements iv. Action to be taken in an emergency v. Parents/carers details including emergency contact numbers 	SENco	
B. Those who may contribute to a health care plan include: <ul style="list-style-type: none"> i. The parents/carers (and the child, if appropriate) ii. School nurse, specialist nurses, children's community nurses, the child's GP or other health care professionals (depending on the level of support the child needs) iii. The Head Teacher and SENco/SEN Manager iv. The class teacher, care assistant or teaching assistant v. Support staff who are trained to administer medicines or trained in emergency procedures. vi. PIMS team 		
C. The school will agree with parents how often they should jointly review a health care plan. The timing of this will depend on the nature of the child's particular needs. In most cases this will take place at the start of the each school year; however, some plans will need to be reviewed more frequently depending on individual needs.	SENco	
D. Healthcare plans and training are not transferrable, <u>even when children have the same condition.</u>	SENco	
10. Training		
A. If school staff need to be trained to administer medical procedures the school will contact the relevant health care professional, ed school nurse, specialist nurse or children's community nurse. Parents cannot be responsible for leading this training but parents and children will be asked to	SENco	

participate in the training and give advice and guidance on how they prefer things to be done.		
B. Parents and school staff cannot cascade training that they have received when the training is specific to an individual child.	Head Teacher	
C. School staff who have been trained are responsible for following and delivering the health care plan and if the child's condition alters they will contact an appropriate professional and the parents, making them aware of the change and requesting further training if needed or an alteration to the plan.	Individual Staff	
D. School staff will request further training when needed, and professional updates at least once a year.	Individual staff, Head teacher, SENco	
E. Staff who have been trained in the child's care are the responsible for following the procedures in the children's care plans as they have been trained to do so.	Individual staff, Head teacher, SENco	
F. The SENco will liaise with health care professionals and the trained staff to support and facilitate training refreshers and updates as needed.	Individual staff, Head teacher, SENco	
G. Individual staff is responsible for identifying and communicating any changes that they notice in the child's care needs. The SENco will inform parents and health care professionals in writing and discuss whether further training is needed.	Individual staff, Head teacher, SENco	
11. <u>Communicating Needs</u>		
A. A confidential file containing photographs of pupils with medical needs, together with outlines of their medical condition and action to be taken, is available in the child's classroom. Emergency procedures for the child will be in the Staff Notice Board.	Head Teacher	
B. Health Care Plans for individual children are kept in the classroom where they are accessible to all staff involved in caring for the child.	Class teacher	
C. Further copies and full medical records are stored in the child's SEN file.	SENco	
12. <u>Educational visits (see also school's Trips Policy)</u>		
A. Visits and school residential trips will be planned so that pupils with medical needs can participate and best endeavours will be made as appropriate to ensure that they are discriminated against. If a risk assessment indicates that it is not safe for the pupil to participate in part of the experience because of their condition, then reasonable arrangements will be made and an alternative experience will be provided to ensure that they are able to join in the curriculum surrounding the trip.	Class Teacher	
B. Staff supervising excursions and residential trips will always make sure that they are aware of any medical needs, and relevant emergency procedures. Parents of participating in residential trips will need to complete required consent forms giving details of all medical/dietary needs. All medication or equipment which needs to be administered during the course of the visit should be handed directly to the class teacher in accordance with the schools guidelines	All Staff	

before leaving the school at the start of the trip.		
C. A copy of individual health care plans will be taken on visits in the event of the information being needed in an emergency.	Visit leader	
D. Arrangements for taking any necessary medicines will be made and if necessary an additional member of the support staff, or an appropriate volunteer might be needed to accompany their own children on school trips.	Visit leader	
E. If there is any concern about whether the school is able to provide for a child's safety or the safety of other children on a visit, then parents will be consulted and medical advice sought from the school health service or the child's GP.	Head Teacher / SENco	
13. <u>Sporting Activities</u>		
A. All children with medical conditions will be encouraged to participate as fully as possible in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-being. Staff will be sensitive to their individual needs and sufficient flexibility will be incorporated into the lesson planning for all children to be included in ways appropriate to their own abilities.	All Staff	
B. Any restrictions on a child's ability to participate in PE will be recorded in their individual health care plan. This will include a reference to any issues of privacy and dignity for children with particular needs.	SENco	
C. Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.	All Staff	
14. <u>Insurance</u>		
A. The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. We link to the DFE as employers who are responsible for insurance of academies and their employees.	Business Manager	
15. <u>Unacceptable Practice</u>		
<p>It is not acceptable:-</p> <ul style="list-style-type: none"> i. To place children at unreasonable risk for any reason ii. To exclude children from curriculum activities because of their medical condition. iii. To place requirements and responsibilities on parents to fill gaps in staffing or resources. 		

See separate section in insurance.