



The Froebelian School

Medical Conditions Policy

Context

The Children and Families Act September 2014 places a duty on Governors, alongside the Headteacher, to make arrangements for children and staff with medical conditions. Our School Medical Conditions Policy states how school will support children and staff with medical conditions to ensure that all staff understand their role in making the policy work.

This policy will be made available to parents, pupils and staff.

The Health Conditions in School Alliance have worked with the Department of Education to create the statutory guidance: SEN Code of Practice 2015.

This policy should be read in conjunction with the following policies:

- Health and Safety
- First Aid
- Sick Children
- Pastoral Care
- Allergy Awareness

Aim

To ensure all children and staff, as far as practicable, are able to attend school regularly, and have equal access to the curriculum and full participation in school life.

Individual Healthcare Plans

Children and staff with medical conditions such as asthma, epilepsy, diabetes or life-threatening allergies will need Individual Healthcare Plans, tailored to their particular needs and agreed by the school, parents/carers and child (if appropriate) and the relevant Healthcare professional. These conditions are identified upon entry to the school by the Admission Form and on the Annual Data Sheet which is issued to each child's parents for completion every academic year. The Individual Healthcare Plan pack will then be issued to the parents and the School will then consult with the parents to agree an Individual Healthcare Plan.

The Finance and Operations Manager will ensure sufficient staff are trained to support children with medical conditions and that all relevant staff are aware of a child/colleague's condition and understand the child/colleague's Individual Healthcare Plan.

The Finance and Operations Manager will ensure that plans are reviewed at least annually, or earlier if the child/colleague's needs change. They should be developed in the context of assessing and managing risks to education, health and social well-being and to minimise disruption.

Managing Medicines on School Premises

The School will ensure that policies are clear about the procedures to be followed for managing medicines.

- Wherever possible, a parent or carer will be required to visit school to administer routine medicines such as paracetamol or antibiotic doses.
- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parents'/carers' consent. Ideally this will be written consent, although on occasions this will be verbal consent should the child require medicine unexpectedly during the school day e.g. a dose of Calpol.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication e.g. for pain relief should never be administered without first checking maximum dosages and when the previous dose was taken.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. For example, medication which is required to be administered 3 times per day can be taken outside of the hours of the school day. (For further information, see the Sick Children Policy).
- Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container.
- All medicines should be stored safely. Children and staff should know where their medicines are at all times and staff should be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to staff. This is important for school trips and evacuations. Staff are advised to alert their colleagues to where their personal medication is stored in case of an emergency.
- Schools should keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container. A member of staff may administer a controlled drug to a child for whom it has been prescribed, providing they have received specialist training/instruction. Records should be kept showing dosage, when administered and by whom.
- Medicines should be returned to parents/carers for disposal. Sharps boxes (located in the Office) should always be used for the disposal of needles and other sharps.

Record Keeping

The Finance and Operations Manager should ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

Emergency Procedures

- Individual Healthcare Plans should define any emergency procedures which should be followed.
- Any injury sustained at school will be reported to the First Aider who will decide whether any further medical advice needs to be taken and whether parents/carers need to be informed.
- In the case of a head injury not requiring treatment a head injury message will be sent home and school staff to speak to parent/carer directly.
- If a child needs to be taken to hospital, staff should stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance. Staff should not take children to hospital in their own car.

Unacceptable Practice

Governors should ensure that school policies are explicit about what practice is not acceptable. Although school staff should use their discretion and judge each case on its merit, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents/carers;
- send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch;
- if the child becomes ill, send them to the school office or medical room unaccompanied;
- penalise children for their attendance record if their absences are related to their medical conditions, e.g. medical appointments;
- prevent children from drinking, eating or taking toilet or other breaks whenever they need to;
- require parents/carers or otherwise make them feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- prevent or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child;

This policy is reviewed regularly by the Headteacher, in consultation with the governing body, in the light of experience, research and good practice.

Signed (Headteacher):

Handwritten signature of C. Dadds in black ink.

Signed (Chair of Governors):

Handwritten signature of S. L. L. L. in black ink.

Policy Date: May 2022

Review Date: May 2025