



# CALDEW SCHOOL

## MEDICAL NEEDS POLICY

*Policy legally required*  
*Reviewed under Student Welfare and Guidance Committee*  
*On school website*  
*Reviewed biennially*  
*Adopted: July 2024*  
*Next review: July 2026*

NOTE: Caldew School is an Academy and where reference is made to school(s) this should be taken to refer to 'academy' in so far as the reference specifically applies to Caldew School.

### **Mission Statement**

A school achieving outstanding progress and attainment for its students and community.

### **Purpose**

The aim of this policy is to ensure that all children with medical conditions 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.

### **Principles**

It is important that parents feel confident that we will provide effective support for their child's medical condition and that student's feel safe. In making decisions about the support we will establish relationships with relevant local health services where available and listen to and value the views of parents and students.

Absences due to health problems can affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

Some children with medical conditions may be disabled. Where this is the case we will comply with the Equality Act 2010. If they have special educational needs this will also be taken into account.

### **Implementation**

#### **Notification of a Student with Medical Conditions**

Information will be requested about medical needs on entry to the school. Arrangements will be put in place in time for students starting at Caldew School. Upon a new diagnosis every effort will be made to ensure that arrangements are put in place within two weeks.

## Medical Needs Plans (MNP)

These will provide clarity about what needs to be done, when and by whom for identified students. The school, parents and healthcare professional (if information is available) will agree, based on evidence, when a **MNP** would be appropriate. If consensus cannot be reached, the headteacher will take the final view. Where a child has a sensory or physical SEN but does not have a EHC plan, their special educational needs will be mentioned in their **MNP**. Where the child has a special educational need identified in a EHC plan, the **MNP** should be linked to that EHC plan.

**MNP**, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional when available. Students will be involved whenever appropriate. Plans will be reviewed annually or earlier if there is evidence that the child's needs have changed. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition) the **MNP** will identify the support the child needs to reintegrate effectively.

**MNP** will contain the following information:

- the medical condition, its triggers, signs, symptoms and treatments;
- the resulting needs, including medication and other requirements,
- the level of support needed, including in emergencies.
- who will provide this support

When producing the **MNP** the following will be taken into account:

- Staff training needs, expectations of their role and confirmation of proficiency from a healthcare professional; and cover arrangements for when they are unavailable;
- who in school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents for medication to be administered during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable
- where confidentiality issues are raised, the individuals to be entrusted with information

## Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Effective support will depend on working cooperatively with other agencies. The roles and responsibilities are given below;

- The Governing body will make arrangements to support students with medical conditions in school, including making sure that a policy is developed and implemented, to enable the fullest participation possible in all aspects of school life.
- The Headteacher will ensure the school's policy is developed and effectively implemented, including ensuring all staff are aware of the policy and understand their role in its implementation; that all staff who need to know are aware a child's condition; sufficient trained numbers of staff are available. The Headteacher has overall responsibility for the development of **MNP** and will make sure that staff are appropriately insured and are aware of this.
- Deputy Headteacher (Paul Hammond) is responsible for ensuring that the policy is implemented including ensuring that **MNP** are written for identified students, sufficient staff are suitably trained, arrangements are in place for visits, holidays and activities

outside of the normal timetable, procedures for supply staff and cover arrangements are in place in case of staff absence.

- Pastoral managers are responsible for identifying students with medical needs, writing and updating **MNP**, liaising with outside agencies, identifying areas for training, keeping staff informed and liaising with parents.
- Staff should be aware of the contents of Individual **MNP** for students they teach. They may be asked to provide support to students with medical conditions, including administering medicines, although they cannot be required to do so. Administering medicines is not part of teachers' professional duties but they should take into account the needs of students with medical conditions. Students will be fully involved in discussions about their medical support needs and contribute as much as possible to their **MNP**.
- Parents should provide the school with sufficient and up-to-date information about their child's medical needs. Parents are key partners and will be involved in the development and review of their child's individual healthcare plan.
- Parents or NHS professionals are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. They may support staff on implementing **MNP** and provide advice and training.

### **Staff Training and Support**

Any member of staff providing support to a student with medical needs will receive suitable training. The relevant healthcare professional will normally lead on identifying and agreeing the type and level of training required, and how this can be obtained. The family of a child should not be the sole trainer.

Staff must not give prescription medicines or undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

At the start of the academic year there will be a whole school briefing for staff about this policy and to ensure they are aware of students with **MNP**. This will also be part of new staff induction Briefings will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

### **The child's role in managing their own needs**

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. Children will be able to access their medicines for self-medication quickly and easily. Where required relevant staff will help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Parents will be informed so that alternative options can be considered.

### **Managing Medicines on school premises**

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so. When administering medicines the following procedures will be followed;

- prescription or non-prescription medicines will not be given without parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child to involve their parents while respecting their right to confidentiality.

- If non-prescription medicines eg paracetamol are to be administered written consent must be received from parents. Parents will be informed if any non-prescription medicines are administered.
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents must be informed
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- medicines will only be accepted that are in-date, labelled, in the original container and include instructions for administration, dosage and storage. The exception is insulin which must be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- all medicines will be stored safely. Children will know where their medicines are kept and for medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens be able to access them immediately as these are readily available to students and not locked away. They will also know who holds the key to the storage facility for other medicines. a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements will be put in place. Controlled drugs that have been prescribed will be securely stored in a non-portable container and only named staff will have access. A record will be kept of any doses used and the amount of the controlled drug held in school. Staff may administer a controlled drug to the child for whom it has been prescribed.
- A record of all medicines administered to individual children, stating name, time and dosage, when and by whom, will be kept for 7 years. Any side effects of the medication to be administered should be noted
- Unused medicines will be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

### **Emergency procedures**

Where a child has an **MNP**, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff is aware of emergency symptoms and procedures. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

### **Trips, Visits and Sporting Activities**

We will make arrangements for the inclusion of students in activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. A risk assessment will be completed so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. This will require consultation with parents and students and advice from the relevant healthcare professional if appropriate to ensure that students can participate safely.

### **Unacceptable Practice**

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; or ignore medical evidence or opinion, (although this may be challenged);

- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their **MNP**;
- if the child becomes ill, send them to the Student Services unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments;
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents or make them feel obliged, to attend school to administer medication or provide medical support. No parent should have to give up working because the school is failing to support their child's medical needs;
- prevent children from participating, or create barriers to them participating in any aspect of school life, including trips.

### **Liability and Indemnity**

The school's Public Liability Insurance Policy provides liability cover for staff providing support to students with medical conditions subject to risk assessments being carried out. This covers the more common procedures such as the administration of medication and Epipens but individual cover may need to be arranged for any specific health care procedures identified in **MNP**. The level and ambit of cover required will be ascertained directly from the relevant insurers. Any requirements of the insurance such as the need for staff to be trained will be made clear and complied with. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

### **Complaints**

If a parents or student is dissatisfied with the support provided they should discuss their concerns directly with Paul Hammond (Deputy Headteacher). If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.