



Ruishton C of E Primary School
Care of a child with a medical
condition Policy

Date: October 2018

To be Reviewed: October 2019

| | Who is responsible? | Additional details |
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| Ruishton C of E Primary School (including Woodlands Pre-school and the Hub) The following applies to all children in the above. Where different or specific procedures apply, this is indicated below. | | |
| Policy written by | Cathy Ward | January 2016 |
| Reviewed | Seonaid Curry | October 2018 |
| To be reviewed by | Seonaid Curry | October 2019 |
| 1. <u>Children with Medical Conditions Policy</u> | Head Teacher SEN Governor | |
| a. At Ruishton Primary School, we will 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 the 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 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 | |

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| <p>b. Many children will need to take medicines at some time during their time in 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 not to do so. Medicines should be brought to school in the original containers with the labels attached.</p> | <p>Parents</p> | |
| <p>c. Parents should inform the school (by completing the forms available from the school office) about the medicines that their child needs to take and provide details of any further support required.</p> | <p>Parents</p> | |
| <p>3. <u>Responsibility for administering prescribed medication</u></p> | | |
| <p>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 or a health professional before taking further action.</p> | <p>Head teacher</p> | |
| <p>i) <u>Woodlands Pre-School</u></p> <p>Non Prescription medicines are not administered at Pre-School, however, in the case of a child who has a high temperature (above 38 degree C) Paracetamol may be given under the direct authority of a parent or medical professional, e.g .GP or ambulance service.</p> | <p>WPS</p> | |
| <p>4. <u>Record-keeping</u></p> | | |
| <p>Staff will complete and sign a record each time they give medicine to a child. (These are filed in children's individual record cards when the course of prescribed medicine is completed.)</p> | <p>Class teacher LSA</p> | |

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| 5. <u>Refusal to take medicine</u> | | |
| 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 <u>immediately</u> . | Class teacher LSA | |
| b. If a refusal to take medicines results in an emergency, then the usual emergency procedures will be followed. | Class teacher Headteacher | |
| 6. <u>Storage of medication</u> | | |
| All emergency medicines, such as asthma inhalers and adrenaline pens, will be safely stored in the child's classroom in a clearly labelled Medicines box and will be readily available. They will not be locked away. | Class teacher | |
| Some medicines need to be refrigerated. These will be clearly labelled and kept in the medicines fridge in the staffroom and access to the refrigerator holding medicines will be restricted. | Class teacher | |
| 7. <u>Absence from school for more than 15 days</u> | | |
| a. For those children who attend hospital appointments or are admitted to hospital on a regular basis, special arrangements may also need to be considered. In this event advice will be sought from The Medical Tuition Service and referrals made where appropriate. | Dedendent on circumstances | |
| 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 suitable learning opportunities and will facilitate their links with other children so that friendships are | Dedendent on circumstances | |

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| sustained. | | |
| 8. <u>Pupils with Long Term or Complex Medical Needs</u> | | |
| <p>a. Where a child's needs are particularly complex and could affect their ability to access the full curriculum or participate in other areas of school life, then special arrangements will be made. The PIMS Team and SENITAS may be contacted to support any adaptations to the curriculum.</p> <p>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 will need to be considered.</p> | <p>SENCo</p> <p>Class teacher</p> <p>Headteacher</p> | |
| 9. <u>Individual Health Care Plans</u> | | |
| <p>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:</p> <p>i.details of the child's medical condition,</p> <p>ii.any medication,</p> <p>iii.daily care requirements</p> <p>iv.action to be taken in an emergency,</p> <p>v.parents/carers details including emergency contact numbers.</p> | <p>Class teacher</p> <p>& Parent</p> <p>Reference to SENCo & HT as necessary</p> | |

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| <p>10. Those who may contribute to a health care plan include:</p> <ul style="list-style-type: none"> a. The parents/ carers (and the child, if appropriate) b. The 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) c. The Head teacher and SENCo, d. The class teacher , care assistant or teaching assistant e. Support staff who are trained to administer medicines or trained in emergency procedures. f. PIMS team | | |
| <p>11. 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 each school year; however, some plans will need to be reviewed more frequently depending on individual needs.</p> | <p>Class teacher & Parent</p> | |
| <p>12. Healthcare plans and training are not transferable, <u>even when children have the same condition.</u></p> | <p>Class teacher</p> | |
| <p>13. Training:</p> | | |
| <ul style="list-style-type: none"> a. If school staff need to be trained to administer medical procedures the school will contact the relevant health care professional, eg 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 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. | <p>Headteacher</p> <p>Class teacher</p> <p>Head teacher</p> | |

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| <p>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.</p> <p>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.</p> | | |
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Unacceptable Practice:

It is not acceptable:

to place children at risk for any reason,

to exclude children from curriculum activities because of their medical condition

to place requirements and responsibilities on parents to fill gaps in staffing or resources

