



# **Supporting Pupils with medical needs**

**Author/owner: Principals/Directors**

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## **Supporting Pupils with Medical Needs**

The Trust's policy is to support pupils to attend school who have a medical condition. The schools within the Trust will therefore support the administration of short and long term medication and medical techniques where this is necessary for the pupil to continue to be educated at school. The schools will also put in place procedures to deal with emergency medical needs. In doing so the [DfE Guidance Supporting Pupils at School with Medical Conditions](#) is followed.

The schools will establish procedures to ensure that all concerned, staff, parents, pupils and, where relevant, health professionals are aware of the student's condition and what steps have been agreed either to manage the condition on a daily basis or to be implemented in case of an emergency.

It is stressed however that the administration of medication is undertaken on a voluntary basis by staff and it will only be done where the procedures are followed.

### **Health Care Plans**

Parents are responsible for providing the school with up to date information regarding their child's health care needs and providing appropriate medication.

Individual health care plans are in place for those pupils with significant medical needs e.g. chronic or ongoing medical conditions such as diabetes, epilepsy, anaphylaxis etc. These plans will be completed at the beginning of the school year / when child enrolls / on diagnosis being communicated to the school and will be reviewed/updated annually.

All staff are made aware of any relevant health care needs and copies of health care plans are available in each school.

Staff will receive appropriate training related to health conditions of pupils and the administration of medicines by a health professional as appropriate.

### **Administering Medicines**

No child under 16 should be given medicines without their parent's written consent. Any member of staff giving medicines to a child should check:

- the child's name
- prescribed dose
- expiry date, and
- written instructions provided by the prescriber on the label or container.

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a relevant health professional.

### **Self-Management**

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so

the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

Where children have been prescribed controlled drugs, staff need to be aware that these should be kept safely. However children could access them for self-medication if it is agreed that it is appropriate.

### **Refusing Medicines**

If a child refuses to take medicine, staff should not force them to do so, but should note this in the child's record and follow the agreed procedures. Parents should be informed of the refusal on the same day.

### **Educational Visits**

The school will consider what reasonable adjustments they might need to make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising visits should always be aware of any medical needs and relevant emergency procedures. A First Aider is always available on all educational visits. Copies of health care plans should be taken on visits in the event of the information being needed in an emergency.

### **Sporting Activities**

Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

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. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

### **School Transport**

Where pupils have life threatening conditions, specific health care plans should be carried on vehicles. The care plans should specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations.

All escorts should have basic first aid training. Additionally trained escorts may be required to support some pupils with complex medical needs. These can be healthcare professionals or escorts trained by them.

Some pupils are at risk of severe allergic reactions. Risks can be minimised by not allowing anyone to eat on vehicles. All escorts should also be trained in the use of an adrenaline pen for emergencies where appropriate.

### **Non-Prescription Medication**

Non-prescription medication should not be administered by school. This includes paracetamol and homeopathic medicines.

Staff may not know whether the pupil has taken a previous dose, or whether the medication may react with other medication being taken. **A child under 16 should never be given medicine containing aspirin, unless prescribed by a doctor.**

Where it is necessary to administer non-prescription medicine to a child, specific written permission must be obtained from parents / carers and the administration documented.

If a pupil suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate painkillers for their child's use, with written instructions about when the child should take the medication. A member of staff should notify the parents that their child has requested medication and supervise the pupil taking the medication if the parents have agreed to it being taken.