

# **ST. DAVID'S HIGH SCHOOL**

**Policy for the Education  
of Children and Young People with  
Medical Needs**

**Reviewed by Governors  
October 2023**



## **Introduction**

This policy is written in response to the guidance contained in the Welsh Assembly Government circular "Access to Education and Support for Children and Young People with Medical Needs".

The school will continue to be responsible for all children and young people unable to attend school for medical reasons and they should be able to access education without stigma or exclusion.

Children and young people covered by this policy may:

- be recovering from an illness or injury keeping them away from school during recovery;
- have a long term or recurring illness;
- have an illness or clinically defined mental health disorder which causes them to be absent for a period in excess of 15 days where medical opinion states they are still unable to access mainstream school.

## **Aim**

Our aim is to ensure that all children and young people in our school continue to have access to as much education as their medical condition allows so that they are able to maintain the momentum of their education and to keep up with their studies. The nature of the provision will be responsive to the demands of medical conditions that can sometimes be changeable.

## **Responsibilities**

SLT responsible for pastoral care is the designated contact responsible for the education of children and young people with medical needs. Her role is to facilitate communication with all parties and ensure that the school is meeting the needs of all those identified. Michelle Ford is responsible, in principle, for school staff giving or supervising children and young people taking prescribed medication, ensuring prior written agreement is obtained for any medication to be given.

Areas of general responsibility will include:

- maintaining a list of children and young people with medical conditions in the school.
- Ensuring that contact is maintained with children and young people (and their families) who are away from school due to illness for a period of less than 15 working days, setting of work if they are well enough, forwarding of newsletters etc, welcoming them back to school, ensuring that all staff are aware of their up to date medical situation and ensuring that any adjustments to accommodation, curriculum are made, together with ongoing monitoring of the their situation and needs whilst in school.
- keeping the IWO informed of all attendance issues regarding children and young people where there may be medical needs, either physical or mental.
- ensuring that the school register is marked appropriately.
- maintaining contact with the school nurse.

- notifying the Medical Needs Team if a child or young person is (or is likely to be) away from school due to medical needs for more than 15 working days. This includes those with a recurring illness.
- ensuring that close contact is maintained with them (and their family) and that arrangements are in place for the setting and marking of work. This is particularly important for those for whom a support programme is being arranged.
- the school's policy on assisting children and young people with long term or complex medical needs.

### **Health Care Plans**

All children with on-going medical needs will have an individual Health Care Plan. This will clarify for staff, parents and the child the help that can be provided.

The Health Plan will specify:

- The child or young person's view where possible.
- Parental wishes for the child.
- The care co coordinator/key worker for the child.
- Any anticipated changes in the child or young person's care routine.
- The contact details of the paediatric healthcare team providing medical advice, care and support.
- Protocols for exchanging information between education and health services (with clearly defined lines of responsibility and named contacts) including the provision of accurate and regularly updated information about the needs of individual children and young people.
- The medication the child or young person takes both in and out of school hours.
- The permission of parents and the Headteacher for the administration of medicines by staff or self-administration by the child or young person (Form 3 and 4).
- Arrangements for any emergency or invasive care, or for the administration of medication. Emergency procedures should be set out in conjunction with health care professionals. Risk assessment should be carried out and would include the identification of potential emergency situations in relation to the health needs of that particular child - better planning leads to fewer real emergencies.
- Any special health care needs which may affect the child or young person's use of services such as transport or play activities at the school, implementation of therapy programmes etc.
- The use, storage and maintenance of any equipment.
- Any arrangements for the provision of education or associated services when the child is too unwell to attend school or is in hospital or another appropriate health care setting.
- Health care plans should be jointly written by health professionals and parents. Completed plans should be signed by the parents, Headteacher and health professionals. A copy of the plan should also be available to all the above and to accompany the child on out of school trips.
- Health care plans should be reviewed annually at the child or young person's annual school review. If the plan needs revising the school health

professionals should meet with parents and the plan would then be written again and signed by all parties. If the plan needs to be altered between reviews this should always take place with parents and be signed.

- The importance of very clear procedures for emergency treatment for **all** children and young people with complex health needs.
- The plan should also be made available to all staff coming into contact with the child or young person.
- Copies of any relevant forms should form part of the healthcare plan.

### **Referral to the Medical Needs Team**

Children who will be absent from school for 15 working days, trigger intervention. Educational provision will be made in collaboration with the service providing alternative education.

The school will hold, chair and document a planning meeting.

The designated school contact for children and young people with medical needs will be responsible for:

- ensuring that Medical Needs referral forms (Request for Involvement and Request for Medical Information forms) are completed and passed to the relevant agencies as quickly as possible.
- drawing up an Individual Education Plan (IEP) and ensuring that the child or young person is on School Action Plus of the SEN

Code of Practice.

- arranging for a member of the school staff to attend an initial meeting with the Medical Needs team to plan a way forward.
- ensuring that regular half termly review meetings are in place.
- ensuring the prompt provision (as agreed with the Medical Needs Team) of information about a child or young person's capabilities programmes of work, and resources. Work provided by school will be relevant, appropriate and of comparable level to work being done in school by peers in the same set/group.
- passing on details of the child or young person's special educational needs and a copy of the current IEP.
- ensuring that children and young people who are unable to attend school because of medical needs are kept informed about parents evening and are able to participate, for example, in homework clubs, study support and other activities.
- encouraging and facilitating liaison with peers - for example, through visits, emails, letter, and telephone calls.
- ensuring that all children and young people covered by this policy have access to statutory assessment, including guidance on the completion of appropriate coursework. The school will also be responsible for requesting special arrangements where necessary.

### **5. Parents/Carers and Children and young people**

The school will work with parents/carers and the individual child or young person. Parents will be full collaborative partners and will have access to information, advice and support

during their child's illness. Opportunities to allow the individual child to be involved in making decisions and choices will also need to be addressed.

Parents who have children with ongoing medical conditions such as asthma or an allergy, who need to carry their own medicine, must complete Form 7 *'Request for child to carry his/her own medicine'*.

## 6. Reintegration

The school will have a key role to play in successful reintegration and will be proactive in working with all agencies to support a smooth transition and in ensuring that peers are involved in supporting child or young person's reintegration. The plan will always have multi-agency approval.

## 7. Involvement of Governors

There should be a short statement on Governor involvement and the monitoring of this policy.

## 8. Emergency Arrangements

Should an emergency occur the following procedure will apply:

- A first Aider will be called to assess the situation.
- If necessary an ambulance will be called and the parents contacted.

The instructions for this are:

**Dial 999, ask for an ambulance and be ready with the following information:**

- The telephone number - 01244 671583
- The Address – dependent on the location in school of the emergency, either:

St. David's Terrace, Saltney, Chester CH4 0AE	Kynaston Drive, Saltney Ferry, Chester CH4 0AS
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- Give your name
- Give the name of child and a brief description of child's symptoms.
- Give Ambulance Control the exact location within the school and the best entrance and state that the ambulance crew will be met and taken to the child's location.
- Should the parent/s be unable to attend at school, a member of staff will accompany the child in the ambulance and remain at the hospital until the parent/s arrive.
- Members of staff will not take a child to hospital in their own car. It is safer to call an ambulance.

## 9. Procedure for administering medicines

- Regulations require that parents give their consent to medicines being given to their child and that the school keeps written records.
- Medicines should only be brought to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school or setting 'day'.
- St. David's High School can only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
- Medicines should always be provided in the original container as dispensed by a pharmacist or dispensing doctor and include the prescriber's instructions for administration.
- St. David's High School will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions, unless agreed previously with parents and noted in the child or young person's individual healthcare plan.
- It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents will be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime, although it is recognised that this will not always be appropriate, e.g. for some children and young people with diabetes.

### Non-Prescription Medication

- St. David's High School Staff will **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.
- Should a child require non-prescription medicine parents must write a letter in the first instance requesting that the medicine be administered. This will then be recorded on Form 5 or 6. If the child needs the medicine regularly then Forms 3A or 3B must be completed and signed by the parent.
- If a child suffers regularly from frequent or acute pain parents are encouraged to refer the matter to the child's GP.
- **St. David's High School will never administer aspirin to a child under 16 unless prescribed.**

### Self-Management

- St. David's will support and encourage children and young people, who are able, to take responsibility to manage their own medicines with parental consent. Form 7 must be completed and signed by the parent/s and advice will be taken from the school nurse.
- Children with Asthma or allergies who need to carry inhalers or epi-pens should inform a member of staff when they have used their medicines so that, should the need arise, appropriate action can be taken.
- St. David's will not allow children to carry prescribed controlled drugs, painkillers or antibiotics. These will be kept in the school office in safe custody. Children will be able to access them for self-medication, if it is appropriate, and Form 7 has been completed.

## **Administering Medicines**

- Any member of staff giving medicines to a child or young person should check:
  - Their name and date of birth.
  - Written instructions provided by parents or prescriber.
  - Prescribed dose and
  - Expiry date if stated.
- If in doubt about any of the procedures the member of staff should check with the parent/s or a health professional before taking further action.
- St. David's High School staff will complete and sign record cards each time they give medicines to a child or young person.
- In some circumstances, the dosage and administration will be witnessed by a second adult. Form 5 will be used for this purpose.
- Staff will provide a quiet, private area for children and young people when giving and receiving medicines.
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## **Access to Medication**

Children and young people will have immediate access to their medicine when required.

## **Record Keeping**

- Parents should tell the school or setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However, staff should make sure that this information is the same as that provided by the prescriber.
- Medicines should always be provided in the original container as dispensed by a pharmacist or dispensing doctor and include the prescriber's instructions. In all cases it is necessary to check that written details include:
  - name of child;
  - name of medicine;
  - dose;
  - method of administration;
  - time/frequency of administration;
  - any side effects; and
  - expiry date if stated.
- Parents must complete Form 3A or 3B to record details of medicines in a standard format.
- St. David's High School staff will check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.
- Form 4 could be used to confirm, with the parents, that a member of staff will administer medicine to their child.
- While there are no legal requirements for schools to keep records of medicines given to children and young people, nor to give details of the staff involved, St. David's High School feel it is good practice to do so.

## **Consent to treatment**

- It is a general legal and ethical principle that valid consent must be obtained before starting treatment or physical investigation, or providing personal care, for a patient.
- Please see Access to Education and Support for Children and Young People with Medical Needs: May 2010 Guidance Circular No: 003/2010

## **Confidentiality**

St. David's High School Staff will be made aware of the need to respect, at all times, the child's right to confidentiality and understand the circumstances in which medical information may be shared

## **Dealing with Medicines Safely**

### **Safety Management**

All medicines may be harmful to anyone for whom they are not prescribed, therefore St. David's High School adopts the policy that all medicines, except inhalers and epi-pens are kept securely in the school office.

### **Storing Medication**

St. David's High School will adhere to the following instructions:

- Large volumes of medicines will not be stored.
- Staff will only store, supervise and administer medicine that has been prescribed for an individual child.
- Medicines will be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed.
- Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container.
- Non-healthcare staff will never transfer medicines from their original containers.
- Children and young people will know where their own medicines are stored and who holds the key.
- The Headteacher is responsible for making sure that medicines are stored safely.
- All emergency medicines, such as asthma inhalers, adrenaline pens and glucogel, will be readily available to children and young people and should not be locked away. St. David's High School will allow children and young people to carry their own inhalers.
- Other non-emergency and insulin medicines will generally be kept in a secure place not accessible to children and young people.
- A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines

### **Disposal of Medicines**

- St. David's High School Staff will not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.



They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

- Sharp boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

### **Hygiene/Infection Control**

All First Aid staff will be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff will have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

### **9. Summary**

The school's policy for the education of children and young people with medical needs will form part of the Inclusion or SEN policy.

This policy will be reviewed annually.

### **The forms for supporting children with medical needs are set out in Appendix A which is to be used in conjunction with this policy:**

- ❖ Form 1: Contacting Emergency Services
- ❖ Form 2: Health Care Plan
- ❖ Form 3A: Parental agreement for school/setting to administer medicine
- ❖ Form 3B: Parental agreement for school/setting to administer medicine
- ❖ Form 4: Headteacher agreement to administer medicine
- ❖ Form 5: Record of medicine administered to an individual child
- ❖ Form 6: Record of medicines administered to all children
- ❖ Form 7: Request for child to carry his/her own medicine
- ❖ Form 8: Staff training record - administration of Medicines.