

Shenington Church of England Primary School

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POLICY DOCUMENT

Excellence Through Endeavour
"Let your Light Shine" – Matthew 5:16

Supporting pupils with medical conditions 2025-28

This policy covers:

- Procedures for managing prescription medication needed in the school day
- Procedures covering prescription medication needed on school trips
- Roles and responsibilities of those managing, administering or supervising administration of medication
- Parental responsibilities
- School policy on assisting children with complex or long term medical needs
- Safe storage of Medication
- Disposal of Medication
- Hygiene and Infection Control
- School emergency procedures

Procedures for Managing Prescription Medication needed in the School day

1. Medicines should only be taken to school or settings 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'.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the instructions for administration.

2. Schools should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

3. Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

4. No child under 16 should be given medicines without their parent's written consent.

5. 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. 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 health professional attached to the school.

6. Schools should also arrange for staff to complete and sign a record each time they give medicine to a child. Good records help demonstrate that staff have exercised a duty of care.

7. If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an individual child's health care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

Procedures for Administering Medication on Educational Visits

1. It is good practice for schools to encourage children with medical needs to participate in safely managed visits. Schools should consider what reasonable adjustments they might 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, a parent or another volunteer might be needed to accompany a particular child.

2. Arrangements for taking any necessary medicines will also need to be taken into consideration.

3. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency. If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP.

4. Staff should follow points 5, 6 and 7 from above.

Roles and Responsibilities

Governors

The employer is responsible for making sure that staff have appropriate training to support children with medical needs. Employers should also ensure that there are appropriate systems for sharing information about children's medical needs in each school or setting for which they are responsible. Employers should satisfy themselves that training has given staff sufficient understanding, confidence and expertise and those arrangements are in place to up-date training on a regular basis. A health care professional should provide written confirmation of proficiency in any medical procedure.

Head Teacher

Day to day decisions will normally fall to the head or deputy head teacher in the absence of the Head teacher. Equally, there is a contractual duty on head teachers to ensure that their staff receives the training. As the manager of staff it is likely to be the head teacher who will agree when and how such training takes place.

Teaching and Support Staff

Staff with children with medical needs in their class or group should be informed about the nature of the condition, and when and where the children may need extra attention. The child's parents and health professionals should provide this information. All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for children, such as lunchtime supervisors. It is important that they are also provided with training and advice. Schools should ensure that they have sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties. Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should also be aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case.

Any head injury will be reported to parents via phone call as soon as possible. All injuries will be recorded in the accident/first aid folder- located in the office or class rooms.

Parent/Carer Responsibilities

Parents should be given the opportunity to provide the head with sufficient information about their child's medical needs if treatment or special care is needed. They should, jointly with the head, reach agreement on the school's role in supporting their child's medical needs, in accordance with the employer's policy. Ideally, the head should always seek parental agreement before passing on information about their child's health to other staff. The head teacher will share information regarding a child's health with other staff. Sharing information is important if staff and parents are to ensure the best care for a child. Some parents may have difficulty understanding or supporting their child's medical condition themselves. Local health services can often provide additional assistance in these circumstances.

Children with Complex or Long Term Medical Needs

It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school or a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family. Schools need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals.

This can include:

- Details of a child's condition
- Special requirement e.g. dietary needs, pre-activity precautions
- Any side effects of the medicines
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The role the staff can play

Storage of Medication

Staff should only store, supervise and administer medicine that has been prescribed/medicine prescribed with specific prior written permission from the parents for an individual child. Medicines should 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 and should be in the original container. A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in the original airtight container and clearly labelled.

Disposal of Medicines

Staff should 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 will be taken to a local pharmacy for safe disposal. Sharps 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 and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should 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.

School Emergency Procedures

All schools should have arrangements in place for dealing with emergency situations. All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available. Staff should avoid taking children to hospital in their own car; it is safer to call an

ambulance where possible. Individual health care plans should include instructions as to how to manage a child in an emergency and identify who has the responsibility in an emergency.

Intimate Care Policy - adopted November 2023, and as part of Health and Safety Policy

Personal Care Policy - Adopted February 2025

The provision of personal care is routine in early years but the need for personal care also occurs from time to time for children of school age. In our school, we work to ensure that every child has equal access to all experiences and will not exclude or treat a child less favourably because they have personal care needs.

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with, or exposure of, the genitals. Examples include, care associated with continence and menstrual management.

AIMS

The purpose of this policy is;

- to detail how we will provide intimate care for our very youngest children;
- to promote self-care and independence for all children;
- to ensure the balance between a child's physical requirements and their right to privacy is considered;
- to acknowledge the vulnerable position that staff are put in when attending to personal care needs;
- to ensure that children's dignity will be preserved and a high level of privacy, choice and control will be provided to them; and
- to ensure all pupils in our school are safeguarded.

RESPONSIBILITIES

The Governing Body is responsible for ensuring the implementation of this policy.

The Head Teacher:

- is responsible for implementing this policy;
- is responsible for ensuring that staff are aware of the content of this policy;
- is responsible for ensuring that all staff have safeguarding/child protection training and understand the potential welfare issues associated with intimate care.
- is responsible for reviewing this policy annually alongside the Senior Leadership Team.

PROCEDURES

Any child may experience the need for personal care at any time during their time in our school. Some of our EYFS children still require frequent intimate care. Any child requiring occasional or regular intimate care will be treated with respect. Their welfare and dignity is of paramount importance. No child will be attended to in a way that could cause them distress or pain.

Children who are still in nappies will:

- be attended to by staff who are known to the child and who care for them regularly
- be changed in a discrete, designated area using wipes, ointment and nappies provided by parents, in accordance with any specific guidance from parents
- have another member of staff within the vicinity when their nappy is being changed

Staff (in particular those in EYFS) will work closely with parents to provide support and guidance to help children move towards being toilet trained as soon as practicably and medically possible. In some cases, they may refer parents to external support systems including Health Visitors, School Nurses or the Occupational Therapy Service.

In general, if a child who is toilet trained wets or soils them self, they will:

- be consulted about who they wish to help them;
- be encouraged to carry out the personal care themselves;
- be offered verbal support as to what they should do;
- be supported by staff members only (NOT volunteers);
- be provided with a change of clothes;
- be provided with appropriate items to carry out the personal care and transport their soiled clothes home;
- be given sympathy and support to minimise upset; and
- be given as much privacy as possible.

The age and maturity of an individual child will have an impact on the amount of adult support required.

- Younger children will need more direct instruction and may, in some cases, require help actually carrying out the care tasks.
- If there is any need for physical contact between adult and child during the personal care process, another adult should be in close proximity. This should be done sensitively to maintain the privacy and dignity of the individual child.

Some children (those not still in nappies due to age) may have frequent cause for intimate care, usually due to a medical condition. These children should have an individual personal care plan drawn up for them. This will:

- be created in consultation with parents/carers;
- be created in consultation with the child
- detail the reasons for more regular intimate care; and
- detail the process that should be followed when a need for intimate care arises.

This policy supports and complements the school's Safeguarding policy to ensure the school takes all necessary steps to protect the welfare of all children in our care. A copy of this policy is included in our Safeguarding Portfolio which is held in the staff room, a hard copy is available on request from the school office and it can be viewed at any time through the school website. The head should make sure that all

parents and all staff are aware of the policy and procedures for dealing with medical needs. The head should also make sure that the appropriate systems for information sharing are followed. The policy should make it clear that parents should keep children at home when they are acutely unwell. The policy should also cover the approach to taking medicines at school or in a setting. Head teachers and governors of schools may want to ensure that the policy and procedures are compatible and consistent with any registered day care operated either by them or an external provider on school premises. For a child with medical needs, the head will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the head should seek advice from the school nurse or doctor, the child's GP or other medical advisers and, if appropriate, the employer. In early years settings advice is more likely to be provided by a health visitor.

Policy approved by:	The Full Governing Body
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