



# EBOR ACADEMY TRUST

Policy Number

11

## Statutory Supporting Pupils with Medical Needs Including Medicines in School

**Approved by:** Ebor Academy Trust Board of Trustees

**Approval Date:** November 2021

**Review Period:** Annually

**Review Date:** November 2022

**Author/Updated by:** Deborah Meiklejohn (SEND Lead)

**Date Created/updated:** October 2021

**Version Number:** 4

**CONTENTS:**

1. What is the purpose of this policy? .....	3
2. Who leads on this policy? .....	3
3. What is the definition of children with medical needs? .....	3
4. What will be the provision for children defined as Category 1? .....	3
5. What will be the provision for children defined as Category 2? .....	4
6. Asthma .....	4
7. What is the policy on the administration of medicines? .....	4
8. How do we know which children have medical needs? .....	4

### **1. What is the purpose of this policy?**

The purpose of this policy is to describe how schools within the Ebor Academy Trust will ensure that children with medical needs have access to a good quality and appropriate education during a prolonged absence from school.

### **2. Who leads on this policy?**

It is a requirement that each school has a named person who leads on the implementation of the policy for children with medical needs. This is usually the Head of School in conjunction with the school attendance manager and the SENDCO (the Special Educational Needs and Disabilities co-ordinator in school).

### **3. What is the definition of children with medical needs?**

This policy is directed at children who have serious illnesses which are likely to prevent attendance at school for long periods of time and may well involve repeated periods of absence. It is also likely that such children will also spend time in a hospital. In this policy this group of children are described as Category 1. However, the policy also describes what will happen when otherwise healthy children are absent for more than ten consecutive school days. In this policy this group of children are described as Category 2.

### **4. What will be the provision for children defined as Category 1?**

The attendance manager will maintain a list of children who are defined as falling into Category 1. In most cases a Medical Care Plan (MCP) will be written. Parents of children in Category 1 will be informed of this policy so that the MCP can be written at the earliest possible time in order to ensure that appropriate provision is made from the moment the absence begins. Initially, an MCP will be reviewed on a weekly basis, and then at longer intervals as appropriate. Each MCP will be different, because each child's circumstances will be different.

The following list describes some of the possible actions that could be included in a MCP. A MCP will always name a learning mentor who will be a contact person for the parents.

- a) If the child goes into hospital, the medical team at the hospital will contact the SENDCO and the medical team at the Local Authority to make arrangements for the appropriate work to be set. The school will provide copies of teachers' planning to indicate the curriculum that would have been provided if the child had been in school. If the child has special educational needs and also has an EHCP (Education Health Care Plan) or an MSP (My Support Plan), a copy of this will also be provided. It is then the responsibility of the Medical Team of the hospital and LA to ensure that the child's needs are met at a level appropriate to her/his medical condition.
- b) A child may have a long-term absence and be at home. If this absence is likely to exceed 15 days an application will be submitted to the Inclusion Team for possible home tuition.
- c) It is possible that an MCP might also include an element of part-time attendance at school.
- d) Where appropriate, ICT resources will be used to provide and share learning with the child; set by the class teacher.

## **5. What will be the provision for children defined as Category 2?**

If it becomes apparent that a child's absence due to illness is likely to exceed ten days, or has already exceeded ten days, the attendance manager and SENDCO should be informed. A decision on provision appropriate to a child's medical needs will then be made on an individual basis by the attendance manager or SENDCO. Parents may wish to have a meeting with the class teacher who can provide appropriate work.

## **6. Asthma**

### **What is the policy on asthma?**

Children who suffer with asthma need to be able to gain quick access to their inhalers (or spacers in the case of some younger children). We encourage children to be responsible for their own inhalers. However for younger children the class teacher will keep it in the classroom in designated and safe medical storage (First Aid Cupboard/box). Members of staff need to ensure that such devices and medicines are taken with them and available to children when taking the class out for PE, Forest Schools etc and on off-site visits.

For older children it is recognised good practice to have more than one inhaler in school. One can be kept in the designated and safe medical storage and one kept in a secure place in their bag in their locker.

Parents sign a form to acknowledge that an inhaler has been provided and must ensure the inhaler is clearly labelled with the child's name and class.

## **7. What is the policy on the administration of medicines?**

Please see Appendices A and B.

## **8. How do we know which children have medical needs?**

The school office will maintain a list.

## ADMINISTRATION OF EPIPENS & ANTI-HISTAMINE MEDICATION

### What is the purpose of this policy?

The purpose of this policy is to describe to parents, governors, directors, and staff the measures taken by schools to protect those children who may need to receive the administration of an Epipen. This policy only describes in outline the causes and symptoms of anaphylaxis. Staff receive detailed training on the administration of Epipens.

### What is anaphylaxis?

Anaphylaxis can be triggered by foods (nuts, shellfish, dairy products) or non-foods (wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis include; generalised flushing of the skin, rash (hives) anywhere on the body, a sense of impending doom, swelling of throat and mouth, difficulty in swallowing or speaking, alterations in heart rate, severe asthma, abdominal pain, nausea, vomiting, a sudden feeling of weakness, collapse and unconsciousness. In the event of an attack it is important to administer an Epipen as soon as possible and then call 999 for an ambulance.

### How do we know which children might need an Epipen?

Parents should inform the school office if their child may need to have an Epipen administered. At the beginning of each new school year (or when a new child joins the school), all information about anaphylaxis will be passed to the school office who will then ensure that this information is given to all those adults that have most frequent contact with individual children. All children with an Epipen should have a Medical Care Plan in place that is reviewed every full term by a senior member of staff in school ie, Head of School, Deputy Head, SENDCO.

### Where are Epipens Stored?

Parents of children who need an Epipen should supply the school with one that we will stored securely, in the classroom medical box/cupboard.

Each Epipen is stored in a plastic wallet that also contains the name of the child, her/his photograph, and a copy of the child's individual MCP.

Parents of children in secondary schools should advise the school office that their child carries an epipen and ensures the child carries it with them at all times. It should be clearly marked with their name. If possible a second Epipen should be left in the school office.

**Please note:** *Epipens and Inhalers have an expiry date and it is the responsibility of parents to ensure the ones kept in school are always in date and replenished when needed.*

## MEDICINES IN SCHOOL POLICY

The administration of medicines in school must remain the responsibility of the child's parents but academy staff are willing to help with the supervision of certain medicines. We cannot take responsibility for giving medicines which are for the treatment of serious conditions unless a medical health care plan is in place.

Most medicine can and should be administered at home. Whenever a medicine is requested to be administered in school it is important that parents and carers complete the appropriate documentation.

### 1) **Statement of Values:**

We are often asked to assist parents/carers by administering medicines to children. This arises when:

- a) A child has a long-term illness (such as asthma, diabetes or epilepsy) which is controlled by regular medication.
- b) A child is recovering from a short-term illness and is receiving a course of medicine (such as antibiotics).

### 2) **Procedures**

We understand that it may be difficult for parents to come in to school to give a child medicine and we want to do as much as possible to help. We do, however, need to guard against problems which can arise when staff administer medicines on behalf of a parent and we must, therefore, establish clear guidance for this.

We must consider the following points:

- a) It is often not necessary for a child to receive medicine during school time – where, for example, the medicine needs to be taken 3 times a day it is often appropriate for it to be given in the morning, at teatime and at bedtime.
- b) Where the medicine does need to be taken in school-time (e.g. at lunchtime) we must ensure that this is done properly, with the correct dose etc.
- c) For the protection of other children, we must ensure that medicines to be administered at school are kept safely and securely.
- d) It must be accepted that a member of staff may, because of the many other things happening in school or class, forget to give the medicine and the consequences of this should be considered.

### 3) **Guidance**

We would, therefore, propose that the following guidance is applied.

- a) Wherever possible, medicines should be administered at home rather than at school. If the directions are three times per day please ensure this is before school, after school and at bedtime, therefore eliminating the need to bring medicines into school.
- b) Staff will only be able to administer medicines where the consequences of a dose being missed will not be serious; where a missed dose may lead to serious consequences we must ask parents/carers to take responsibility for administration.
- c) Before medicines can be administered at school, parents/carers should complete a form giving permission for a member of staff to administer the medicine, clarifying when and how it should be given and stating their understanding that the Academy and its staff cannot be held legally responsible if, for some reason, the medicine is not administered.
- d) Medicines to be kept at school should be sent in the smallest practicable amounts and should be looked after by a member of staff, not the child (except in the case of inhalers – see below).
- e) Medicines must be clearly labelled with child's name, name of the medicine and dosage.

### 4) **Inhalers**

- a) If parents feel their child is responsible enough to look after their own inhaler it is important that they still contact the school to complete the form so the school is aware your child has an inhaler.
- b) The inhaler should be clearly labelled with your child's name and class/form group.

### 5) **Responsibility**

It is important that parents and carers, along with school, stress the importance to children of NOT handling or taking another person's medicine at all times in school.

**Please Note:** *Directors/Trustees of the Ebor Academy Trust have overall responsibility for this policy, however where applicable responsibility is delegated to the individual schools Local Governing Body.*