

# Federation of St Charles and St Mary's Catholic Primary Schools



**St Charles Catholic Primary School**  
*Love God, Love Thy Neighbour*



**St Mary's Catholic Primary School**  
*Learning together in Faith and Love*

## Supporting Children In/Out Of School with Medical Conditions

**Reviewed by the School Nurse – January 2023**

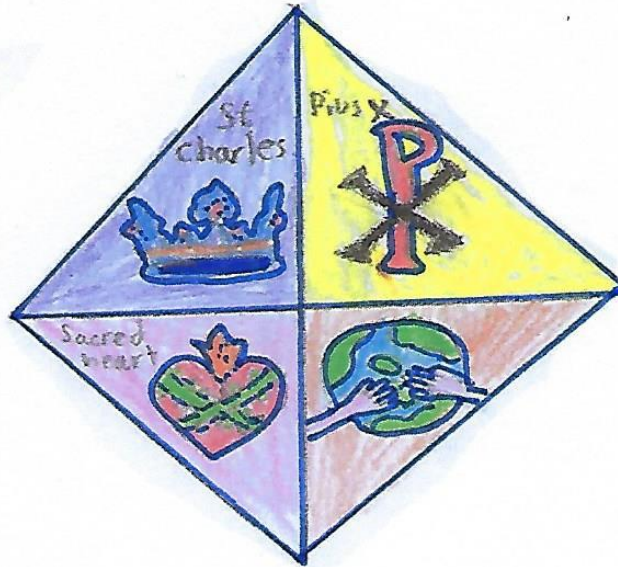
**Date policy adopted by the Governing Body: Spring 2023**

**Date policy to be reviewed: Spring 2024**

St Charles Catholic Primary school

# Our Mission Statement

✠ *Love God, Love your Neighbour* ✠



*(Design by Claudia 5A - 2020)*

*Through God's love, and with guidance from the Holy Spirit, we, the Community of St Charles, share our Catholic faith together. We seek to nurture in our children an understanding of the importance of Christian values and a deep love and lifelong commitment to God.*

*We value the unique strengths and gifts of the children entrusted to us and strive to provide an excellent education, so that through our teaching the children may realise their full potential.*

*In partnership with our families, Governors and Parish, and inspired by our faith, we support the children of St Charles. We encourage them to shine, to have pride in their achievements, to show concern for others and contribute to society as responsible citizens.*

## **Our Aims**

- *To appreciate that we are all uniquely created and loved by God.*
- *To deepen each child's understanding of the Catholic faith.*
- *To nurture in the children an understanding of Christian values and how these help shape our lives and the lives of others.*
- *To understand the importance of forgiveness and reconciliation.*
- *To work in partnership with parents and Parish to create a Christian atmosphere enriched through prayer.*
- *To provide an excellent education so children learn and achieve their potential.*
- *To respect and care for one another in a happy, welcoming and nurturing community.*
- *To ensure children care and respect others, develop an understanding of the world and contribute to society as responsible citizens.*

## **AIMS**

The Staff and Governors of St Charles and St Mary's Schools understand that they have a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enroll in the future.

Both Schools aim to provide *all* children with *all* medical conditions the same opportunities as others at school. We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being.

Pupils with medical conditions are encouraged to take control of their condition. Pupils feel confident in the support they receive from the school to help them do this.

We aim to include all pupils with medical conditions in all school activities.

We want parents/carers of pupils with medical conditions to feel secure in the care their children receive at this school.

We ensure all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency. They are aware of the School's Evacuation and School Lockdown Policy.

We understand that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

All staff understand the common medical conditions that affect children at St Charles School. Staff receive training on the impact this can have on pupils such as Epi-pen training.

This medical conditions policy is understood and supported by the whole school and local health community.

## **PROCEDURE**

The SENCO in conjunction with the Head of School is accountable for ensuring that whenever the school is notified that a pupil has a medical condition:

- sufficient staff are suitably trained
- all relevant staff are made aware of a child's condition
- cover arrangements in case of staff absence/turnover is always available
- supply teachers are briefed
- risk assessments for visits and activities out of the normal timetable are carried out
- individual healthcare plans are monitored (at least annually)
- transitional arrangements between schools are carried out

- if a child's needs change; the above measures are adjusted accordingly Where children are joining St Mary's Catholic Primary at the start of a new academic year, these arrangements should be in place for the start of term.

Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

Any pupil with a medical condition requiring medication or support in school should have an individual healthcare plan, which details the support that child needs. If the parents, healthcare professional and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be kept in the school's medical record and the child's individual record.

## **CONSULTATION WITH KEY STAKEHOLDERS**

St Charles has consulted on the development of this medical condition policy with a wide-range of key stakeholders within both the school and health settings. These key stakeholders include:

- pupils with medical conditions
- school nurse
- head teacher
- teachers
- special educational needs coordinator
- pastoral care/welfare officer
- members of staff trained in first aid
- all other school staff
- school governors.

## **COMMUNICATING WITH STAFF, PARENTS AND KEY STAKEHOLDERS**

Pupils are informed and regularly reminded about the medical conditions policy:

- through the school's Student Council Body
- in Religious Education (RE) and personal, social and health education (PSHE) classes
- through school-wide communication about results of the monitoring and evaluation of the policy.

Parents are informed and regularly reminded about the medical conditions policy:

- at the start of the school year when communication is sent out about Healthcare Plans and medical arrangements.
- in the school newsletter at several intervals in the school year
- when their child is enrolled as a new pupil
- via the school's website, where it is available all year round

School staff are informed and regularly reminded about the medical conditions policy:

- through copies available in the Staffroom and on the Website.
- at scheduled medical conditions training
- all supply and temporary staff are informed of the policy and their responsibilities. They are asked to study photographs of pupils with allergies displayed in each classroom.

### **Photographs of children with allergies**

A photograph of children with allergies is displayed in the staffroom and also in their classroom where staff and children can see. Supply teachers are asked to familiarise themselves with these children when they sign in at the start of the day. These photographs are also displayed in the kitchen, next to the serving hatch, to help the kitchen staff to identify the children as they serve.

A photograph of children with epi-pens is displayed next to the first-aid posts in the kitchen and outside the staffroom.

## **TRAINING**

All staff are aware of the most common serious medical conditions at this school. Staff understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.

All staff who work with groups of pupils at St Charles and St Mary's receive training and know what to do in an emergency for the pupils in their care with medical conditions.

Training is refreshed for all staff at least once a year.

We use Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help.

Both Schools have procedures in place so that a copy of the pupil's Healthcare Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.

## **GENERAL EMERGENCY PROCEDURES**

All staff know what action to take in the event of a medical emergency. This includes:

- how to contact emergency services and what information to give
- who to contact within the school.

If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows. A child with a head Injury will be accompanied by two members of staff.

## **ADMINISTERING MEDICATION IN SCHOOL**

### **Administration – emergency medication**

All pupils with medical conditions have **easy access to their emergency medication (In the classroom and/or the Dining Hall).**

Pupils who do not carry and administer their own emergency medication understand the arrangements for a member of staff (usually a first aider) to assist in helping them take their medication safely.

### **Administration – general**

All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under the supervision of a named member of staff.

We understand the importance of medication being taken as prescribed.

All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so.

Many other members of staff, if they are happy to do so, may take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written consent of the pupil's parent.

All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.

Parents should understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.

If a pupil refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.

All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed. This is done via the School's Risk Assessment form.

If a trained member of staff, who is usually responsible for administering medication, is not available the School makes alternative arrangements to provide the service.

If a pupil misuses medication, either their own or another pupil's, their parents are informed as soon as possible. These pupils are subject to the school's usual disciplinary procedures.

## **STORING MEDICATION AT SCHOOL**

### **Safe storage – emergency medication**

Emergency medication is readily available to pupils who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug it will be kept in a secure in the Main Office.

Most pupils at St Charles carry their emergency medication on them at all times. Pupils keep their own emergency medication securely.

Pupils are reminded to carry their emergency medication with them.

Pupils, whose healthcare professionals and parents advise the school that their child is not yet able or old enough to self manage and carry their own emergency medication, know exactly where to access their emergency medication.

### **Safe storage – non-emergency medication**

All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Pupils with medical conditions know where their medication is stored and how to access it.

Staff ensure that medication is only accessible to those for whom it is prescribed.

### **Safe storage – general**

All controlled drugs are kept in a refrigerator in the Main Office and only named staff have access, even if pupils normally administer the medication themselves.

Three times a year the identified member of staff checks the expiry dates for all medication stored at school.

The identified member of staff, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labeled with the pupil's name, the name and dose of the medication and the frequency of dose. This includes all medication that pupils carry themselves.

All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.

Medication is stored in accordance with instructions, paying particular note to temperature.

Some medication for pupils at St Charles may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in the Main Office, inaccessible to unsupervised pupils.

All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays.

It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

## **Inhalers and Epi-Pens**

Individual inhalers and Epi-Pens are stored in children's classrooms and in the Dining Hall for easy access. In the case of allergies, the photo of each child with allergens is displayed in the classroom, the staffroom and in the kitchen for catering staff's reference.

## **Safe disposal**

Parents are asked to collect out-of-date medication.

If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

A named member of staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year.

Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or pediatrician on prescription. All sharps boxes in this school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.

If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent.

Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

## **RECORD KEEPING**

### **Enrolment forms**

Parents are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year. Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.



## **HEALTHCARE PLANS**

### **Drawing up Healthcare Plans**

We use a Healthcare Plan, where appropriate, to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Healthcare Plan if required.

A Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long-term medical condition. This is sent:

- at the start of the school year
- at enrolment
- when a diagnosis is first communicated to the school.

If a pupil has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the pupil's parents to complete.

The parents, healthcare professional and pupil with a medical condition, are asked to fill out the pupil's Healthcare Plan together. Parents then return these completed forms to the school.

The School ensures that a relevant member of school staff is also present, if required to help draw up a Healthcare Plan for pupils with complex healthcare or educational needs.

### **School Healthcare Plan register**

Healthcare Plans are used to create a centralised register of pupils with medical needs. An identified member of staff has responsibility for the register at this school.

The responsible member of staff follows up with the parents any further details on a pupil's Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

### **Ongoing communication and review of Healthcare Plans**

Parents are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.

Staff use opportunities such as teacher–parent interviews and home–school diaries to check that information held by the school on a pupil's condition is accurate and up to date. Every pupil with a Healthcare Plan at this school has their plan discussed and reviewed at least once a year.

### **Storage and access to Healthcare Plans**

Parents and pupils at this school are provided with a copy of the pupil's current agreed Healthcare Plan.

Healthcare Plans are kept in a secure central location at school.

Apart from the central copy, specified members of staff (agreed by the pupil and parents) securely hold copies of pupils' Healthcare Plans. These copies are updated at the same time as the central copy.

All members of staff who work with groups of pupils have access to the Healthcare Plans of pupils in their care.

When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of pupils in their care.

The School ensures that all staff protect pupil confidentiality.

The school seeks permission from parents to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Healthcare Plan.

The school seeks permission from the pupil and parents before sharing any medical information with any other party, such as when a pupil takes part in a work experience placement.

### **Use of Healthcare Plans**

Healthcare Plans are used by the school to:

- inform the appropriate staff and supply teachers about the individual needs of a pupil with a medical condition in their care
- remind pupils with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
- identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers
- ensure that all medication stored at school is within the expiry date
- ensure this school's local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency
- remind parents of pupils with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

### **Other record keeping**

The school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible.

## **CONSENT TO ADMINISTER MEDICINES**

If a pupil requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Healthcare Plan giving the pupil or staff permission to administer medication on a regular/daily basis, if required. A separate form is sent to parents for pupils taking short courses of medication.

All parents of pupils with a medical condition who may require medication in an emergency are asked to provide consent on the Healthcare Plan for staff to administer medication.

If a pupil requires regular/daily help in administering their medication, then the school outlines the school's agreement to administer this medication on the pupil's Healthcare Plan. The school and parents keep a copy of this agreement.

Parents of pupils with medical conditions at this school are all asked at the start of the school year on the Healthcare Plan if they and their child's healthcare professional believe the child is able to manage, carry and administer their own emergency medication.

## **RESIDENCIAL VISITS**

Parents are sent a medical form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours.

All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours' activities where medication is required. These are accompanied by a copy of the pupil's Healthcare Plan.

All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.

Risk assessments are carried out by this school prior to any out-of-school visit and medical conditions are considered during this process. Factors this school considers include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

We understand that there may be additional medication, equipment or other factors to consider when planning residential visits. This school considers additional medication and facilities that are normally available at school.

The residential visit form also details what medication and what does the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away.

## **AN INCLUSIVE ENVIRONMENT**

### **Physical environment**

St Charles and St Mary's are committed to providing a physical environment that is accessible to pupils with medical conditions.

Pupils with medical conditions are included in the consultation process to ensure the physical environment at this school is accessible.

This school's commitment to an accessible physical environment includes out-of-school visits. Both schools recognise that this sometimes means changing activities or locations.

### **Social interactions**

We ensure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.

We ensure the needs of pupils with medical conditions are adequately considered to ensure they have full access to extended school activities such as breakfast club, school productions, after school clubs and residential visits.

All staff at both schools are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.

Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

### **Exercise and physical activity**

Both schools understand the importance of all pupils taking part in sports, games and activities.

Both Schools ensure all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.

Both schools ensure all classroom teachers, PE teachers and sports coaches understand that pupils should not be forced to take part in an activity if they feel unwell.

Teachers and sports coaches are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities.

Both Schools ensure all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to

minimize these triggers.

Both schools ensure all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.

Both Schools ensure all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

## **Education and learning**

We ensure that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.

If a pupil is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers at this school understand that this may be due to their medical condition.

Teachers at both schools are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school's SEN coordinator consults the pupil, parents and the pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is properly considered.

We ensure that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.

## **AN AWARENESS OF COMMON TRIGGERS**

We are committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.

We use Healthcare Plans to identify individual pupils who are sensitive to particular triggers. The school has a detailed action plan to ensure these individual pupils remain safe during all lessons and activities throughout the school day.

Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, including work experience placements and residential visits, taking into account the needs of pupils with medical conditions.

We review medical emergencies and incidents to see how they could have been avoided. Appropriate changes to this school's policy and procedures are implemented after each review.

## **RESPONSIBILITIES**

St Charles and St Mary's work in partnership with all interested and relevant parties including the school's governing body, all school staff, parents, employers, community healthcare professionals and pupils to ensure the policy is planned, implemented and

maintained successfully.

The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly.

## **Governors**

- ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips
- ensure health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions
- make sure the medical conditions policy is effectively monitored and evaluated and regularly updated
- provide indemnity for staff who volunteer to administer medication to pupils with medical conditions.

## **Executive Head/Head of Schools**

- ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- liaise between interested parties including pupils, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents, governors, the school health service, the local authority transport service, and local emergency care services
- ensure the policy is put into action, with good communication of the policy to all
- ensure every aspect of the policy is maintained
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils' Healthcare Plans
- ensure pupil confidentiality
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply teachers and new staff know the medical conditions policy
- delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register
- monitor and review the policy at least once a year, with input from pupils, parents, staff and external stakeholders
- update the policy at least once a year according to review recommendations and recent local and national guidance and legislation
- report back to all key stakeholders about implementation of the medical conditions policy.

## **All school staff**

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- understand the school's medical conditions policy
- know which pupils in their care have a medical condition and be familiar with the content of the pupil's Healthcare Plan

- allow all pupils to have immediate access to their emergency medication
- maintain effective communication with parents including informing them if their child has been unwell at school
- ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom
- be aware of pupils with medical conditions who may be experiencing bullying or need extra social support
- understand the common medical conditions and the impact it can have on pupils (pupils should not be forced to take part in any activity if they feel unwell)
- ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

### **Teaching staff**

- ensure pupils who have been unwell catch up on missed school work
- be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it
- liaise with parents, the pupil's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
- use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

### **School nurse or school healthcare professional**

- help update the school's medical conditions policy
- help provide regular training for school staff in managing the most common medical conditions at school
- provide information about where the school can access other specialist training.

### **First aider**

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school
- when necessary ensure that an ambulance or other professional medical help is called.

### **Special educational needs coordinators**

- help update the school's medical condition policy
- know which pupils have a medical condition and which have special educational needs because of their condition
- ensure pupils who have been unwell catch up on missed schoolwork
- ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or course work.

## **Local doctors and specialist healthcare professionals**

- complete the pupil's Healthcare Plans provided by parents
- where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours
- offer every child or young person (and their parents) a written care/self-management plan to ensure children and young people know how to self-manage their condition
- ensure the child or young person knows how to take their medication effectively
- ensure children and young people have regular reviews of their condition and their medication
- provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents)
- understand and provide input in to the school's medical conditions policy.

## **Emergency care services**

- have an agreed system for receiving information held by the school about children and young people's medical conditions, to ensure best possible care
- understand and provide input in to the school's medical conditions policy.

## **Pupils**

- treat other pupils with and without a medical condition equally
- tell their parents, teacher or nearest staff member when they are not feeling well
- let a member of staff know if another pupil is feeling unwell
- let any pupil take their medication when they need it, and ensure a member of staff is called
- treat all medication with respect
- know how to gain access to their medication in an emergency
- if mature and old enough, know how to take their own medication and to take it when they need it
- ensure a member of staff is called in an emergency situation.

## **Parents/Carers**

- tell the school if their child has a medical condition
- ensure the school has a complete and up-to-date Healthcare Plan for their child
- inform the school about the medication their child requires during school hours
- inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- tell the school about any changes to their child's medication, what they take, when, and how much
- inform the school of any changes to their child's condition
- ensure their child's medication and medical devices are labelled with their child's full



name

- provide the school with appropriate spare medication labelled with their child's name
- ensure that their child's medication is within expiry dates
- keep their child at home if they are not well enough to attend school
- ensure their child catches up on any school work they have missed
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

### **If your child cannot attend school due to a medical condition**

If your child cannot attend because of illness or injury, we will work closely with the local council to provide support to make sure your child's education does not suffer.

#### **The school's role**

The school will:

- let the local council know if your child is likely to be away from school for more than 15 school days
- give the local council information about your child's needs, capabilities and the programme of work
- help them reintegrate at school when they return
- make sure they're kept informed about school events and clubs
- encourage them to stay in contact with other pupils, for example through visits or videos

#### **The local council's role**

If your child's going to be away for a long time, the local council will make sure they get as normal an education as possible.

This could include arranging:

- home teaching
- a hospital school or teaching service
- a combination of home and hospital teaching

The local council must make sure your child continues to get a full time education - unless part time is better for their health needs.

The local council should also:

- have a senior officer in charge of the arrangements and a written policy explaining how they'll meet their responsibilities
- make sure your child is not without access to education for more than 15 school days
- arrange education from the start of your child's absence if it's clear they're going to

be away from school for long and recurring periods

## **Virtual Home Learning**

If children are unable to attend School for a short period of time due to an illness or medical condition but are still able to complete work, (such as isolating from Covid), then the School will provide appropriate home learning activities via the Google Virtual Platform.

## **NOTES**

The school does not have to accept a child identified as having a medical condition at times when it would be detrimental to the health of that child or others to do so.

The following practice is considered **not acceptable**:

- preventing children from easily accessing their medication and administering it when and where necessary
- assuming children with the same condition require the same treatment
- ignoring the views of the child, their parents; ignoring medical advice or opinion
- sending children with medical conditions home frequently or prevent them from staying for normal school activities (unless specified in IHP)
- penalising children for their attendance record if their absences are related to their medical condition that is recognized under this policy
- preventing children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively • to require parents to attend school to administer medication or provide medical support to their child, including toileting issues (no parent should have to give up working because the school is failing to support their child's medical needs)
- preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips (such as requiring parents to accompany the child)

## **COMPLAINTS**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

## **Lifting and Handling Children**

### **PREVENTING INJURIES**

Together with other health and safety issues the most effective method of prevention is to eliminate the hazard – in this case to remove the need to carry out hazardous manual handling. Where manual-handling tasks cannot be avoided, they must be assessed as part of a risk assessment. This involves examining the tasks and deciding what the risks associated with them are, and how these can be removed or reduced by adding control measures.

#### **Carrying children**

While carrying and/ or picking up children practitioners **MUST NOT** lift them by one arm. This can cause a significant injury to children, such as pulling their arm out of socket. To eliminate significant harm and injury to children practitioners must pick up or hold them in the correct way by cupping children under the arm.

If the child is old enough, ask them to move to a position that is easy to pick up and ask them to hold onto you as this will support you and the child when lifting:

- Do not place the child on your hip; carry them directly in front of you in order to balance their weight equally.
- Wherever possible, avoid carrying the child a long distance.
- Where a child is young and is unable to hold onto you, ensure you support them fully within your arms and/ or close to your body.
- Avoid carrying anything else when carrying a child.
- If a child is struggling or fidgeting whilst you are carrying them, stop, place them back down and use reassuring words to calm the child before continuing.
- Pregnant staff members will be subject to their own risk assessment.
- Students are prohibited from carrying children.

### **POSITION**

Stand in front of the child with your feet apart and your leading leg forward. Your weight should be even over both feet. Do not twist your body prior to lifting the child.

### **LIFTING**

- Always lift using the correct posture.
- Bend your knees slowly, keeping your back straight.
- Position hands one under each of the child's armpit.
- Support the child's head if necessary.
- Lean slightly forward if necessary.
- Keep your shoulders level, without twisting or turning from the hips.
- Support the weight appropriately using both hands.
- Bring the child to waist height, keeping the lift as smooth as possible.
- Move your feet, keeping the child close to your body.
- Proceed carefully, making sure that you can see where you are going.
- Lower the child by reversing the procedure for lifting.
- Avoid crushing fingers or toes as you put the child down.

- Make sure that the child is rested on a stable base and ensure their safety.

### **ASSISTING A CHILD WALKING (MANOEUVRING) IF NEEDED**

Hold a child's hand with your hand. If the child is independent to walk unassisted walk and/ or manoeuvre slowly showing the child, the direction (age/stage appropriate). If a child is learning to walk and can take a few steps and are able to control and balance their own body weight- hold both hands with yours and very slowly lead and support the child.

### **THE ENVIRONMENT**

Ensure that the surroundings are safe. Flooring should be even and not slippery, lighting should be adequate, and the temperature and humidity should be suitable remove obstructions and ensure that the correct equipment is available.