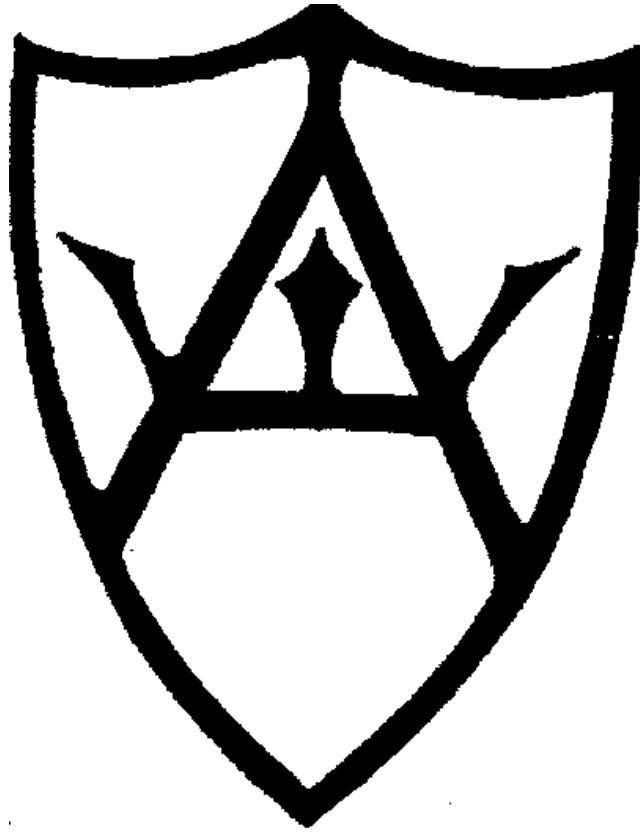


Alfriston School



Supporting Children with Medical Conditions

Approved by Governors: September 2015

This policy should be read in conjunction with the Health and Safety policy, Administration of Medicines policy and Health and Safety policy.

Definition

Pupils' medical needs may be broadly summarised as being of two types:

- a) Short-term: affecting their participation in school activities while they are on a course of medication or recovering from an injury or operation
- b) Long-term: potentially limiting their access to education and requiring extra care and support. This is deemed **special medical needs**.

Rationale

Schools have a responsibility for the Health and Safety of pupils in their care. The Health and Safety at Work act 1974 makes employers responsible for the health and safety of employees and anyone else on their premises. In the case of pupils with special medical needs, the responsibility for the employer is to make sure that the safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that the relevant staff know, and are if necessary trained to provide any additional support these pupils may need.

From September 2014, the Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school in medical grounds alone.

However, teachers and other school staff in charge of pupils have a common law duty to act *in loco parentis* and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health rests with the parent who is responsible for the child's medication and who should supply the school with information.

The school has a Medicines policy, which should be read in conjunction with this policy.

The school has a school nurse, who is able to advise the school as required or direct the school to other relevant agencies.

Aims:

The school aims to:

- Assist parents in providing medical care for their children
- Educate staff and children in respect of special medical needs
- Adopt and implement advice from the Local Authority
- Arrange training for staff to support individual pupils
- Ensure access to full education if possible
- Monitor and keep appropriate records

Entitlement:

- The school accepts that pupils with medical conditions should be assisted if at all possible and they have the right to the full education available to other pupils.
- The school believes that pupils with medical needs should be enabled to have full attendance and receive proper care and support.
- The school accepts that all employees have rights in relation to supporting pupils with medical needs. They can choose whether or not they are prepared to be involved. If they are involved, they must receive appropriate training, work to clear guidelines, raise any concerns that they might have about legal liability and bring to the attention of management any concern or matter relating to supporting any pupils with medical needs.

Expectations

It is expected that:

- Parents will cooperate in training children to self-administer of this is practicable and that members of staff will only be asked to be involved if there is no alternative
- Medicine to be dispensed at school must abide by the conditions laid out in the medicines policy any request for supervision of or giving medication will be considered separately
- The school will seek support and advice from relevant practitioners where necessary and where in the interests of the pupil

Monitoring and evaluation of this policy

This policy was drawn up in August 2014 and approved by Governors in September 2014. It will be reviewed in September 2015 in order to address any issues arising from the first year of the policy and then after will be reviewed every two years.