

[Revised and Adopted Spring 2017]

### Supporting Children with Medical Needs / Conditions

This policy is based on guidelines from the DFE publication Section 100 'Children's and Families Act 2014' and Supporting pupils at school with medical conditions/April 2014

Aims;

- The aim of the policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. Staff play an active role making sure that no child should be penalised as a result of having complex and long term medical conditions.
- Most children will at some time have a medical condition that may affect their participation in school activities. For many this will be short-term; perhaps finishing a course of medicine. Please see our short term/ acute illness and emergency Care Policy for further information on strategies to support these pupils.
- Pupils, Parents, School staff, Governors, Lincolnshire Local Authority (LCC) and Health professionals' work together to ensure as far as possible that children with medical conditions receive a full education. All children should have the same opportunities at school.
- Medical conditions can impact on school life and reasonable adjustments are made accordingly. In some severe cases, for example, programmes of study rely on part time attendance at school in combination with alternative provision arranged by the LA. The schools governing body ensures that arrangements are in place to support pupils at school with medical conditions. Transition back into school if this occurs is also monitored carefully .
- Children and young people with medical conditions are entitled to a full education and have the same rights of admission to Cranwell Primary School as other children. This means that no child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the Governing Body will ensure that children's health is not put at unnecessary risk from, for example infectious diseases. They, therefore, do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.
- Some children with medical conditions may be disabled. Where this is the case, governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a Statement ,or Education Health Care plan which brings together health and social care needs, as well their SEN provision.

#### **1. Individual healthcare plans (IHCP)**

Individual healthcare plans are used to ensure that pupils are supported effectively with medical conditions. However, not all children will require one. The school, healthcare professional and parent will agree on this decision. This is important because different children with the same health condition may require very different support. The IHCP is formulated in conjunction with parents, health care professionals and whenever possible the pupil. The aim is to capture the steps that school take to help the child manage their condition and overcome any potential barriers to getting the most from their education. The IHCP are easily accessible to all, while preserving confidentiality. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans are to be easily accessible, given also to teaching staff and placed in key areas of the school to ensure of clarity. They are to be reviewed Annually by the SENCO/SENTA

#### **2. Roles and Responsibilities**

- Pupils and parents should always be fully involved with drawing up IHCP. Parents/Carers have prime responsibility for their children's health and should provide the school with information about any medical condition. Pupils, who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be discussed with parents. If pupils refuse to take the necessary medication, this should be notified to parents and included in the IHCP if applicable.
- Governing body – they are responsible for policy implementation. They are to make sure that the policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on the responsibility of administering medicine.
- Senior Management team/SENCO to be responsible for ensuring that sufficient staff are suitably trained for dealing with some medical conditions. Furthermore, all staff should be made aware of any child with significant medical needs.

- Head teacher/SENCO to assess policy termly. They should make sure that staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing team in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- SMT/SENCO to arrange cover arrangements of staff absence , ensuring someone is always available to give medication.
- SENCO/Class Teachers to prepare risk assessments for school trips and other school activities
- SENCO/SENTA to monitor and review Individual healthcare plans
- Class Teachers to share information with Supply teachers so that they are aware of pupils with medical needs.
- School staff – will receive staff training where applicable to aid with the administration of medication. Any member of school staff may be asked to provide support to children with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they must take into account the needs of children with medical conditions that they teach.
- G.P's/ School nurses team/ Community nursing teams- will notify the school when a child has been identified as having a medical condition. They can also be called upon for relevant advice. Paediatricians may give further advice regarding specific dosage of medication. If this is seen , it should be added to the IHCP.
- Local Authority- should provide support ,advice and guidance to ensure that the support specified within the IHCP can be delivered effectively. They should work with schools to support pupils with medical conditions to attend full time. They should make further arrangements when it is clear that a child will be away from school for 15 days or more because of health needs.(whether consecutive or cumulative across the school year.)
- Providers of health services- to liaise with parents and schools accordingly.
- Clinical Commissioning groups(CCG's)- eg- specialist nurses. They should ensure that commissioning is responsive to the child's needs and that health services are able to co-operate with schools supporting children with medical conditions.
- OFSTED- Their inspection framework places a clear emphasis on meeting the needs of disabled children and children with SEN, and considering the quality of teaching and the progress made by these children. Inspectors are already briefed to consider the needs of children with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met.
- Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively

### 3. Procedure to follow when notification is received that a pupil has a medical condition;

- Parent or healthcare professional informs school that the child has been newly diagnosed ,or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed.
- Head teacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil.
- Meeting to discuss and agree for IHCP to include key school staff, child parent/parents, relevant healthcare professional and other medical /health clinician as appropriate (Or to consider written evidence provided by them )
- Develop IHCP in partnership – agree who leads on writing it, from input from healthcare professional must be provided .
- School staff training needs identified.
- Healthcare professional commissions/ delivers training and staff signed off as competent –review date agreed.
- IHCP implemented and circulated to all relevant staff.
- IHCP reviewed annually or when condition changes . Parent or healthcare professional to initiate.

### 4 .Staff Training

- Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. The school nurse can provide confirmation of the proficiency of staff in a medical procedure or in providing medication.
- SENCO will arrange staff training from specific health care teams and this will be reviewed annually or in a shorter space of time, depending on the medical condition.
- Any member of school staff should receive suitable training to support children with medical conditions. The school will liaise with the healthcare teams to receive training as and when required.
- Training is given on an individual child basis, by the local health authority (usually the school nurse) for administering medicines such as insulin, rectal diazepam and Epi pens.
- Agreeing to administer intimate or invasive treatment is entirely up to each individual member of staff. No pressure is put on staff to assist in treatment.

- Two adults should be present for the administration of intimate or invasive treatment, unless there are exceptional circumstances

#### **5. Managing medicines on school premises**

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child in school should be given prescription or non-prescription medicines without their parent's written consent.
- Any medicine containing aspirin will not be given.
- Where clinically possible, medicines should be taken at dose intervals which enable them to be taken outside school hours.
- Medicines must be handed over to the office in a named container.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- All medicines will be stored safely in the First Aid Lockers, unless specific medical conditions dictate otherwise. Children should not have them in their classrooms. Pupils should know where their medicine is and who has a locked key, if appropriate. Asthma inhalers should always be at the ready for pupils.
- Controlled Drugs - Controlled drugs will be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school. School staff will administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted.
- Unused drugs should be given back to the parent. If needles are used, a sharp box is needed for disposal. Non-Prescription Medication
- The school will not generally give non-prescribed medication to children unless appropriate – **please see general medical policy**

#### **6. Record keeping –**

- Governing bodies should ensure that written records are kept of all medicines administered to children. Two members of staff are always to be present if having to give medication. This offers protection to staff and children and provides evidence that agreed procedures have been followed
- Emergency procedures- The IHCP should stipulate any emergency procedures for that child .If a child has to go to hospital, a member of staff stays with the child until a parent arrives or accompany a child taken to hospital.
- Day trips/ residential visits/ sporting activities  
All staff make arrangements for the inclusion of pupils within these activities with any adjustments required, unless evidence from a clinician such as a GP states that this is not possible. Relevant medicines and IHCP must accompany the pupil on a school trip.

#### **7. Other issues for consideration:**

- Home to school transport – Local Authority may liaise with parents of pupils with medical needs
- Asthma inhalers. School does keep these in an easily accessible place. The department of health is currently producing a protocol which will provide further information.
- School will **NOT** ;  
Prevent pupils accessing inhalers  
Assume that all pupils require the same dose medication.  
Ignore the views of the parent and child.  
Send children with medical conditions home frequently unless it is specified in their IHCP.  
Penalise attendance if absences are related to hospital visits.

Prevent pupils having breaks or drinks in need to manage their medical condition.  
Require parents to administer medication and miss work if their child has medical needs.  
Prevent children from participating in any aspect of school life , including school trips, by requiring parents to accompany them on a school trip.

**8. Liability and Indemnity** – The school has appropriate Insurance arrangements which cover staff providing support to pupils with medical conditions.

**9. Complaints-**

Should parents/carers or children be dissatisfied with the support provided they should discuss their concerns directly with the school.

If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Ultimately, parents/carers (and children) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.