

Policy for Children with Medical Needs.

CAUSEWAY GREEN PRIMARY SCHOOL



Supporting Children with Medical Needs Policy 2019

Governors Approved:

Chair of Governors:

Review date: March 2020

Policy for Children with Medical Needs.

Aims

- To enable the school to make quality provision for pupils on role who have medical conditions so that they have full access to education, including school trips and physical education and can access and enjoy the same opportunities at school as any other child as set out in section 100 of the Children and Families Act 2014 and the DfE document: Supporting Pupils in Schools with Medical Conditions September 2014
- To list procedures to ensure that the medical needs of pupils at Causeway Green are met
- To ensure the school complies with the Equality Act 2010 and the SEN Code of Practice where a child's medical condition is linked to a Special Educational Need

Objectives

- Pupils with medical needs will be integrated as fully as possible into full-time mainstream education
- Pupils and parents will know the named person who has responsibility for ensuring that medical needs are monitored and met wherever possible
- A record will be up-to-date of the pupils attendance to ensure that a pupil's educational needs are being met
- There will be a partnership between pupils, parents, school, health and social care professionals to ensure that the needs of children with medical conditions are effectively supported.
- The school will be fully informed of a pupil's medical needs in order to made provision for them and in order to ensure their educational needs are met

Procedures

As soon as a child is offered a place at *Causeway Green Primary School*, parents will be requested to supply any information about medical conditions their child has so that an appropriate support plan and training can be put into place before the child starts at school. This may involve communication with any prior setting or organisation. Where there is any difference of opinion, advice will be sought from other agencies including school health and children's social care.

Where a need is urgent, school will not wait for a formal diagnosis before providing support to pupils. However, in cases where a pupil's medical condition is unclear, judgements will be needed about what support to provide based on the available medical evidence.

If a child has a short-term medical need which necessitates absence from school, the parents/carers should inform the school and the school will provide work if the child is well enough so that their education does not suffer.

If a child has a longer term medical need which necessitates a longer period of absence from the school, the school will communicate with outside agencies to ensure there is a continuity of education at the appropriate level for the child. When the child is able to return to school, there will be a meeting between school, home and any other necessary agencies to discuss the child's reintegration into school. This may include a reduced timetable, provision to stay indoors at break-times and pupil/staff buddies.

If a child is absent or likely to be absent for SATs tests, the primary responsibility for exam entry remains with the school. The school will negotiate with the LA and any other agencies involved ensuring that the child's interests are addressed in this regard.

If a child has a medical needs which does not prevent their attendance in school but may affect day to day routines or emergency procedures, it is the responsibility of parents/carers to inform the school (e.g. epi-pen, inhalers, diabetes injections) in as much detail as possible so that the

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school can make appropriate provision on a day to day or emergency basis. This should be done through the medical information forms sent home annually for updating and/or through consultation with a senior member of staff. All staff will have access to the pupils' medical details. A list of all medical needs are kept in the school office and in each class and shared with supply staff.

No pupil will be excluded from a school or extra-curricular opportunities because of his/her medical needs unless a risk assessment deems it necessary; in this case, every effort will be made to adapt an opportunity for the child's needs. It is the duty of parents/carers to ensure that the correct medical information is supplied in the case of residential visits on the forms supplied.

Medicine in school

➤ Prescribed medication:

Prescribed medicine, which is needed to be administered during the school day on a daily, regular, sporadic, emergency or seasonal basis, short or long term, will only be administered in school if written parental consent is given. (Please see document one). Separate written consent is needed for each medication required. Any changes to medication need to be updated on the annual medical form/ or when changes have been made.

➤ Non-prescribed medication:

Non-prescribed medication will no longer be administered. In these circumstances, parents who require their child to have non-prescribed medication during the school day will need to make arrangements to either administer it themselves. Alternatively, they can arrange for another named adult to come in to school to administer the medication but this must be confirmed in writing.

➤ Medication off site

While off school site, medication will need to be secured for travel and written consent to be given before the date of the activity. If emergency medication is needed while on a school trip or residential activity, Parents will be contacted and asked to come into school to sign the written consent form. This form will then be taken to the place where the activity is taking place. Then medication can be administered.

Receiving medication in school

Medication will only be accepted in school if it is only clearly labelled with.

- Child's name
- Name and strength of medicine
- Dosage and time to be given
- Expiry date
- Special arrangements for storing the medicine.

All medication is stored safely where children cannot access it.

Administration of Medication:

Where appropriate, children will administer their own medication with supervision of a qualified first aider. In all other situations a qualified first aider will measure out the dosage and administer the medication. The person who had administered the medication will sign to confirm this and a second member of staff will supervise and also sign to confirm the dosage and time the medication was given. School will keep all records of details for medicine administration.

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Emergency procedures:

If there is a situation where a child needs medical attention, a first aider will evaluate the situation. If needed, appropriate treatment will be given and details of this treatment will be passed on to parents. If treatment is unable to be given at school then parents will be contacted and if necessary the emergency services. A qualified first aider will remain with the child at all times until additional help arrives. Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures

Individual health Care Plans

Some children with more complex or unstable medical conditions may need an Individual Healthcare Plan to help to ensure that the school effectively supports that pupil. See flowchart in the DfE policy on supporting pupils with medical needs. The purpose of such a plan is to ensure clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view. The format of the individual healthcare plan may vary to enable the school to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Individual healthcare plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

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Individual Health care Plans will include the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition
- dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (children should be encouraged to manage the administration of their medicine under supervision), including in emergencies
- arrangements for monitoring administration including self-administration
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional
- cover arrangements for when they are unavailable
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact, and contingency arrangements.

Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Special Educational Needs

Pupils with medical needs may at times need to be entered on the Special Needs register. This should be done with the full consent of parents/carers and in consultation with outside agencies. 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.

Children who have Impaired Mobility/Conditions

Providing the approval of the GP or Consultant has been given there is no reason why children wearing plaster casts or using crutches should not attend school with appropriate risk assessments and control procedures.

Restrictions will be necessary on games or practical work to protect the child or others. Similarly, some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interest of safety.

If a child is being taken on a school journey where medical treatment may be needed and the parent is not prepared to give written instruction and an indemnity on the subject of medical treatment, the school might decide that the pupil should not go on the journey.

Where a child's medical condition prevents them in participating in a school activity and this is certified by a doctor e.g. swimming, alternative arrangements will be made in school for the duration of that activity.

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However, unless certification is received exempting the child from the activity, it is assumed that, if they are in school, they are well enough for all activities planned. Therefore, parents will be requested to arrange supervision for the child during any activity from which they choose to withdraw them.

Asthma

Children who have asthma will only have an Individual Health Care Plan if their asthma is considered severe. If a child has asthma this needs to be recorded on the annual medical form. If asthma is stated on the medical form then their inhaler must be brought to school (or kept at school) daily. If the child's inhaler is not present for school outings, including activities such as swimming, the child will not be able to participate in these outings or activities.

Staff training and support

Staff will be supported by the Headteacher and SENCO, in conjunction with health professionals if needed, in carrying out their role to support pupils with medical conditions. Staff should have adequate training for this role, training needs being identified during the compilation of healthcare plans. This training should comprise as a minimum of:

- A discussion about the child's condition
- What support treatment is needed
- What medicines/treatment is needed and how/when/by whom this will be administered
- Signs and symptoms to be aware of
- Implications for the child's participation in classroom, offsite or out of hours activities
- The sharing of any healthcare plan or administration of medicines form

Further training and support will be offered from school health if needed or requested. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. The **SENCo or Family Support Officer**, will liaise with school health, on behalf of the Headteacher, for advice on training that may be needed to help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. School health will be requested to provide specialist training where needed e.g. on epipens/diabetes management, continence care. Whole school awareness training will be held annually so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy.

Risks to pupils

In line with their safeguarding duties, the governing body will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. The governors, therefore, reserve the right not to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Confidentiality

Medical details provided should be treated as confidential and only shared with others with the parent/carers' consent on a need-to-know basis.

Roles and responsibilities:

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between school staff,

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healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and pupils will be critical. The school will work collaboratively with all of the above agencies as required to ensure that the needs of pupils with medical conditions are met effectively.

The governing body

- the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.
- Arrangements are in place to support pupils with medical conditions in school, including making sure that this policy for supporting pupils with medical conditions in school is implemented and reviewed at least annually.
- pupil with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The Headteacher

- The school's policy complies with current legislation and models of good practice and all members of staff are aware of their responsibilities. The policy is effectively implemented in school and with partners.
- All staff who need to know are aware of the child's condition and any key information needed to sustain and monitor the child's well-being and to support any emergency situation involving that child
- Staff are sufficiently trained to administer medication, deal with emergencies and support children with particular medical needs in accordance of Individual Health Care Plans.
- arrangements are in place to share information about medical conditions with supply staff or people leading out of hours activities including notification of a named school contact available to deal with any concerns/queries
- The Headteacher has overall responsibility for the development of individual healthcare plans and monitoring their effectiveness
- School staff are appropriately insured and are aware that they are insured to support pupils in this way.
- Contact is made with the school nursing service 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.
- new staff are made aware of children with medical conditions with whom they may come into contact
- risk assessments incorporate a consideration of arrangements required to support a child's medical condition, particularly if the child is offsite

School staff

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be instructed to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical

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conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurses/ healthcare professionals

- They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school, they may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.
- School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.
- Other healthcare professionals including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).

Pupils

- Pupils with medical conditions should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions and should be given the information required (bearing in mind issues of confidentiality) to enable them to be supportive to a child with medical conditions. The child's role in managing their own medical needs:
- After discussion with parents, children should be encouraged to develop the competence to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.
- Children's medication needs to be accessible at all times allowing medication to be administered quickly and easily when required. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision and/or support. Where this is not appropriate, then relevant staff should help to administer medicines and manage procedures for them.
- If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan.
- Parents should be informed so that alternative options can be considered.

Local authorities

- Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation.
- Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child

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will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year)

Providers of health services

Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Parents:

- To inform school of any changes of their child's medical condition or medication.
- To supply in date medication and regularly replenish medication to treat conditions such as: diabetes (insulin/ sharp boxes/ glucose) and severe allergic reactions (epipens).
- To assist in the development and review of their child Care Plans.

OFSTED

The OFSTED inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils 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.

Complaints

Complaints concerning the support provided to pupils with medical conditions should be dealt with via the school's complaints procedure which can be found on the school website. Should parents or pupils 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.

Contacts

SENCo: Mrs C Degg

Family Support Officer: Mrs T Tooth

Headteacher: J. Shingler

Attendance officer: Jayne Walters

School Nurse: Sandwell School Health Nursing Service 0121 612 2974

SENAT/Educational Psychology Team: Bob Parker 0845 352 7552

CAMHS (Child and Adult Mental Health): 0121 612 6620

Children's Social Care: OT SALT Physio FASTA 0121 612 2010

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