

SUPPORTING PUPILS WITH MEDICAL NEEDS

Date Issued May 2017

Date to be reviewed: May 2018

Rationales

This policy is written in regard to section 100 of the **Children and Families Act 2014** and DFe publication ‘**supporting pupils at school with medical conditions**’ September 2014 (reviewed December 2015) <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>, which places a duty on Governing Bodies to make arrangements for supporting pupils at school with medical conditions.

Pupils with medical needs have the same right of admission to school as other children and cannot be refused admission, or excluded from school on medical grounds alone. However, in line with our safeguarding duties, St Peter’s will ensure that pupils’ 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. Please read the ‘Guidance on Infection Control; in Schools and other Childcare settings’, publication from Public Health England for further information <http://www.publichealth.hscni.net/publications/guidance-infection-control-schools-and-other-childcare-settings-0>.

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

- Short term – affecting their participation in school activities because they are on a course of medication.
- Long-term – potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

Some children may have special educational needs (SEN) and may have a statement, or Educational Health Care Plan (EHCP), which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the Special Educational Needs code of practice 2015.

Aims

To ensure pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.

To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and pupils themselves.

Objectives

Pupils have easy access to their medication and are allowed to administer it when and where necessary.

Provide medical attention and support through drawing up an Individual Health Care Plan with the specific condition and treatment in consultation with the child, their parents/carers and the medical professionals.

Include pupils with medical conditions in all school activities including external trips (unless specified in IHP), allocate extra adult support if necessary.

Plan an alternative attendance arrangement if it requires due to medical needs.

Allow flexibility for pupils to drink, eat or take toilet breaks whenever they need in order to manage their medical conditions effectively.

Administer emergency medication and to support pupils with any physical needs while they are at school.

Reintegration back into school is properly supported so that children with medical conditions do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupils' medical condition (which can often be lengthy), also need to be effectively managed.

Appropriate support, home tutoring (LA provided) or home study pack is put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Procedure

The Inclusion Manager is responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- Sufficient staff are suitably trained (Appendix B)
- All relevant staff are made aware of a child's condition
- Over 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 health care plans are monitored and reviewed annually
- Transitional arrangements between schools are carried out
- If a child's needs change, the above measures are adjusted accordingly
- Should contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school nurse

Where children are joining St Peter's at the start of the academic year, these arrangements should be in place for the start of the term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible.

Any pupil with a medical condition requiring medication or extra support in school should have an Individual Health Care Plan (See Appendix B) which details the support the child needs. If a pupil does not require any medication or extra support during the school day, 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 and a risk assessment may be carried out by the responsible person and the schools designated First Aiders. (Appendix B)

Individual Health Care Plans (IHP)

The following information should be considered when writing an IHP:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues
- Specific support for the pupil's educational, social and emotional needs
- The level of support needed including in emergencies
- Who will provide the support
- Who in school needs to be aware of the child's condition and the support required
- Arrangements for written permission from parents and the Inclusion Leader for medication to be administered by a member of staff or self-administer (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision)
- 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 confidently
- What to do if a child refused to take medicine or carry out a necessary procedure
- What to do in an emergency, who to contact and contingency arrangements
- Where a child has SEN but does not have an Education and Health Care Plan, their special educational needs should be mentioned in their IHP.

A flow chart in *Appendix A* is showing the steps for developing an Individual Healthcare Plan.

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

The Governing Body

- Should ensure that pupils at school with medical conditions are properly supported so that they can have full access to education, including school trips and physical education.
- Must ensure that arrangements are in place in schools to support pupils at school with medical conditions
- Should ensure that school leaders consult health and social care professional, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

The Head Teacher / Inclusion Manager

- Should ensure all staff are aware of this policy and understand their role in its implementation
- Should ensure all staff who need to know are informed of a child's condition
- Should ensure sufficient numbers of staff are trained to implement the policy and deliver the IHP, including emergency and contingency situations, and they are appropriately insured.

School Staff

- Any member of staff may be asked to provide support to pupils 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 should take into account the needs of pupils with medical conditions that they teach
- School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions
- All members of the school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

School Nurse

- Is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school
- May support staff on implementing a child's IHP and provide advice
- May provide advice on developing healthcare plans
- Specialist local teams may be able to provide support for particular conditions (e.g. Asthma, diabetes, epilepsy)

Pupils

- Should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP

Parents

- Must provide the school with sufficient and up to date information about their child's medical needs
- Be key partners and should be involved in the development and review of their child's health care plan.
- Should carry out any action they have agreed to as part of the IHP implementation

Administering Medicines

Staff members **must not give** prescription medicines or undertake healthcare procedures without appropriate training. At St Peter's, we recognise that a first aid certificate does not constitute appropriate training in supporting identified children with medical conditions. Healthcare professionals, including the School Nurse, will be asked to provide any necessary training and subsequent confirmation of the proficiency of staff to carry out a medical procedure, or in providing medication. Administering any medication must be authorised by the Head Teacher or Inclusion Manager.

St Peter's will be following the DfE publication guidelines for administering medication to pupils at school:

- Medicines should only be administered at school when it would be detrimental to a child's health
- Where clinically possible, medicines should be prescribed in doses/frequencies which enable them to be taken outside of school hours.
- Schools will only accept prescribed medicines if these 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 its original container.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent. Parents will need to complete the 'parental agreement for school to administer medicine' form (appendix B) if school agrees to provide that facility
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor
- When no longer required, medicines should be returned to the parent to arrange for safe disposal
- Sharp boxes will always be used for the disposal of needles and other sharps
- School staff will administer medicines in accordance with the prescriber's instructions. School will keep a record of all medicines administered to individual children, starting what, how and how much was administered, when and by whom

Whether pupils need medication during school hours will be determined on a case-by-case basis and will be written down in IHP for a pupil with medical conditions.

Children who can take their medicines themselves or manage procedures will have an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff will help administer medicines and manage procedures for them.

If a child refused to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHP. Parents should be informed so that alternative options can be considered. **Complaint Procedures**

The school works, wherever possible, in partnership with parents to ensure a collaborative approach to meeting pupils' needs.

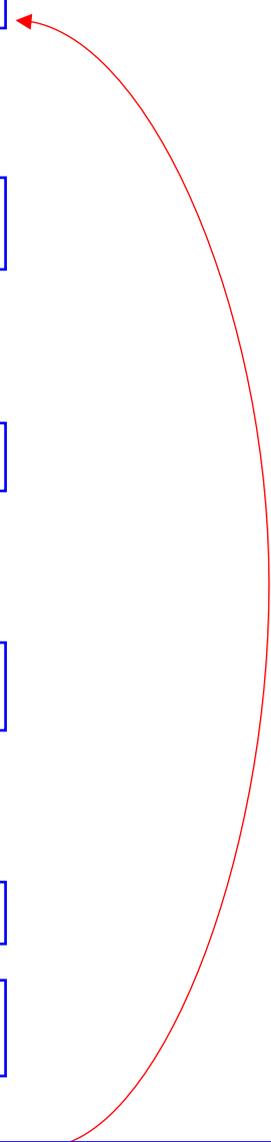
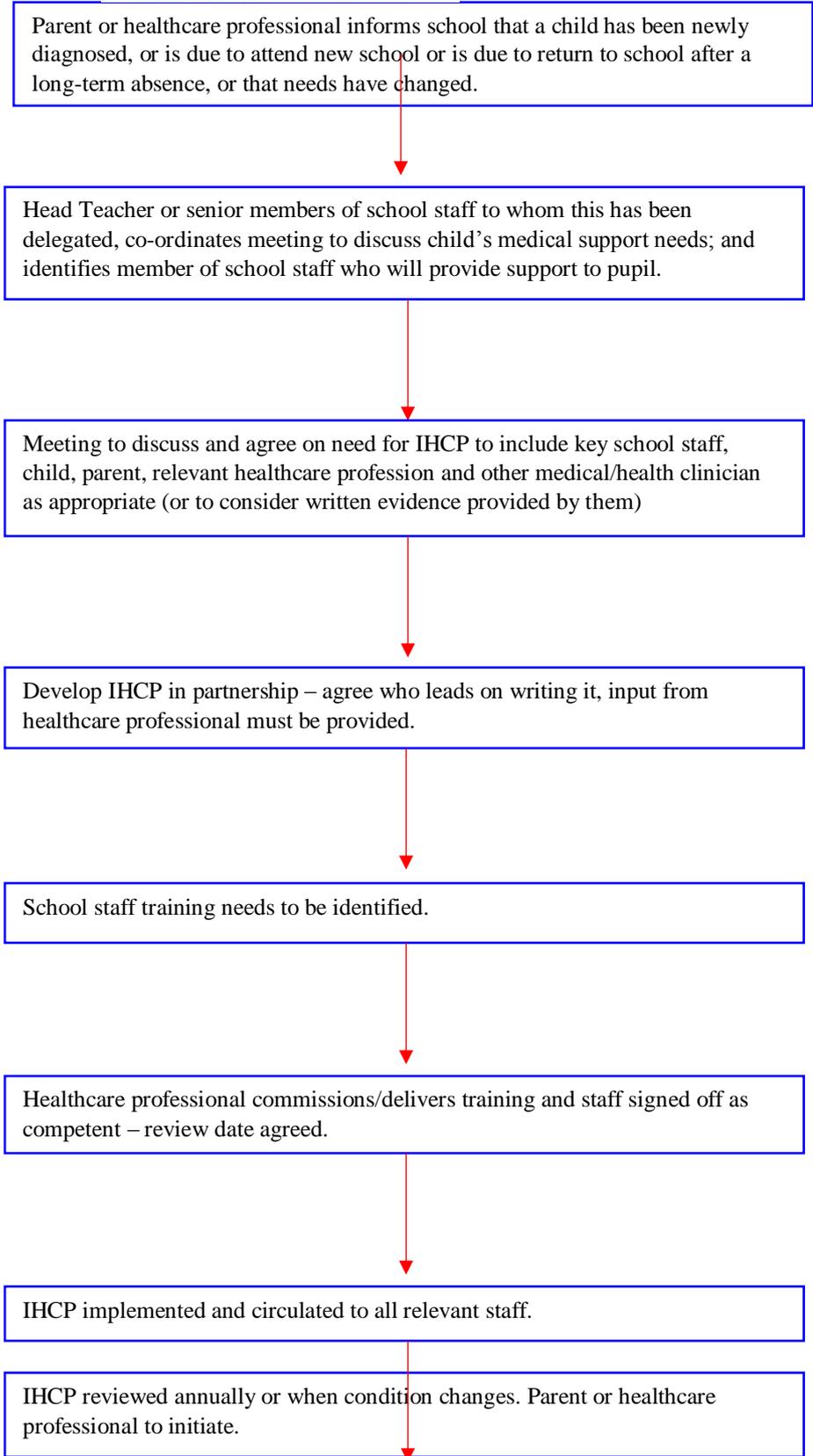
All complaints are taken seriously and are heard through the schools' complaints policy and procedure. Any parent/carer who has a complaint should first talk to the class teacher who will then refer the matter to the Inclusion Manager or Head Teacher. Alternatively, parents can make an appointment to meet with the Inclusion Leader through the school office.



George Lopez

Appendix A – Plans

Model Process for developing Individual Healthcare Plans



Appendix B – First Aiders List

Name	Renewal Date
Trudi George	October 2017
Bridget Curtis	October 2017
Elpha Powell	October 2017
Julie Ferrol	October 2017
Emma Lowrie	October 2017
Danni Cosburn	October 2017
Daniel Craft	October 2017
Claire Pike	June 2018
Mandy Rodway	January 2019
Courtney Casey	January 2019
Amy Garness	January 2019
Nicky Clifton	January 2019
Funto Saola	January 2019
Chryelle Braithwaite	January 2019

Paediatric First Aiders

Name	Renewal Date
Bhupinder Panesar	October 2017
Teresa Burwood	October 2017
Cathy Bergman	October 2017
Teri Langan	January 2019