



St Christopher  
PRIMARY SCHOOL

# **SUPPORTING CHILDREN WITH MEDICAL NEEDS POLICY**

## Policy on supporting children with Medical Conditions at School

### 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.
- (b) Long term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

### Rationale

Local Authorities and schools have a responsibility for the health and safety of the 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 the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that 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 class mates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils need.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangement for children with medical conditions. **Pupils with special medical conditions have the same right of admission to a school as other children and cannot be refused admission or excluded from school on medical grounds alone. However**, teachers and other 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 school site. This could extend to a need to administer medicine (see administering medicines policy).

The September 2014 Department for Education document 'Supporting pupils at school with medical conditions' outlines best practice and provides clear guidance on the responsibilities of the School. This policy has been developed in line with this statutory guidance.

The Early Years Foundation Stage classes (Nursery and Reception) should continue to apply the statutory Framework for the Early Years Foundation Stage (September 2014).

The prime responsibility for a child's health lies with the parents who are responsible for the child's medication and should supply the school with information. The school takes advice and guidance from Billington Safety for all issues relating to Health and Safety in the work place which includes the administration of first aid and medicines in schools.

### 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 the Local Authority policy on Medication in Schools.
- Arrange training for identified staff to support individual pupils.
- Liaise as necessary with medical services in support of the individual pupil.
- Ensure access to a full education if possible.
- Monitor and keep appropriate records.

### Entitlement

The school accepts that pupils with medical needs should be assisted if at all possible and that they have a 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 necessary care and support.

The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- Choose whether or not they are prepared to be involved.
- Receive appropriate training.
- Work to clear guidelines.
- Have concerns about legal liability.

- Bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

## **Expectations**

### **Parents**

It is expected that:

- Parents will be encouraged to cooperate in training children to self administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative.
- Where parents have asked school to administer the medication the prescription and dosage regime must be typed or printed clearly on the outside. The school will only administer medication when it is required 4 times a day. The name of the pharmacist should be clearly visible. Any medications not presented properly will not be accepted by school staff. Pupils should not bring in their own medication this should be brought in by parents.

### **School**

It is expected that:

- The employees will consider carefully their response to requests to assist with the giving of medication or supervision of self medication and that they will consider each request separately.
- The school will liaise with the School Health Service for advice regarding a pupils' special medical needs, and will seek support from the relevant practitioners where necessary and in the interest of the pupil.
- Any medications brought to school by staff e.g. headache tablets, should be stored in an appropriate place and kept out of the reach of pupils.
- Inhalers for personal use must be given to class teachers and a medication form must be completed.
- Any staff medicine is the responsibility of the individual concerned and not the school.

## **Roles and responsibilities**

The person responsible for the implementation of this policy is Clair Robinson - Headteacher.

## **The Governing Body**

The Governing Body will make arrangements to support pupils with medical conditions in school; including making sure that a policy for supporting children with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. The Governing Body should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that 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 Headteacher should ensure that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Headteacher has overall responsibility for the development of the individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact 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.

## **School Staff**

Every school has access to the school nursing services. 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 they start school. They may support staff in implementing the child's individual healthcare plan and provide advice and liaise with staff about training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs for example the use of local specialist nursing teams offering training to school staff. Community nursing

teams will also be a valuable potential resource for a school seeking advice and support in relation to a child with a medical condition.

### **Other healthcare professionals, including General Practitioners and Pediatricians**

Healthcare professionals 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, epilepsy.

### **Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support and contribute as much as possible to the development of, and compliance with their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

### **Parents**

Parents should provide the school with sufficient and up to date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment to ensure they or another nominated adult are contactable at all times.

### **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 NHS England, with a view to improving the wellbeing of children with regard 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 individuals 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.

### **Ofsted**

The Ofsted inspection framework places 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 for dealing with medical needs and to be able to demonstrate that this is implemented effectively.

### **Emergency Situations**

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany the child taken to hospital by ambulance. Schools need to ensure that they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

### **Trips and visits**

Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The School will make arrangements for the inclusion of pupils in such activities unless evidence from a clinician such as GP states that this is not possible. The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. A risk assessment will be conducted so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with

parents and pupils and advice from the relevant healthcare professionals, to ensure pupils can participate safely.

### **Healthcare Plans**

At St Christopher Primary School, responsibility for the drawing up of Healthcare Plans lies with the SENCO lead Gemma Potter.

Individual healthcare plans are drawn up to help ensure that St. Christopher Primary School can effectively support pupils with medical conditions. They provide 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 appropriate or disproportionate. If consensus cannot be reached, the headteacher will take the final decision.

The format of individual healthcare plans may vary to the specific needs of each pupil to be met. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should capture the key information and actions that are required to support the child effectively. The level of detail within the 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. Where a child has a Special Educational need but does not have a statement or Education and Health Plan, their special educational needs should be mentioned in their individual healthcare plan.

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 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 wherever possible. 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. The governing body should ensure that plans are reviewed at least annually, or earlier if the evidence presented says 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 wellbeing 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 the statement or EHC plan.

When deciding what information should be recorded on individual healthcare plans, the school will consider the following:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupils resulting needs including medication(dose, side effects and storage) and other treatments, time, facilities, equipment, testing access to food and drink where tis is used to manage their condition, dietary requirements and environmental issues e.gg crowded corridors, travel time between lessons.
- Specific support for the pupils 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 with catching up with lessons, counseling sessions.
- The level of support needed (some children will be able to take responsibility for their own health needs) including emergencies. If a child is self managing their medication, this should be clearly stated with the appropriate arrangements for monitoring.
- Who will provide this support, their training needs, the expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional and cover arrangements for when they are unavailable.
- Who in 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 e.g. risk assessment.

- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition and 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.

### **Unacceptable Practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual is not generally acceptable practice to:

- Prevent children from easily accessing inhalers and medication and administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents or ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plan.
- If the child becomes ill, send them to the school office unaccompanied or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- Prevent pupils from eating or drinking or taking toilet breaks or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents to feel obliged to attend 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.
- Prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips e.g. by requiring a parent to accompany the child.

### **Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school, in line with the schools complaints policy. If for whatever reason this does not resolve the issue, they may make a formal complaint via the schools 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 a resolution have been exhausted.

**This policy will be reviewed every three years by Governors and sooner should recommendations/legislation change.**

Date approved by Governing Body: May 2016

Date for review May 2019

Appendix 1- The Process for developing individual healthcare plans(taken from DfE document – Supporting pupils at school with medical conditions- statutory guidance September 2014

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school or is due to return to school after long term absence or that needs have changed

Headteacher 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 on need for IHCP to include key school staff, child, parent, 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. Input from healthcare professional must be provided.

School staff training needs identified..

Healthcare professional commissions/delivers training and staff are 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.