



Hemingbrough CP School

Supporting Pupils with Medical Needs Policy

Definitions of medical Conditions

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

Short-term affecting their participation at school because they are on a course of medication.

Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Some may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP).

The statutory duty of the governing body

The governing body remains responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions.

The governing body fulfil this by:-

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that no child with a medical condition is 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 safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;

- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff;
- Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation;
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition;
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported;
- Ensuring that the policy sets out what should happen in an emergency situation;
- Ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so;
- Ensuring asthma inhalers are held at school for emergency use.
- Ensuring that the policy is explicit about what practice is not acceptable;

Policy implementation

The overall responsibility for the implementation of this policy is given to the Headteacher.

The Headteacher will be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences to ensure that someone is always available and on-site with an appropriate level of training. They will also be responsible for briefing supply teachers and for preparing risk assessments for school visits and other school activities outside of the normal timetable.

The SENCo and Head teacher will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy.

Procedure to be followed when notification is received that a pupil has a medical condition

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to the school mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them in doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

The school does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by the Head teacher and SENCo and following these discussions an individual healthcare plan will be written in conjunction with the parent/carers and the school, and be put in place.

Individual healthcare plans

Individual healthcare plans will help to ensure that the school effectively supports pupils with medical conditions. They will 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. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan 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 SEN but does not have an EHCP, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional eg 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 the school should take to help 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 school will ensure that individual healthcare plans are reviewed. They will be developed and reviewed 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 a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and/or education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

An Individual plan will include:

- 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;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents/carers for medication to be administered by a member of staff;
- 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;
- 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

Asthma

The school recognises that asthma is a condition affecting many school children. We have a positive attitude towards pupils with asthma, and believe that when asthma is well managed, pupils are able to participate in the full range of curricular and extra-curricular activities including PE and school trips.

We encourage children with asthma to achieve their potential in all aspects of school life. All staff have a basic knowledge of asthma and its management, with first aiders having a more comprehensive knowledge.

Medication

Immediate access to inhalers is important. All inhalers are kept in the relevant classrooms in a place that is both secure and immediately accessible to all adults. Some children may carry inhalers with them.

Parents are asked to ensure that all inhalers are named and that it is the responsibility of the parent to replace the inhaler before the expiry date.

The school is happy to administer medication provided adequate information is provided, but there is no legal obligation for them to do this.

Record keeping

Parents should notify the school if their child has asthma. All parents are asked for details of any medical conditions on admission. This information is passed onto all staff and kept on file, and a list of pupils needing medication on file.

PE & school trips

Taking part in sport is an essential part of school life, and pupils with asthma will be encouraged to participate fully. All staff will be aware which children have asthma. If a child needs to use their inhaler during a lesson they will be allowed to do so. The school will also make provision for inhalers to be taken on school day and residential trips. For residential trips, additional information may be required regarding doses at other times of the day other than school hours.

Asthma attacks

Staff will be trained to recognise the symptoms of asthma and to be able to recognise when symptoms are worsening. Staff will know what to do in event of an asthma attack. In an emergency the procedure for management of an attack will be put into action. This will be discussed with parents and staff as appropriate

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved, where appropriate 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 can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

Parents/carers 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, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Staff training and support

At school an appropriate number of staff have received first aid training and paediatric first aid training. When required, the appropriate staff in school receive specific/specialist training, for example in dealing with epilepsy, diabetes etc.

All staff who are required to provide support to pupils for medical conditions will be trained by an appropriate healthcare professional/trainer qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan.

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 set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. The school will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

Managing medicines on school premises and record keeping

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;

Parents must deliver the medicine personally to the school office fully labelled and accept that this is a service which the school is not obliged to undertake. Prescription medicines should only be taken during the school day when essential. Written permission to administer medication must be received before the school can do so and the medication must be in the original container, with prescriber's instructions. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container. Staff are not to administer medications unless it has been prescribed by a doctor.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;

All medicines will be stored safely in the school. Children, where appropriate, 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 be always readily available either in the child's classroom or school office and not locked away. Asthma inhalers should be marked with the child's name.

During school trips a designated member of staff will carry all medical devices and medicines required;

Staff administering medicines should 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 should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;

When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Emergency procedures

The Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

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 a child taken to hospital by ambulance.

Day trips, residential visits, and sporting activities

We will actively support pupils with medical condition to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

Other issues for consideration

Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority. Asthma inhalers will continue to be held at school for emergency use.

Unacceptable practice

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

- Prevent children from easily accessing their 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\carers; or ignore medical evidence or opinion
- 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 plans;
- If the child becomes ill, send them to the school office unaccompanied or with someone not suitable;
- Penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments;
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Require parents\carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues; or
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips.

Complaints

Should parents\carers be unhappy with any aspect of their child's care they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to the head teacher.

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