

**The Federation of The Downs & Northbourne
Church of England Primary Schools**



**SUPPORTING PUPILS WITH MEDICAL NEEDS
STATUTORY POLICY**

**School Mission Statement
Federation of The Downs and Northbourne CEP
Schools**

Our mission is to create a school in which every member feels valued, irrespective of their race, gender or disability and where the development of the whole child is paramount.

We expect high standards from all, and try to provide the maximum opportunities for every member to fulfil their individual potential. Our Christian ethos encompasses tolerance and cultural diversity which will enable us to embrace the challenges of our world.

We strive to make our learning and working environment a safe, but vibrant and stimulating place from which children can begin their journey of lifelong learning.

Our values underpin our entire school curriculum.

Review annually

Last Review December 2015	Updated April 2016	Next Review December 2018	Reviewed September 2018	Next review 2020
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The Federation of The Downs & Northbourne
Church of England Primary Schools

Supporting Pupils with Medical Needs

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Appendices

Supporting pupils with Medical Conditions policy

This policy is written in line with the requirements of:-

- Children and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014
- 0-25 SEND Code of Practice, DfE 2014
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equalities Act 2010
- Schools Admissions Code, DfE 1 Feb 2010

As a Church of England School this policy is read within the context of the Christian values and teachings of our school.

In addition our SEND Policy, Equalities Policy, Safeguarding Policy, Attendance Policy and Curriculum Policies should also be read in conjunction with this policy. The policies can be found on our website or in each school office.

This policy will be reviewed annually in collaboration with parents/carers, school staff and Governors.

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. Please see the Parent Quick Guide to Short Term Illness and Injury for more details.

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. 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 and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEND policy and the individual healthcare plan will become part of the EHCP.

Roles and responsibilities

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the Governing Body. The Governing Body have conferred the following functions of the implementation of this policy to the staff below; however, the Governing Body remains legally responsible and accountable for fulfilling the statutory duty.

The overall responsibility for the implementation of this policy is given to the Head of School and the Senior Leadership Team. The Head of School and the Senior Leadership Team will be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

The Senior Leadership Team will be responsible for briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

The SENCO 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. Please see Appendix C.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

Notification and Procedures

For children being admitted to The Federation of The Downs and Northbourne CEP Schools 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 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.

The Senior Leadership Team will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to actively support 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.

If there is not yet a formal diagnosis we will work with the family and healthcare professionals to enable us to implement an appropriate healthcare plan.

Individual healthcare plans

Individual healthcare plans (Appendix C) will help to ensure that The Federation of The Downs and Northbourne CEP Schools 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. If consensus cannot be reached the Head of School, is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Appendix B.

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 Education Health Care plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) 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 of the healthcare plan should be to capture the steps which should be taken 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.

We will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that we assess and manage 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 education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

In addition we can refer to the **Community Nursing Team** for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

Healthcare professionals, including GPs and paediatricians should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (eg asthma, diabetes, epilepsy).

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 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, make sure the medicines are in date and ensure they or another nominated adult are contactable at all times.

Local authorities are commissioners of school nurses for maintained schools and academies in Kent. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation 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 with regard to their physical and mental health, and their education, training and recreation. KCC is currently consulting on the re-organisation of its Health Needs provision which will strengthen its ability to 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. KCC will work with us 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 will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year).

Providers of health services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical commissioning groups (CCGs) commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

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 it is being implemented effectively.

Staff Training and Support

All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professional qualified to do so. Records will be kept by the Continuing Professional Development Co-ordinator to ensure training is regularly reviewed. Please see Appendix A for full details of training undertaken.

Training will 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 gain an understanding through discussions with parents and professionals of the specific medical conditions they are being asked to deal with, their implications and preventative measures. Training will be provided if required and referrals will be made after discussions with the family, medical professionals and school nurses.

Staff must not give prescription medicines or undertake healthcare 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. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication. The Heads of School will ensure that there are an appropriate number of designated and trained first aiders in the federation.

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 Head of School or SENCO, 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.

The child's role in managing their own medical needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in the Medical Room to ensure that the safeguarding of other children is not compromised. Our Federation recognises that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will 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 will be informed so that alternative options can be considered.

Managing medicines on school premises and record keeping

The following procedures are to be followed:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- A Medicine Authorisation Form needs to be completed by parents for medicine to be administered in school.
- With parental written consent we will administer non-prescription medicines except aspirin or medicines containing aspirin except prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken.
- Where possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- The Federation of The Downs and Northbourne CEP School will only accept prescribed medicines, with written permission from parent/carer 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 be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container;
- All medicines will be stored safely in the medical room or medical cabinet. Children will 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 will be readily available in the medical room or medical cabinet in the school office and where necessary in the classroom. Asthma inhalers should be marked with the child's name.
- Staff administering medicines should do so in accordance with the prescriber's instructions. The Federation of The Downs and Northbourne CEP 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. 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 Head of School 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.

The Federation of The Downs and Northbourne follow the Department of Health *Guidance on the use of emergency salbutamol inhalers in schools* (March 2015). Please see separate policy.

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. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

The Federation of The Downs and Northbourne has a defibrillator on each site, in case of an emergency the Senior Leadership Team and Paediatric First Aiders have completed training.

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.

During school trips the lead member of staff will have the appropriate first aid kit, medication and individual plans which relate to the group.

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.

Unacceptable practice

Although staff at The Federation of The Downs and Northbourne CEP Schools should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not acceptable practice to:

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- 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 (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 plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied;
- 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. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Liability and indemnity

Our Insurance Provider is KCC Safeguards.

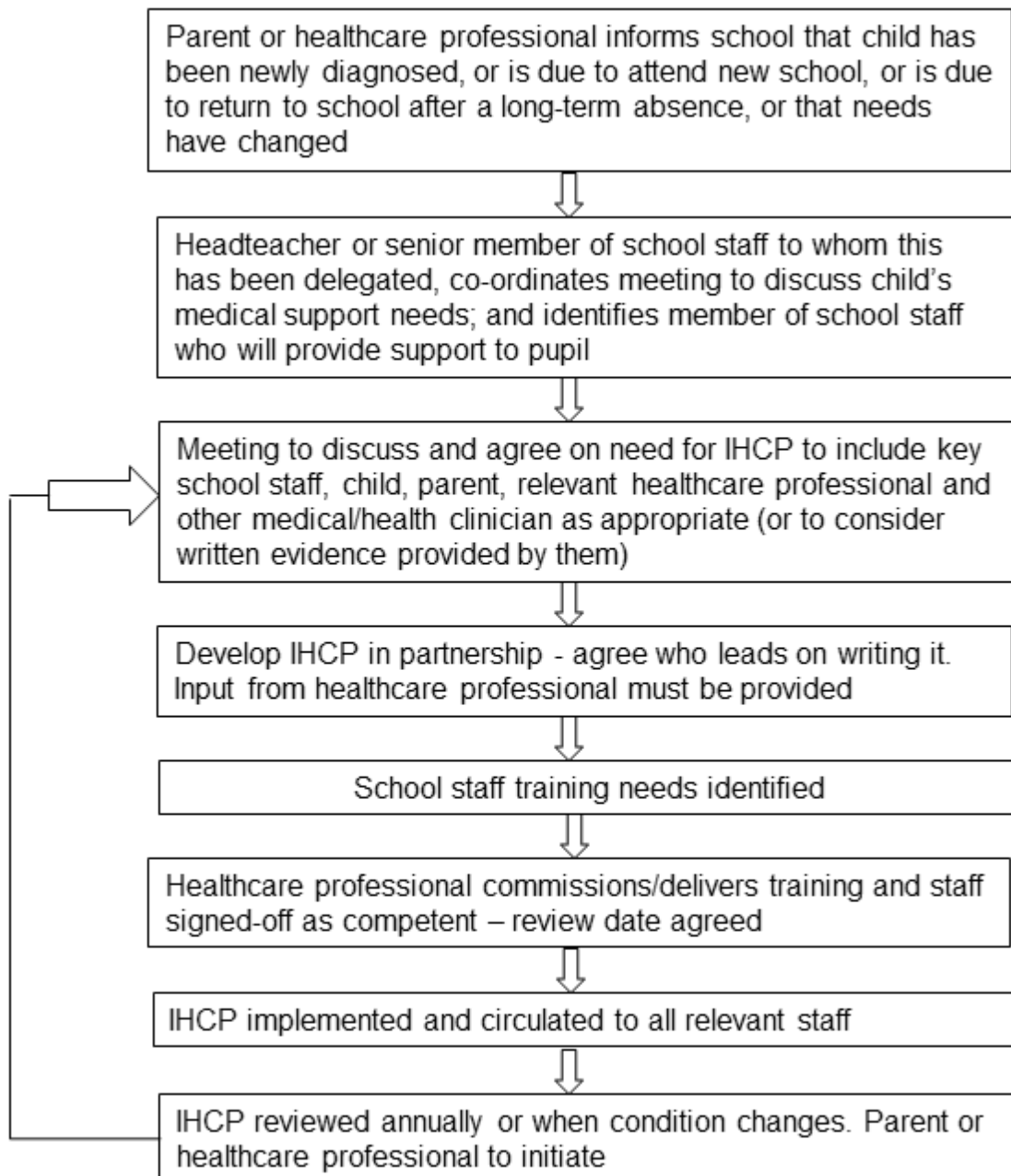
Complaints

Should parents\carers be unhappy with any aspect of their child's care at The Federation of The Downs and Northbourne CEP Schools, 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 a member of leadership team, who will, where necessary, bring concerns to the attention of the Head of School. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the The Federation of The Downs and Northbourne CEP Schools Complaints Procedure, this can be found via the school website or school offices.

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Appendix B

Process for developing Individual Healthcare Plans



Appendix C

Guidance to help complete the individual healthcare plan: this format may be varied to suit the specific needs of each pupil and may include the following information

- 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 eg 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 (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- 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; and 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/carer 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 eg, risk assessment;
- Where confidentiality issues are raised by the parent/child, the designated individual 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



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INDIVIDUAL HEALTH CARE PLAN

Student's Name		Student Photograph	
Date of Birth			
Class			
Home Address			
Doctor's Name and Surgery			
Medical Diagnosis/Condition			
Date Completed		Review Date	
Completed by (name and role)			
Completed by (signature)			

In the event of an EMERGENCY

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School staff responsible in an emergency			
On Site:		Off Site Activities:	

School staff responsible in an non-emergency			
On Site:		Off Site Activities:	

Description of medical needs including symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental factors:

Medication

Must be in original container as dispensed by the pharmacist and given directly to the school office.

Name of long term medication	
Dose	
Method of administration	
When to be administered	
Expiry Date	

Side effects

Name of long term medication	
Dose	
Method of administration	
When to be administered	
Expiry Date	

Side effects

Name of long term medication	
Dose	
Method of administration	
When to be administered	
Expiry Date	

Side effects

Is the student self-managing medication? **YES / NO** if yes please record details:

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Daily Care Support:
Specific support for social, emotional and mental health needs:
Does the student have SEN or a disability ? YES / NO Does the student have a statement or EHC plan? YES / NO Describe the student's SEN and/or disability needs:
Procedures required for school trips or other extra-curricular activities:
Describe any classroom or on-site procedures or adjustments supporting care of the student: Describe any off-site activity or procedures or adjustments that support care of the student:
Other information including and potential complications noted:
Staff training requirements:
People involved in developing the plan:

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Family contact information		
Name		
Relationship to Student		
Contact Numbers	Home	
	Mobile	
	Other	

Second contact information		
Name		
Relationship to Student		
Contact Numbers	Home	
	Mobile	
	Other	

Hospital Consultant/Clinic Details/Outside Agencies	
Name	
Service/Agency	
Contact Number	
Name	
Service/Agency	
Contact Number	
Name	
Service/Agency	
Contact Number	
Name	
Service/Agency	
Contact Number	

Parent/Carer Consent	
<p>I have contributed to this plan. I agree with its content and for it to be shared with relevant school staff and any other relevant professional. I have indicated any disagreement below:</p>	
Parent/Carer Signature	
Date	

Process for sharing / storing plan		
Action	Action Date	Action by
Paper copy filed in Medical Records		
Paper copy given to Staff		
Paper copy given to Parent/Carer		

Record of medicine administered to an individual child

Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Record of medicine administered to an individual child

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

