Kearsley West

Medical Needs Policy

SUPPORTING PUPILS WITH MEDICAL NEEDS

Rationale

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

Our aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
It is important that parents feel confident that school will provide effective support for their child's medical condition and that their child feels safe.
In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may develop emotional disorders such as anxiety. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health.

The Role of the Governing Body

The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. Schools, local authorities, health professionals and other support services should work together to ensure that children with medical conditions receive a full education.

In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The governing body should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements 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. They should ensure that staff are properly trained to provide the support that pupils need.

Governing bodies must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.
The Role of the school

• The Headteacher is responsible for ensuring that sufficient staff are suitably trained,

• School has a commitment that all relevant staff will be made aware of the child's condition,
• cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
• briefing for supply teachers,
• risk assessments for school visits, holidays, and other school activities outside of the normal timetable, and
• monitoring of individual healthcare plans.

Procedures are in place to cover any transitional arrangements

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. The school, healthcare professionals and parents should agree, based on evidence, what should be included in a healthcare plan or when a healthcare plan would be inappropriate. This plan captures the key information and actions that are required to support the child effectively. If consensus cannot be reached, the headteacher is best placed to take a final view. The plan will be reviewed with all stakeholders, annually.

The role of the staff

All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school as and when appropriate.

All staff will be aware of the most common serious medical conditions at this school.

Staff understand their duty of care to children in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.

All staff who work with groups of children at this school receive training and know what to do an emergency for the children in their care with medical conditions.

Training will be refreshed for all staff as and when appropriate.

School will use Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help.

School has procedures in place so that a copy of a child's healthcare plan would be sent to the hospital with the child. On occasions when this is not possible, the form would be sent (or the information on it is communicated) to the hospital as soon as possible.

What is included in the Healthcare Plan ?

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 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 assessments;
• 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.
The child's role in their own health care.

Managing medicines on school premises

medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so
• no child will be given prescription or non-prescription medicines without their parent's written consent
• a child will not be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief (which has been prescribed by a doctor), will only be administered after checking maximum dosages and when the previous dose was taken. Instructions for this will have been provided by parents via the medicines proforma. If the medication is given, parents will be informed
• where clinically possible, medicines will be prescribed in dose frequencies which enable them to be taken outside school hours
• school will only accept prescribed medicines 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 still be in date, but will generally be available to school inside an insulin pen or a pump, rather than in its original container
• all medicines will be stored safely. Children and staff will know where the medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose

testing meters and adrenaline pens will be always readily available to children and not locked away. This is particularly important to consider when outside of school premises eg on school trips.

• Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should 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

• when no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Record keeping

School will ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at school.

Emergency procedures

Where a child has an individual healthcare plan, it 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. Other pupils in the school may need to 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 will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Day trips, residential visits and sporting activities

Kearsley West Primary School is keen to support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Teachers will 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. School 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.

School will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. The SENCO or class teacher will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with teachers, parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

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Complaints

The school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions. 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.

Policy owner: Jackie Fitton
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