

WYE FOREST FEDERATION ST.BRIAVELS AND REDBROOK CHURCH OF ENGLAND PRIMARY SCHOOLS

Name of Policy _____

Date _____

Review Date _____

Signed _____ (Executive Headteacher)

Signed _____ (Chair of Governors WFF)

Date of Review: _____

Date of Review: _____

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Policy for supporting children at school with medical conditions.

Aim

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

(Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that act. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEND code of practice).

Role of the governing body

1. The governing body will monitor the procedures to ensure that arrangements are in place to support pupils with medical conditions. In doing so it will ensure that such children can access and enjoy the same opportunities at The Wye Forest Federation as any other child.
2. The Federation, local authorities, health professionals and other support services will work together to ensure that children with medical conditions receive as full an education as the school can make possible. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority. Consideration will also be given as to how children will be reintegrated back into school after periods of absence. Children whose absences are related to their medical condition e.g. hospital appointments, will not be penalised when assessing attendance data. The governing body will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
3. The governing body will make sure that procedures are in place and will monitor these procedures, to ensure that its arrangements give parents and pupils confidence in the Federation's ability to provide effective support for medical conditions in school. . These arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase confidence and promote self-care. They will monitor procedures to ensure that staff are properly trained to provide the support that pupils need and can access information and other teaching support materials as needed.
4. No child with a medical condition can be 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 their safeguarding duties, governing bodies will ensure that pupils' health is not put 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.

The executive head teacher role

The EHT and INCO will be responsible for :

- Ensuring that sufficient staff are suitably trained and all staff training needs are assessed.
- Commissioning and providing relevant training
- Ensuring that training remains up to date
- Ensuring that all relevant staff will be made aware of any child's condition
- Ensuring cover arrangements in case of staff absence or staff turnover to ensure someone is always available
- Briefing for new teachers and supply teachers
- Risk assessments for school visits, holidays, and other school activities outside the normal timetable
- Monitoring of individual healthcare plans.
- **Making sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.**
- Contacting 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.

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

Arrangements will be in place in time for the start of the relevant school term to cover transitions between schools for new pupils with a medical condition.

Meetings will take place between parents, staff and any relevant health professionals prior to the pupil starting school.

Liaison meetings between previous school staff, Head teacher/ Senco and present school staff will take place prior to the pupil starting school.

In other cases, such as a new diagnosis or children moving into our Federation mid-term, every effort will be made to ensure that the arrangements are put in place within **two weeks. If the time period is likely to be longer, parents will be kept informed.**

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 the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Individual Health care plans

The Federation will ensure that a child with a medical condition will have in place an individual health care plan (seeing annexe A for Model process for developing individual health care plans and a suggested template)

Individual health care plans will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

An individual health care plan will ensure that the Federation will effectively support 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, 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 Federation, health care professional and parent will agree, based on evidence, when a health care plan will be inappropriate or disproportionate. If consensus cannot be reached, the head teacher will take a final view.

The format of individual health care plans may vary to enable the Federation to choose whichever is the most effective for the specific needs of each pupils. They will be easily accessible to all who refer to them, while preserving confidentiality.

Individual health care plans will capture the key information and actions that are required to support the child effectively. The level of detail within 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 Sen but does not have an EHC plan, their SEN will be mentioned in their individual health care plan.

Individual Health care plans (and their review) may be initiated, in consultation with the parent, by a member of Federation staff or a health care professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents and a relevant health care professional, eg. School nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate. The aim will be to capture the steps which the Federation will take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services. Partners will agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Where the child has an identified special educational need their individual health care plan will be linked to or become part of their EHC plan.

Where a child is returning to our Federation following a period of hospital education or alternative provision (including home tuition), the Federation will work with the local authority and education provider to ensure that the individual health care plan identifies the support the child will need to reintegrate effectively.

The individual health care 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.

- 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 will 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 e.g. risk assessments;
- The designated individuals to be entrusted with confidential information about the child's condition;
- 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 health care plan)

Roles and responsibilities of Parents

Parents will provide the Federation 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 will be involved in the development and review of their child's Individual healthcare plan, and may be involved in its drafting. They will carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Roles and responsibilities of Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They will 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 health care plan. Wherever possible, children should be allowed to carry

their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

Other pupils will be encouraged and educated to be sensitive to the needs of those with medical conditions.

Roles and responsibilities of school staff

Any member of school 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 will 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. Any member of school staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. All staff will ensure that pupils are not prevented from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively.

Roles and responsibilities of school nurses

Every school has access to 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 on school. Wherever possible, they will do this before the child starts at the school. They will not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

Roles and responsibilities of other healthcare professionals

Other healthcare professionals, including GPs and paediatricians, will 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 individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Roles and responsibilities of local authorities

Local authorities are commissioners of school nurses for maintained schools. Under section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners- such as governing bodies, clinical commissioning groups and 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 and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014) Local Authorities will 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. Local authorities will 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. Statutory guidance for local authorities sets out that they will 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.

This link clearly sets out the responsibilities of the school and the LA when a child is absent from school for more than 15 days.

<https://www.gov.uk/illness-child-education>

Managing medicines on school premises

- Medicines will only be administered at the Federation when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 will be given prescription or non-prescription medicines without their parent's written consent- except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.
- Where clinically possible, medicines will be prescribed in dose frequencies which enable them to be taken outside school hours.
- The Federation 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 and insulin pen or pump, rather than in its original container.
- All medicines will be stored safely. The Federation will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held. The Federation will keep a record of all medicines administered to individual children, stating what, how and how much was administered and by whom. Any side effects of the medication to be administered at school will be noted in school and parents will be informed. Children should know where their 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 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.

Emergency procedures

In each child's Individual healthcare plan it will clearly define what constitutes an emergency for that child and explain what to do. All staff will be made aware of emergency symptoms and procedures; e.g. emergency contact numbers and information of how to behave in an emergency, will be displayed centrally when necessary. Other pupils in the Federation will be taught 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.

All pupils will have the correct level of support be able to participate in school trips and visits, or in sporting activities.

Teachers will be aware of how a child's medical condition will impact on their participation, there will be enough flexibility for all children to participate according to their own abilities with reasonable adjustments. The Federation 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.

The Federation will consider what reasonable adjustments it might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. There will be consultation with parents and pupils and advice may be sought from a relevant health care professional to ensure that pupils can participate safely.