

# Brough Primary School



## Meeting the Needs of Pupils with Medical Conditions

Policy Date	November 2017
Policy Review Date	November 2020
Lead Person for Policy	Mr S Mearns

This policy is based on the statutory guidance for governing bodies which came into force in September 2014.

### **Policy Key Points**

- Children at school with medical conditions will be supported so that they have full access to the necessary education, including school trips and physical education lessons.
- The Governing body will ensure that arrangements are in place to support children with medical needs.
- The Governing body will ensure that school leaders consult with relevant health and social care professionals, children and parents to ensure that the needs of children with medical needs are effectively supported.
- Children with medical needs for the purposes of this policy is defined as; a child who has a long term sickness or injury which means they are unable to attend school for periods of time, or a child who has a medical condition which has the potential to affect their education or a child who has a long term clinically defined mental health problem.

### **Need for Care**

From September 2014 governing bodies have been required to make arrangements to support pupils with medical needs. It is intended that all children with medical conditions, both physical and mental, are properly supported in school so that they have the opportunity to play a full and active part in school life, resulting in them achieving their academic potential.

We are very aware that parents of children with longer term medical needs are often concerned that their children's health will deteriorate if they are in the school environment. This is because children with long term conditions often require on-going support and medicines while at school to help them manage their condition. Others may require careful monitoring and specific actions in an emergency. We therefore want all parents to feel confident that the school will provide effective support and provide a safe environment for their child.

The school will do all it can to establish close relationships with relevant local health services, children and parents so that the right advice is received. The school will listen to and value the views of the parents and children.

In addition to the impact on a child's education we recognise there will be social and emotional implications. Children may worry about their appearance or their condition which can lead to anxiety or depression. Reintegration back into school following lengthy absence will be properly supported so that children with medical conditions fully engage with their learning and do not fall behind. Similarly, regular or short term absence linked to medical appointments or treatments will also be correctly managed to limit the impact on a child's educational attainment or emotional wellbeing.

### **The role of the governing body**

The governing body will ensure that arrangements are in place to support children with medical conditions. In doing so, the governors will ensure that children with medical needs can access and enjoy the same opportunities at school as any other child.

In making their arrangements, governing body 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. Some will be more obvious than others. The governing body will 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 will ensure that arrangements put in place give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how the medical condition impacts on a child's ability to learn, as well as increase their confidence and promote self-care. The governing body will ensure that staff are properly trained to provide the support that children need.

The governing body will ensure that the school's policy covers the role of Medical Conditions Plans, and who is responsible for them.

### **The Role of the Head teacher**

The Head teacher will ensure that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Head teacher will ensure that all relevant staff are aware of any child's condition. They will also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all medical conditions plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Head teacher has overall responsibility for the development of medical conditions plans and ensuring that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

### **The Role of the Parents**

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. It is the parent's responsibility to notify the school immediately of any new medical condition which may impact on their child at school. If a child were to be diagnosed with or have a longer term medical condition which requires specialist care, parents would be asked to provide the school with a copy of the individual health care plan provided by their child's specialist. In consultation with the parents, this would then allow the school to assess the level of need which may then result in appropriate recommendations to all necessary adults who may have responsibility for the child's care at school, or a full medical conditions plan if the symptoms are likely to have a significant impact on the child's education. Parents should 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.

### **The Role of the Pupil**

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 medical conditions plan.

Other pupils should be educated so that they are sensitive to the needs of those with medical conditions.

### **The Role of Staff**

Anyone caring for children, including teachers, teaching assistants and other school staff have a common law duty of care to act like any reasonably prudent parent/carer. This duty extends to

staff leading activities taking place off site, such as visits, outings or field trips and may extend to taking action in an emergency.

Teachers who have children with medical needs in their care should understand the nature of the condition, and when and where the child may need extra attention. All staff should be aware of the likelihood of an emergency arising and be aware of the protocols and procedures for specific children in school through attending training provided and reading medical conditions plans devised for individual children.

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 should take into account the needs of pupils with medical conditions that they teach. School staff must receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions or administer medication. All members of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **The Role of the School Nurse (Jackie Scott)**

The school nurse is responsible for notifying the school, if they are aware, when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. The school nurse, along with the child's consultant, will support staff in implementing a child's medical conditions plan and provide advice and liaison, for example on training. The school nurse can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. The school nurse will provide staff training on the administration of medication and on anaphylaxis and epilepsy training, including the use of epipens as well the control of Type 1 Diabetes.

### **The Role of Other Healthcare Professionals**

Other healthcare professionals, including GPs and paediatricians, 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 medical conditions plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy). Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

### **The Role of the Local Authority**

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 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 should 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 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. 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 school year).

### **Identification/Notification that a Pupil has a Medical Condition**

Parents/carers are asked if their child has any health conditions or health issues on the school's enrolment form. Parents/carers of new pupils starting at other times during the year are also asked to provide this information on enrolment forms. Throughout the year we request, through our newsletter, that parents keep us up to date with any changes in personal information. We also annually send out data sheets for parents/carers to check and amend to ensure all our records are up to date. Provision and support will then be assessed.

If the school is notified that a pupil who has a medical condition will be transferring to the school, transitional arrangements will be put in place to ensure that the appropriate training, arrangement and support can be put in place.

### **Medical Conditions Plan (MCP) – Appendix 1**

A medical conditions plan (and its review) may be initiated, in consultation with the parent, by the head teacher or SENCO. These plans are designed to ensure the school supports children effectively and provide clarity about what needs to be done, when and by whom.

Information to be included on an MCP will be the following:

- The medical condition, its triggers, signs, symptoms and treatments;
- The resulting needs of the child, including medication (dose and side effects), other treatments, time, facilities, equipment, testing, access to food and drink where it is used to manage their condition and any issues with regard to the school environment;
- Specific support for the child's educational, social and emotional needs – for example how absences will be managed, extra time for classwork or rest periods;
- The exact level of support needed, including what to do in An emergency and whether the child is self-managing the condition;
- Who will provide the support, any training needs identified, the expectation of their role and confirmation of proficiency; and cover arrangements for when they are not available;
- Who needs to be aware of the child's condition;
- Arrangement for written permission from parents and the head teacher for an appropriate member of staff to either, administer medication or supervise while a child self-administers;
- Separate procedures required for school trips or other school activities outside the normal curriculum to ensure the child can participate;
- What to do in an emergency, including whom to contact. Some children may have an emergency health care plan prepared by their lead clinician which can be used to inform development of their medical conditions plan.

A copy will be given to parents/carers, the class teacher and a copy will be retained in the medical section of the child's individual file. There is a centralised register of MCPs and an identified

member of staff (Louise Kirlew) has responsibility for this register, which is stored in a secure location.

If the child has an EHC the MCP is linked in to this. School staff are made aware of, and have access to the EHC and any MCP for the pupils in their care. Whenever possible the school seeks permission from parents/carers before sharing any medical information with any other party, all staff are aware of the need to protect pupil's confidentiality.

### **The child's role in managing their own medical needs**

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This would be monitored and observed by a member of staff. This should be reflected within medical conditions plans. Wherever possible, children should be allowed easy access to their inhaler (as per the Asthma Policy) for self-medication quickly and easily.

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 medical care plan. Parents should be informed so that alternative options can be considered.

### **Communicating Needs**

A medical list containing photographs and information as well as class/childcare lists together with an outline of any medical condition and actions to be taken, is available to all teaching and non-teaching staff (including lunchtime supervisors and activity leaders). This will ensure that all staff have access to medical information when required.

There is a noticeboard in the staffroom that contains photographs of all pupils with allergies so that pupils can be easily recognised and so that supply staff are fully aware of medical needs. This information is also displayed in the school kitchen.

### **Emergency Procedures**

One of the school's named first aiders should be called first in an emergency situation. In the event of illness or accident they will provide appropriate first aid. In the event of a serious accident, we will contact the parent/carer as soon as possible. If hospital treatment is required and a parent/carer is not available, two members of staff will take the child to hospital and stay with the child until the parent/carer arrives. If the child is required to travel in an ambulance a member of staff will accompany the child in the ambulance if their parent/carer is unavailable and will stay with the child until the parent/carer arrives.

Details of accidents/incidents are recorded in the accident book together with any treatment provided. In the case of a head bump, a generic letter is sent home by parent mail. For a more serious head bump a call is made to the parent/carer. For other accidents, the first adier will decide whether an accident form should be sent home. The school reviews medical emergencies and incidents to see how they could have been avoided; any necessary changes are then made to the school policy according to these reviews.

At playtimes and lunchtimes there is always a member of staff on call for first aid assistance. Where a child has a medical conditions 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.

### **Physical Activity**

We recognise that most children with medical needs can participate in physical activities and extra-curricular sport. Any restrictions in a child's ability to participate in PE or specific physical activities should be recorded in their MCP. All staff should be aware of issues of privacy and dignity when changing for physical activities for children with particular needs.

### **School Visits**

When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits. Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member may be needed to accompany a particular child. Arrangements for taking any medicines will be planned as part of the risk assessment and visit planning process. A copy of the MCP and administering medication information should be taken on trips and visits in the event of information being needed in an emergency or to administer any medication.

### **Residential Visits**

Parent/carers of children participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. Administration of medicine forms need to be completed prior to the day of departure and all medication which needs to be administered during the course of the visit should be handed directly to the group leader or nominated first aider before leaving the school/centre at the start of the visit.

### **Absence due to long term medical issues**

The school will liaise with parents/carers when a pupil is absent from school due to a long term medical condition. If appropriate, work will be provided to be completed at home. Class teachers will liaise with the relevant education staff regarding pupils being educated in hospital or at home.

### **Staff training and support**

#### **Staff training**

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school or as soon as a medical need is identified. Arrangements are made with appropriate agencies to update staff training when required.

A number of staff hold an up to date first aid certificate and selected staff have completed more advanced courses (see safeguarding training list). First aid training is refreshed on a rolling programme.

Suitable training should have been identified during the development or review of medical conditions plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

The relevant healthcare professional will normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. Schools may choose to arrange training themselves and should ensure that this remains up-to-date. 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 as set out in the medical conditions plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. 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 should be asked for their views. They should provide specific advice, but should not be the sole trainer. 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 the proficiency of staff in a medical procedure, or in providing medication. All staff attend asthma, epilepsy and anaphylaxis training bi-annually. Induction for new staff includes looking at this policy and the Administration of Medicines Policy.

### **Record Keeping**

Accurate records offer protection to staff and children and provide evidence that procedures have been followed.

### **Confidentiality**

Staff must always treat medical information confidentially. An agreement should be reached between parent/carers and the school about whom else should have access to records and other information about a child and this will be detailed in their medical condition plan. The school recognises the importance of effective communication and information sharing.

### **Unacceptable Practice**

Although school staff should use their discretion and judge each case on its merits 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; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their medical conditions plan;
- Send an ill child 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 drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, 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 create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

### **Liability and Indemnity**

The school's insurer will cover liability arising from the provision of incidental medical treatment including first aid and administration of medication. This would cover staff, as long as they have appropriate training and follow any directions given by a medical professional.

### **Complaints**

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.

### **Monitoring and evaluation**

Staff and Governors will review this policy on a two yearly cycle unless circumstances demand an earlier review.

Mr S. Mearns

November 2017

## Medical Conditions Plan

**Name :** \_\_\_\_\_ **Class :** \_\_\_\_\_

Medical Condition			
Triggers	Signs	Symptoms	Treatments
Required medication	Dose and any possible side effects	Other treatments	Equipment, testing, access to food or drink
Specific support (social, emotional, management of absence, extra time for class work, rest periods etc.)			

How the school will meet the specific support			
Which staff need to be aware of this plan?	What written permissions are necessary for staff to administer or supervise the child self-administering medicines?	What procedures will be needed to enable access to any educational visits?	What arrangements will be needed to enable access to any extra-curricular clubs?
What action should be taken in an emergency?			

*Please note – All children who have this level of need will have an Individual Health Care Plan prepared by their lead clinician which can be used to inform the writing of the school medical conditions plan.*