

MEDICAL CONDITIONS POLICY

Supporting pupils with special medical needs

Our school aims to serve its community by providing an education of the highest quality within the context of Christian belief and practice. It encourages an understanding of the meaning and significance of faith and promotes Christian values through the experience it offers to all its pupils.

Our School Ethos Statement

We recognise our special historic foundation and will preserve and develop its Christian character in accordance with the principles of the Church of England. This will also be enhanced and supported by the strong partnerships that we enjoy with the Church of St Lawrence, Ardeley and the Diocese of St Albans. We will do everything we can to serve our children and the school community as a whole by providing an inclusive education of the highest quality within the context of our Christian faith and practice. Our school will encourage an understanding of the meaning and the significance of the Christian faith, promoting its values throughout the learning and caring experiences that we offer to all of our children; “Loving and Learning in Fellowship and Faith”.

Definition

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

- Short term – affecting their participation in school activities while they are on a course of medication
- Long-term – potentially limiting their access to education and requiring extra care and support (deemed special medical needs)

Rationale

Local authorities and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required and the employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need (Appendix 1).

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010 (see Equalities scheme). Some may also have special education needs (SEND) and may have an Education Health and Care Plan (EHC) which brings together health and social care needs as well as their special educational provision and should be reviewed at least annually. For children with SEND the SEND Code of Practice should also be followed.

The Children and Families Act 2014 places a duty on governing bodies to make arrangements for supporting pupils at their school who have medical conditions. Pupils with special medical needs have the same right of admission to the school as other children and cannot be refused admission or be excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act *in loco parentis* and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The Governing Board has overall responsibility for the development and effective implementation of this policy but delegates this responsibility to the Head Teacher for the day-to-day working.

Aims

The school aims to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential by:

- Assisting parents in providing medical care for their children
- Educating staff and children in respect of special medical needs
- Adopting and implementing the Hertfordshire policy of *Medicines in Schools*
- Arranging training for sufficient numbers of volunteering staff needed to support individual pupils
- Liaising as necessary with health care professionals in support of the individual pupil
- Monitoring and keeping appropriate records
- Ensuring parents are confident that the school is able to provide effective support for their child's medical conditions whilst in school.

Entitlement

The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support

The school accepts that all employees have rights in relation to supporting pupils with medical needs as follows:

- Choose whether or not they are prepared to be involved
- Receive appropriate training and on-going support
- Work to clear guidelines, including those for the administration of medicines (Appendix 2)
- Be adequately insured to undertake the support of pupils with medical needs
- Be able to alert the Head Teacher to any concern or matter relating to supporting pupils with medical needs including the impact on workload or levels of stress.

Expectations

It is expected that:

- Parents will be fully supportive of the school's policy to support children with medical conditions
- Parents will provide the school with up to date information about their child's medical needs. They are expected to be key partners in the development and review of their child's healthcare plan (Appendix 1) and may be involved in its drafting.
- Parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative.
- Where parents have asked the school to administer the medication for their child they must ensure that the dosage regime is typed or printed clearly on the outside. The school will only administer medicines in which the dosage is required 3+ times a day. The name of the pharmacist should be visible and the medication must always be in its original container

(bottle / blister pack). Any medications not presented properly will not be accepted by school staff. Pupils should not bring in their own medicine. This should be brought into school by the parent and taken to the school office where it is kept in a locked cupboard.

- That employees will consider carefully their response to requests to assist with the giving of medication or supervision of self-medication and that they will consider each request separately. Although administering medicine is not part of a teachers' professional duty they should take into account the needs of pupils with medical conditions that they teach.
- The school will liaise with the School Nurses for advice about a pupil's special medical needs, and will seek support from the relevant practitioners where necessary and in the interests of the pupil.
- That pupils with medical conditions 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 be sensitive to the needs of those with medical conditions.
- Any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use, should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the school

Policy into Practice

There is a need for proper documentation at all stages when considering the issue of support for pupils with medical needs in school.

The Governing Board must ensure that the arrangements in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.

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
- Send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch, unless this is specified in their healthcare plan
- Send unwell children to the school office unaccompanied or with someone unsuitable
- Penalise children for their attendance record if their absences are related to their medical condition
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need 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
- Prevent a child from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips

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, details of which are available from the school office,

Making a formal complaint to the Department for Education should only occur if it comes within the scope of section 496/497 of the Education Act 1996 and after attempts at resolution have been exhausted.

This policy has been written and reviewed with regard to the school's Equality Scheme (2018)

There were no concerns noted

Appendix 1 **Individual Healthcare Plans**

Information that should be recorded on individual healthcare plans includes:

- 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 conditions, dietary requirements and environmental issues eg crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs eg 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 levels of support needed (some children will be able to take responsibility for their own health needs), including in emergencies. If a child a 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 Head Teacher 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 or child, the designated individuals to be entrusted with information about the child's conditions
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency health care plan prepared by their lead clinician that could be used to inform development of their individual health care plan.

Model process for developing individual healthcare plans (IHCP)

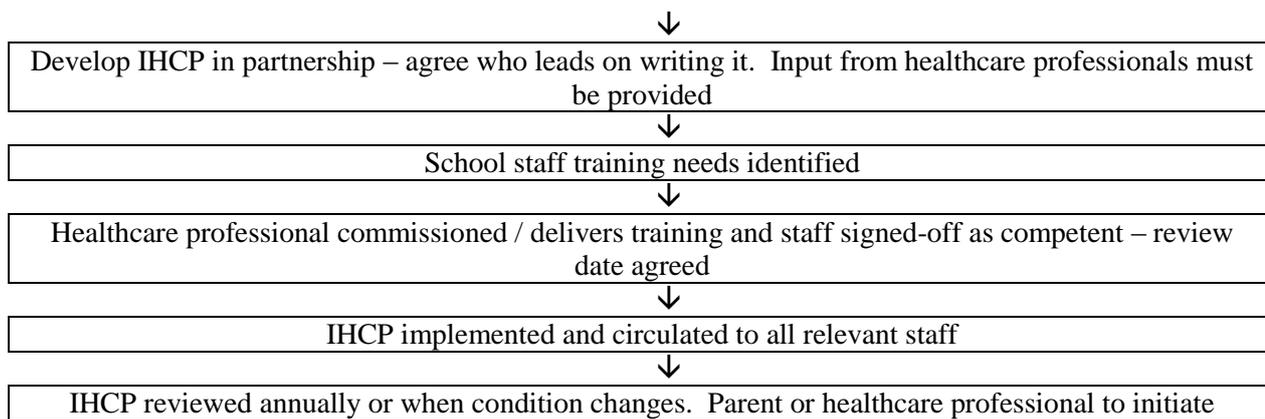
Parent or healthcare professional informs the school that a child is due for admission to the school or a child currently on roll has been newly diagnosed, or is due to return to school after a long-term absence, or that the child's needs have changed.



The Head Teacher or other member of school staff to whom this has been delegated, co-ordinates a meeting to discuss the child's medical support needs and identifies a member of the school staff who will provide support to the pupil.



Meeting held to discuss and agree on the need for an IHCP to include key school staff, child, parent, relevant healthcare professional and other medical or health clinicians as appropriate (or to consider written evidence provided by them).



Appendix 2

Managing medicines in school

Administration of Medicines (from Health, Safety and Welfare policy)

It is recognised that teachers do not have any obligation under their contract to administer medication to pupils. This is a purely voluntary role and is recognised as such by the Department for Children, Schools and Families (DCSF).

However, the school accepts that there may be exceptional circumstances in which it may be necessary for a pupil to receive medication during school hours. To this extent, the following people will supervise the administration of medicine under the guidelines shown in this procedure: Alison Walsh, Alison Sendall, Sue Jones, Karen Connolly.

- Only medication prescribed by a medical doctor will be accepted for administration.
- The medication will only be accepted with written authorisation from the parent or guardian. It must be clearly named and appropriately packaged.
- The written authorisation must contain clear instructions about the dosage and time of the administration, including possible side effects.
- A standard form will be issued by the school for permission to be given. It will contain a statement that the member of staff administering the medication does not claim to be any form of medical practitioner.
- Medication should be self-administered if possible under the supervision of an adult.
- A record should be kept of the date and time of the administration.
- If a pupil refuses to take medication they should not be forced to do so. Parents should be informed accordingly.
- Epipen training for anaphylaxis and training to manage epilepsy should be updated annually for staff, as required.
- A care plan will be agreed with parents and health professionals for any child with an ongoing medical condition that requires the administration of medicine.
- The medication will be stored in a secure place – Office cupboard or the staff room fridge if it is to be kept cold – and should include an annually updated photo of the child if the medication is ongoing.
- Unused medication should be collected by parents or disposed of appropriately. Ongoing medication should be returned to parents at the end of every term so that they can check the expiry date.
- On school trips, the trip leader may accept responsibility for the administration of medication (optional).
- These guidelines for the administration of medicine will be brought to the attention of all parents through the parents' handbook.

Pupils with ongoing health problems are identified from the parental return in September each year and made available to staff.