

Supporting Students with Medical Needs

First review: Autumn 2017

Next review: Autumn 2019

1 Aim and purpose

- 1.1 To ensure that all children at Stoke Holy Cross Primary, with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can access and enjoy the same opportunities at school as any other child.
- 1.2 To ensure that students and parents are confident that the School, in partnership with relevant local health services, will help to manage medical conditions so that the student's health does not deteriorate as a result of attending school.
- 1.3 To support students with medical conditions to play a full and active role in school life, remain healthy and safe, as well as increase their chances of achieving well academically.
- 1.4 To maximise the access to education for children and young people who are unable to attend school because of medical conditions, so that they are able to keep up with their peers as far as is reasonably possible.

2 Introduction and background information

- 2.1 The governors and staff of the School are understanding and mindful of the needs of all children and young people of compulsory school age who as a result of medical conditions experience disruption to their education. We will therefore work in partnership with parents, the student and health and social care professionals to make reasonable adjustments to accommodate children and young people with either short or long term medical conditions. By working in this way the governors will be fulfilling their responsibility under Section 100 of the Children and Families Act 2014.
- 2.2 Some children with medical conditions will be disabled and or have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan. Where a child has a disability the Governors will comply with their duties under the Equality Act 2010 and if a child has SEN, this policy should be read in conjunction with the SEN-D code of practice. In all cases this policy should be considered in conjunction with the statutory guidance issued in April 2014: "Supporting students at school with medical conditions" (DfE).
- 2.3 In addition to physical health, the governors and staff recognise that, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition or develop emotional disorders such as anxiety or depression. In particular, long-term or frequent short-term absences may impact on their educational attainment and their ability to integrate with their peers and affect their general wellbeing and emotional health.
- 2.4 In line with their safeguarding duties, the governing bodies will also ensure that students' health is not put at unnecessary risk from, for example, infectious diseases. They 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.

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

- 3.1 In the first instance parents of the School should make contact with their child's teacher or Head teacher. These contact details are available on the School's website.

- 3.2 The Head Teacher will then organise a meeting inviting all relevant parties so that the child's needs are identified and suitable provision planned. It may also be appropriate to write the child's individual healthcare plan at this time or at an additional meeting, depending on individual circumstances.
- 3.3 When the medical condition is likely to lead to an absence of more than 15 school days in any academic year, the school will ask the parent to obtain written advice from the hospital consultant. They will be asked to:-
 - 3.3.1 Confirm the child or young person's medical condition, or advise on what action is being taken in addressing the medical condition;
 - 3.3.2 Comment on the child or young person's ability to cope with educational provision, i.e., whether they are medically unfit to attend school and provide guidance upon the amount of education provision that is appropriate.
 - 3.3.3 Comment on the length of time that the child or young person is likely to be absent and therefore in need of support.
 - 3.3.4 Indicate the review arrangements to ensure that the child or young person returns to school as soon as they are medically able to do so and any reintegration arrangements that should be considered, e.g. a phased return.
 - 3.3.5 Indicate the treatment or support that the child or young person is to receive through the Health Service to support their return to health and mainstream schooling.
- 3.4 The hospital consultant's input is a vital contributory factor in helping the School commission medical needs provision at our local short stay school, if required.

4 Procedure to be followed when a student with a medical condition is ready to return to school

- 4.1 Parents should make contact with their child's Head Teacher. They will then organise a meeting inviting all relevant parties so that a suitable reintegration timetable can be agreed. Again, it may also be appropriate to update the child's individual healthcare plan at this time or at an additional meeting depending on individual circumstances.

5 Individual Health Care Plans

- 5.1 The decision as to whether a student will have an individual health care plan (IHCP) will be made collaboratively between the student, the parent and the School with advice from the school nursing service or other health professionals if needed. Not all students with medical conditions will need plans; a plan is more likely to be needed when there is a high risk that emergency intervention will be needed, or when the medical condition is long-term and complex. If consensus cannot be reached, the Head teacher will make the final decision.
- 5.2 Individual health care plans identify the name/s of the members of staff who have volunteered to provide medical needs support for a student, as well as any training needs identified. They also include the contingency arrangements in place should this person be absent for any reason.
- 5.3 The Head Teacher is responsible for coordinating the writing of new individual healthcare plans. Annual reviews/monitoring of existing care plans will be undertaken by the Head Teacher, with input from other professionals if medical needs have changed.
- 5.4 All care plans are shared with staff through a folder in the Staff Room. This is to ensure confidentiality as much as is practically possible. If a student's IHCP changes

then staff are advised of this during Staff Briefing. In addition to this the names of students with medical needs are recorded on the school additional needs register and this is reflected on teaching group lists that are also provided to cover supervisors or supply teachers in case of regular teacher absence.

- 5.5 The usual template for the School's individual healthcare plan is attached as Appendix 1. On occasions, it is appropriate to use a different template. On these occasions, the same information is given, but in a different form (for example, when a child wishes to write their own IHCP). A model letter inviting parents to contribute to an IHCP is attached as Appendix 2.

6 Roles and responsibilities

- 6.1 Supporting a child with a medical condition during school hours is not the sole responsibility of the School. Our ability to provide effective support depends on working cooperatively with parents and other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), the Local Authority, and parents and the student is critical.

7 Schools' responsibilities

- 7.1 School will publish the name of the teacher that has professional responsibility for overseeing the needs of students with medical conditions and for the implementation of this policy. At Stoke Holy Cross Primary, for Head teacher, Miss Jeannette Chaney, has key responsibility.
- 7.1.1 We will ensure that all staff are aware of student's medical conditions and that they know what to do if the child needs help.
- 7.1.2 We will ensure that no member of staff unreasonably prevents a student accessing the support they need during the school day.
- 7.1.3 We will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. This will include an element of spare capacity to accommodate staff absence.
- 7.1.4 We will maintain responsibility for the education of children and young people with a medical condition on our school roll and continue to monitor their educational progress and attainment as we would for any other student.
- 7.1.5 We will consult regularly with the children and young person / parents / carers and work in collaboration with them, acknowledging that young people have a right to be involved in making decisions and exercising choice.
- 7.1.6 We will ensure that a child or young person on our school roll who is unable to attend school because their consultant has advised that they are not well enough to do so will receive educational support as quickly and effectively as possible. This provision will be subject to regular review to check it is still appropriate for the child's needs.
- 7.1.7 We will work in partnership with other agencies including schools to ensure effective transitional arrangements are in place for students new to the School or who are re-integrating back to school after a sickness absence.
- 7.1.8 We will endeavour to keep children and young people who are unable to attend school because of medical needs informed about school social events and trips, so they are able to participate if possible and, in doing so, maintain contact with their peers.

8 Local Authority responsibilities

- 8.1 To provide home to school transport for students with medical conditions in line with their current policy.
- 8.2 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.
- 8.3 To work with schools to support students with medical conditions to attend full time.
- 8.4 To ensure that adequate educational provision is in place where students would not receive a suitable education in a mainstream school because of their health needs (once the child has missed 15 days or more whether consecutive or cumulative across the school year)

9 Parent's responsibilities

- 9.1 To obtain written medical advice as outlined in this policy.
- 9.2 To keep the School informed of any change in their child's medical condition that might impact on the planned educational provision.
- 9.3 To liaise with school so that an individual education plan can be drawn up that will cover the complete education for their child if they are likely to miss more than 15 school days, or miss school on a regular basis.
- 9.4 To coordinate the collection and return of completed work to school on a regular basis.
- 9.5 To provide medicines and equipment as outlined in the individual healthcare plan and ensure they or another nominated adult are contactable at all times.
- 9.6 To inform the School if they wish medicine to be administered using the parental agreement to administer medicine form (Appendix 3).
- 9.7 For primary age children, to inform the School if the child is carrying their own medication; eg Calpol.

10 Other agencies responsibilities

- 10.1 The school nursing service should notify the School when a child has been identified as having a medical condition which will require support in school.
- 10.2 Other healthcare professionals, including GPs and paediatricians, should notify the school nursing service when a child has been identified as having a medical condition that will require support at school.
- 10.3 Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison and participation.

11 Staff training and support

- 11.1 Staff are provided with regular professional development opportunities so that they are able to carry out their role in supporting students with medical conditions. Once the needs of students are known, any area with a skills shortage is identified and appropriate training commissioned. This training may come from a variety of sources including accredited providers, colleagues from the health service such as the paediatric physiotherapy or occupational health teams or indeed the parent. Details of training are recorded. (See Appendix 4) Further details of staff training/qualifications are available within each School's Health and Safety policy which is available on request and subject to annual review. The person responsible

for this review and the commissioning of appropriate training for staff at the School is the Head teacher, Jeannette Chaney.

12 The child's role in managing their own medical needs

- 12.1 At the School, in order to promote independence wherever possible, after consultation with parents, students will be encouraged to carry their own medicines and relevant devices so that they are able to self-medicate quickly. This will be reflected with the student's individual healthcare plan alongside the name of the adult who can provide support and guidance when required.
- 12.2 If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the individual healthcare plan. Parents will also be informed so that alternative options can be considered.

13 Managing medicines and record keeping on school premises

- 13.1 Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so. This includes controlled drugs.
- 13.2 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 will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- 13.3 Non-prescription medicines will only be administered on written request from the student's parents and only if agreed by the Head teacher. Such medication, eg for pain relief, will not be administered without first checking maximum dosages and when the previous dose was taken. Parents' permission will normally be sought before any individual dose of the medication is given and parents will always be informed.
- 13.4 Aspirin will not be given to a student under 16 unless prescribed by a doctor.
- 13.5 School will only accept prescribed medicines that are in-date, labelled and provided in the original container as dispensed by a pharmacist which include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.
- 13.6 All medicines will be stored safely but within immediate access of the student. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will not be locked away.
- 13.7 During school trips and visits, access to medicines will be specifically planned.
- 13.8 A student who has been prescribed a controlled drug may legally have it in their possession provided they are competent to do so; however passing it to another child for use is an offence which will be dealt with under each school's behaviour and drugs policies.
- 13.9 Controlled drugs that have been prescribed for a student will be securely stored in a non-portable container to which only named staff (first aiders and the Head teacher) have access. However they will be easily accessible in case of an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school. (Appendix 5)
- 13.10 All medicines administered to individual children will be recorded in terms of what, how and how much was administered, when and by whom. Any side effects of the medication administered at school will be noted. (Appendix 6)

13.11 Any unused medicines including sharps boxes will be returned to the parent to arrange for safe disposal.

14 Emergency procedures

14.1 The School follows Norfolk County Council's protocol for dealing with emergencies: <http://www.schools.norfolk.gov.uk/Schoolmanagement/Emergencies/index.htm>. Where a child has an individual healthcare plan, this clearly defines what constitutes an emergency and explains what to do, including actions to be taken by staff and other students.

15 Day trips, residential visits and sporting activities

15.1 The School actively supports young people with medical conditions to participate in School trips and visits, or in sporting activities, and will not prevent them from doing so, according to their own abilities and with any reasonable adjustments. The Schools will make arrangements for the inclusion of children in such activities with any adjustments as required unless evidence from a clinician states this is not possible.

15.2 The Schools will consider what reasonable adjustment it might make to enable children with medical needs to participate fully and safely on visits, carrying out a risk assessment in consultation with parents and children and advice from healthcare professionals to ensure the child can participate safely.

16 Unacceptable practice

16.1 Although staff will use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it will not generally be acceptable to:

16.1.1 Prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary;

16.1.2 Assume that every child with the same condition requires the same treatment;

16.1.3 Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);

16.1.4 Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCPs;

16.1.5 If the child becomes ill, send them to the school office unaccompanied or with someone unsuitable;

16.1.6 Penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments;

16.1.7 Prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;

16.1.8 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

16.1.9 Prevent students from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

17 Liability and indemnity

17.1 The Cluster Schools have a public liability insurance policy provided by Norfolk County Council which is renewed on March 31st annually. The sum assured under this policy is £50 million. The policy is on display in the main school office and is accessible to all staff providing support to students with medical conditions.

18 Complaints

18.1 Should parents or students be dissatisfied with the support provided by the school they should discuss their concerns in the first instance with the Head teacher. If for whatever reason this does not resolve the issue, they should follow the School's complaints procedure.

Individual Healthcare Plan Template

APPENDIX 1

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school?	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Individual Healthcare Plan Template

APPENDIX 1

Name of medication, dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities?*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

**Model letter inviting parents to contribute
individual healthcare plan development**

APPENDIX 2

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Parental agreement for setting to administer medicine

APPENDIX 3

The School will not give your child medicine unless you complete and sign this form, and the School has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
NB: Medicines must be in the original container as dispensed by the pharmacy	

Contact Details

Name	
Daytime telephone no. Relationship to child	
Address	
I understand that I must deliver the medicine personally to	
	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the

school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Staff training record – administration of medicines

APPENDIX 4

Name of school

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date

Record of medicine administered to an individual child

APPENDIX 5

Name of school
 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 (Continued)
APPENDIX 5

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

