

# **Supporting Pupils with Medical Conditions Policy**

## **The Alderton Infant School September 2016**

This revised policy should be read in conjunction with the School's Equality Policy, Child Protection and Safeguarding, First Aid, Health and Safety and SEND policy documents. This policy is written in regard to:

- Section 100 of the Children and Families Act 2014 which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions
- Supporting pupils at school with medical conditions (December 2015)
- Statutory Framework for the Early Years Foundation Stage (September 2014)
- SEND Code of Practice (September 2014)

Most pupils at some time have a medical condition, which could affect their participation in school activities. This may be a short term situation or a long term medical condition which, if not properly managed, could limit their access to education. We aim to provide a fully inclusive educational and pastoral environment. To do this we ensure that correct procedures and protocols are in place to enable any pupil with a long-term medical condition to be able to attend school, have minimum disruption to their education and to participate fully in school activities and events.

Pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support we provide, we work closely with the relevant local health services. The advice from healthcare professionals and listening to and valuing the views of parents and pupils is crucial.

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 develop emotional difficulties such as anxiety or depression around their medical condition. 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. Reintegration back into school will be properly supported so that children with medical conditions fully engage with learning. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which may be lengthy), will also be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

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 The Alderton Infant School complies with its duties under that Act. Some may also have special educational needs (SEND) and may have a statement, or Education, Health and Care plan (EHC) which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice and policy. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with the statutory elements of this guidance with respect to those children.

## **Starting School**

On entry to the school parents are required to complete an admission form and inform us of any medical conditions. We also expect parents to inform us of any changes to their child's health or medical condition during their time at the school. We work with parents and health care professionals to ensure we have specific protocols in place as soon as the child starts school. This may take the form of information sharing, developing specific care plans, organising training, employing new staff or reorganising classroom facilities. Pupils requiring continuous support for a medical condition will be given an individual health care plan.

## **Individual Health Care Plan (IHCP)**

IHCP are used to ensure that pupils are effectively supported with medical conditions. The aim is to capture the steps which we need to take to help the child manage their condition and overcome any potential barriers to getting the most from their education. They provide clarity about what needs to be done, when and by whom. They are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

However, not all children will require an individual healthcare plan. The school, relevant healthcare professional and parent will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will make the final decision.

Individual healthcare plans (and their review) are initiated in consultation with the parent, by the school and/or a healthcare professional involved in providing care to the child using the proforma attached. Plans are drawn up in partnership between the school, parents, and a relevant healthcare professional, who can best advise on the particular needs of the child. 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. Plans are reviewed annually or earlier if evidence is presented that the child's needs have changed.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the plan identifies the support the child will need to reintegrate effectively. Some children may have an emergency healthcare plan prepared by their lead clinician that will be used to inform development of their individual healthcare plan.

Individual healthcare plans are easily accessible in school to all who need to refer to them, while preserving confidentiality. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. Where confidentiality issues are raised by the parent, the designated individuals are trusted with the information about the child's condition. A copy is given to parents and class teacher and a copy is retained in the medical needs file in the main office. All relevant staff will ensure they are aware of the protocols and procedures for specific pupils in school through reading care plans devised for individual pupils.

Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan. Where a child has SEND but does not have a statement or EHC plan, their special educational needs may be mentioned in their individual healthcare plan. The SENCo will be involved.

## **Provision and Organisation**

Pupils are supported so that they can participate as fully as possible in all school activities including educational visits and sporting events. Class teachers will be aware of how a

child's medical condition will impact on their participation and any reasonable adjustments will be made. Risk assessments are completed prior to any educational visit taking place and these include what reasonable adjustments might need to be made to enable children with medical needs to participate fully and safely. Additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines are planned as part of the risk assessment and visit planning process.

### **Staff training and support**

The school provides information on the specific needs of individual pupils. Nominated members of staff complete accredited First Aid training, including Paediatric First Aid, First Aid at Work and Emergency First Aid relevant to their roles in the school.

Any member of staff providing support to a pupil with medical needs will be supported in carrying out their role through relevant and appropriate training. Training needs will be identified through the initial writing of the individual healthcare plan and through its annual review. Training will be sought from local healthcare professionals and professional bodies. This is usually within the term of a new pupil beginning school but if necessary before they commence their education at the school.

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. Training will 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 individual healthcare plans. Staff will not give prescription medicines or undertake healthcare procedures without appropriate training. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

### **Administering Medicines**

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. We only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. Medicines are stored safely in the main office and written records are kept of all medicines administered to children. Written instructions from the parent are followed. In some cases, written instructions on the medication container dispensed by the pharmacist may be considered sufficient as long as the parent signs consent. When no longer required, medicines are returned to the parent for safe disposal.

After discussion with parents, children who are competent are encouraged to administer their asthma inhaler, although this is under adult supervision, given the young age of children in our school. Similarly this applies to the application of creams and lotions. This will be reflected within the individual healthcare plan. If it is not appropriate for a child to self manage, relevant staff will help administer medicines and manage procedures for them.

### **Emergency procedures**

The school has in place arrangements for dealing with emergencies for all school activities wherever they take place, including on school trips. Where a child has an IHCP, this will clearly define what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. If a child needs to be taken to hospital by a member of staff, or a member of staff accompanies a child taken to hospital by ambulance, staff should stay with the child until the parent arrives.

### **Roles and Responsibilities**

Parents must provide the school with sufficient and up-to-date information about their child's medical condition and emergency contact information.

Pupils are encouraged to treat others with respect and to tell an adult when they are not feeling well or when they know another pupil is feeling unwell.

The Governing Body ensures that the arrangements are in place to support pupils with medical conditions and that an appropriate level of insurance is in place. (This is currently through Essex County Council.)

The Headteacher is responsible for ensuring that this policy is implemented and for arranging detailed procedures as necessary.

There is no legal duty, which requires teachers and school staff to administer medication; this is a voluntary role. Staff, who teach and support pupils with medical needs, will be fully informed about pupils' needs and are expected to read and understand the individual healthcare plan. Training as appropriate will be provided. Cover arrangements in case of staff absence and briefing for supply teachers is managed by the Headteacher, office staff and year group leaders.

Health Care Professionals will provide support and advice to the school on writing and implementing a child's individual healthcare plan as required.

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 LA has a duty to make other arrangements.

### **Unacceptable Practice**

The Governing Body is now required to state explicitly what practices are not acceptable. These are:

- Preventing pupils from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assuming that every child with the same condition requires the same treatment;
- Ignoring the views of the child or their parents; or ignoring medical evidence or opinion (although this may be challenged);
- Sending pupils with medical conditions home frequently for reasons associated with their medical condition or preventing them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the pupil becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalising pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Requiring parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues;
- Preventing pupils from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

### **Concerns and Complaints**

Should parents be dissatisfied with the support provided by the school, they should initially discuss their concerns directly with the Headteacher. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. A copy of the school's policy is available on the school website.

### **Reviewed: Autumn 2016**