



Bricknell Primary School

Meeting the Medical Needs of Pupils Policy

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This policy should be read in conjunction with the Statutory Framework for the Early Years Foundation Stage together with other school policies including:

- Asthma Policy
- SEND Policy
- Health and Safety Policy
- Child Protection and Safeguarding Policy
- Administration of Medication Policy
- Guidance for Safer Working Practice for Adults who Work with Children and Young People (2019)
- Single Equality Scheme Policy
- Intimate Care Policy

Rationale

The Children and Families Act 2014 places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions. This policy takes account of Section 100 of the Children and Families Act 2014 “Supporting Children at School with Medical Conditions” as well as the Equalities Act 2010 in setting out principles and procedures such as “reasonable adjustment” that are in line with legal requirements. Some pupils may have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan, for these children this guidance should be read alongside the Special Educational Needs and Disability (SEND) code of practice.

Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school activities on medical grounds alone.

Aim

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

Introduction

Many children at some time have a medical condition, which could affect their participation in school activities. This may be a short term situation or a longer term medical condition which, if not properly managed, could limit their access to education. The governors and staff of Bricknell Primary School wish to ensure that children with medical needs receive care and support in our school. We firmly believe children should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school or other activities.

Roles and Responsibility

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. To provide effective support Bricknell Primary School recognises the importance of working co-operatively with other agencies. Partnership working between school staff, healthcare professionals, local authorities, parents, pupils and, where appropriate, social care professionals is critical. The ultimate responsibility for the implementation of this policy lies with the Head of School and the Governing Body.

The Role of the Governing Body

The Governing Body is responsible for ensuring that there is a policy in place for supporting pupils with medical conditions in school and that it is implemented effectively. They should

ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

The Role of the Head of School

The Head of School 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 of School 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 individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Head of School has overall responsibility for the development of individual healthcare 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. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They 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 individual healthcare 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 individual health 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 Ombler)

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 will support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. The school nurse can liaise with lead clinicians 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 training, including the use of epipens.

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 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). 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 co-operation 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 request that parents/carers carry out a data review to check and amend their child's personal data to ensure that all of 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.

Individual Healthcare Plans (IHP)

The school uses an IHP to record the support an individual pupil needs around their medical condition and ensure that they are effectively supported. The IHP is developed with the pupil (where appropriate), the parent/carer, school staff, school nurse, specialist nurse where appropriate and relevant healthcare services. These plans will be reviewed annually or earlier if evidence is presented that the child's needs have changed. They should be 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.

An IHP 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 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 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;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- 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 healthcare plan.

A copy will be given to parents/carers, the class teacher and a copy will be retained in the medical room in the child's individual file. There is a centralised register of IHPs and an identified member of staff (Lorraine Hollas) has responsibility for this register, this is stored in a secure location.

If the child has an EHC the IHP is linked in to this. School staff are made aware of and have access to the IHP 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 individual healthcare plans.

Wherever possible, children should be allowed to carry their own inhalers (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 individual healthcare plan. Parents should be informed so that alternative options can be considered.

Communicating Needs

Lorraine Hollas is responsible for ensuring that all relevant members of staff, including lunchtime supervisors, are aware of any children with medical needs. This information will be shared with class teachers before the start of transition week.

There is a noticeboard in the staffroom that contains photographs of all pupils with allergies and any significant medical needs 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

The named school first aider is **Lorraine Hollas** who should be called first in an emergency situation. Should she not be available, we have a number of school staff (for an up to date list see safeguarding training record) who are trained in first aid and in the event of illness or accident 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. Accident slips will be sent home to inform parent/carers if their child has had an accident and received first aid attention. Parents will always be informed by telephone or in person if their child had had a head injury. In addition to this an accident slip will be sent home.

The school reviews medical emergencies and incidents to see how they could have been avoided and changes are made to the school policy according to these reviews.

The school carries out a termly accident analysis to identify any patterns in types/times/locations of accidents. This information is used to make changes to procedures, resources, supervision and the environment.

At playtimes and lunchtimes there is always a member of staff on call for first aid assistance.

Where a child has an individual healthcare 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 IHP. 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 IHP 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.

Incontinence

Where pupils have problems with continence we ask parents/carers to come into school and discuss the issue with relevant staff. Appropriate provision can then be made for their needs.

Parents responsibilities will include:

- Ensuring that the child is changed at the latest possible time before being brought to school
- Providing the school with spare nappies (if appropriate) and a change of clothing
- Understanding and agreeing the procedures that will be followed when their child is changed at school
- Informing the school should the child have any marks/rash or there are any changes to routines, etc.
- Updating the school of any changes to the child's needs in this area and review arrangements should this be necessary.

Staff responsibilities will include:

- Following the school's procedures when changing pupils
- Recording when a child is changed
- Informing parents/carers
- Informing the child protection coordinator if they have any concerns regarding a child
- Updating the parent of any changes to the child's needs in this area and review arrangements should this be necessary.

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 the paediatric first aid training (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 individual healthcare 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 individual healthcare 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 and anaphylaxis training every two years. 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 Individual Healthcare Plan. The school recognises the importance of effective communication and information sharing.

Other agencies

When appropriate the school will work in partnership with the school nurse and other medical professionals who may be able to provide additional background information and advice for school staff. Any requests for information or referral to these services will only be made with parental consent.

Infectious Medical Concerns

The school will seek medical advice in relation to infectious diseases. Provision will be put in place to ensure that infectious diseases are prevented from spreading. Information concerning

the control of infectious diseases can be found on 'Health protection in schools and other childcare facilities. A practical guide for staff on managing cases of infectious diseases in schools and other childcare settings'. A hard copy of the document can be downloaded from this website at

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

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 individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room 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

This policy will be reviewed regularly and changes will be made in line with new guidance or when the need arises.

