Clipston Endowed VC Primary School

(Supporting Children with) Medical Needs Policy



Be Kind ~ Be Your Best ~ Be Happy

Supporting Children with Medical Needs

Presented to and adopted by Governors: November 2023
Proposed Review: Autumn 2024

Clipston Primary School's Mission, Ethos and Aims

Our Mission

Be Kind ~ Be Your Best ~ Be Happy

Ethos

Recognising its historic foundation, Clipston Primary School seeks to serve its community by providing a rounded, connected and coherent education of the highest quality.

We endeavour to preserve and develop our distinct religious character in accordance with the principles of the Church of England.

The school lives out its Christian virtues – Thankfulness, Kindness, Justice, Love, Forgiveness, Responsibility and Courage – and all those essential human values, which are common to good, kind and tolerant people of all faiths and none, through the experiences it offers to all its pupils.

Aims – Our Vision

The school's aim, through its Christian ethos, is the creation of a safe, happy learning environment, which supports all children on their journey towards becoming:

- Successful engaged learners, who enjoy learning, who are knowledgeable and skilled, and who make progress and achieve their best;
- Confident, articulate individuals who can lead safe, healthy and fulfilling lives in the communities in which they live now and in the future;
- Responsible, happy citizens of the world who have the capacity to make positive contributions to society.

"Do to others as you would have them do unto you" Luke 6:31

To achieve these aims, staff and governors will work in partnership with parents, carers and the local community for the benefit of all our pupils.

The Policy for Supporting Children with Medical Needs

School Context

The staff at Clipston Endowed VC Primary School are committed to providing pupils with a high quality education whatever their health need, disability or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning, whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEN are not discriminated against or treated less favourably than other pupils.

Principles

This policy and any ensuing procedures and practice are based on the following principles.

- All children and young people are entitled to a high quality education;
- Disruption to the education of children with health needs should be minimised;

- If children can be in school, they should be in school. Children's diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary, to enable all children to attend school;
- Effective partnership-working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child;
- Children with health needs often have additional social and emotional needs. Attending
 to these additional needs is an integral element in the care and support that the child
 requires;
- Children and young people with health needs are treated as individuals and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.

As a school, we will not engage in unacceptable practice, as follows:

- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- prevent children from easily accessing their inhalers and medication and administering their own medication if they are able to, when and where necessary;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments, although parents will still be informed of their child's attendance figures;
- 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 long-term medical needs.

Definition of medical needs

For the purpose of this policy, pupils with medical needs may be:

- pupils with diagnosed chronic or short term health conditions or a disability involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- children who are injured or are recovering from medical interventions, or
- children with diagnosed mental or emotional health problems.

This policy does not cover self-limiting infectious diseases of childhood, e.g. measles, ear-infections, colds etc.

Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies **must** comply with their duties. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

Roles and Responsibilities

All staff have a responsibility to ensure that all pupils at our schools have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability.

Named person in school with responsibility for medical policy implementation

The member of staff responsible for ensuring that pupils with health needs have proper access to education is **Mrs. Emma Mercer.** She will be the person with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be her responsibility to pass on information to the relevant members of staff within the school. She will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance a pupil's inclusion in the life of the school and enable optimum opportunities for educational progress and achievement.

Parents/carers and pupils

Parents hold key information and knowledge and have a crucial role to play. Both parents and pupils will be involved in the process of making decisions. Parents are expected to keep the school informed about any changes in their children's condition or in the treatment their children are receiving, including changes in medication. Parents will be kept informed about arrangements in school and about contacts made with outside agencies.

School staff

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Staff must familiarise themselves with the medical needs of the pupils they work with. Training will be provided as necessary, in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency.

The Head Teacher

The Head Teacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. The Head teacher will ensure that all staff who need to know are aware of a child's condition. The Head teacher has overall responsibility for the development of individual healthcare plans. She may contact the school nursing service in the case of any child who has a medical condition that may require additional support at school.

The Governing body

The governing body is responsible for ensuring arrangements are in place to support pupils with medical conditions in school, including ensuring that this policy is implemented. They will ensure that all pupils with medical conditions at our schools are supported to enable the fullest participation possible in all aspects of school life. The governing body will ensure that sufficient staff have received suitable training and are competent to take on responsibility to support children with medical conditions.

Staff training and support

In carrying out their role to support pupils with medical conditions, school staff will receive appropriate training and support as required.

This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting pupils with medical conditions, and to make all staff aware of their role in implementing this policy.

Procedures

Notification

Information about medical needs or SEND is requested on admission to the school. Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment via the annual Data Collection update or sooner if changes in medical needs arise during the year.

If necessary, meetings with the parents/carers and other professionals are held before the pupil attends school to ensure a smooth transition.

Information supplied by parents/carers is transferred to the Medical Needs Register which lists the children class by class. A summary of the class Medical Needs Register is kept on the class attendance register clipboard so that it can be referred to easily. Fuller details are given on a 'need to know' basis.

Any medical concerns the school has about a pupil will be raised with the parents/carers and discussed with the school nurse. Most parents/carers will wish to deal with medical matters themselves through their GP.

Individual Health Care Plans

Not all children with medical needs will require an individual health care plan. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head teacher will take a final view.

Individual health care plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and / or complex. Plans provide clarity about what needs to be done, when and by whom.

Individual health care plans should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Individual health care plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school and parents (and if necessary, with a health care professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child). Pupils will also be involved whenever appropriate.

Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

Where a child is returning to school following a long period of hospital education, the school will work with the appropriate hospital school or the Hospital and Outreach Education to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Pupils too ill to attend school

When pupils are too ill to attend, the school will establish, where possible, the amount of time a pupil is likely to be absent.

After two weeks of continued absence, the school will seek to identify ways in which the school can support the pupil in the short term (e.g. providing work to be done at home in the first instance). The school should contact external advisers when they become aware that a child is likely to be or has been absent for 15 consecutive school days. Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family and the relevant medical professionals.

Medicines in school

Self-management by pupils

Wherever possible, children are able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage medical procedures may still require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Parents will then be informed, and alternative options may be considered.

Managing medicines on school premises

Where clinically possible, medicines ideally should be prescribed in dose frequencies which enable them to be taken outside school hours. Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

No child under 16 will be given medicines without their parent's consent.

The school only accepts medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist or over the counter, and 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.

Medicines that are out of date will not be administered by staff unless a 999 call handler gives instruction to do so. Please refer to the relevant policies.

Children are informed of where their medicines are at all times and are able to access them. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline / epipens are readily available to children and staff.

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Usually, the school will store controlled drugs that have been prescribed for a pupil. Controlled drugs will be easily accessible in an emergency.

School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. The

school keeps a record of all medicines administered to individual children, stating what and how much was administered, when and by whom.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes should ideally be used for the disposal of needles and other sharps.

Emergency Situations

Where a child has an individual health care plan, this will clearly define what constitutes an emergency and explain 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, staff will accompany a child taken to hospital by ambulance, unless a parent is with them.

Day Trips, Residentials and Sporting Activities

Pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any required adjustments can be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.

Liability and Indemnity

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the school's insurance policies. Supporting evidence from West Northamptonshire Council can be found at Appendix 1.

Complaints

If parents or pupils are dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Appendix 1 Insurance supporting information

Appendix 2 Flow chart for developing an individual healthcare plan

Appendix 3 Individual healthcare template

Appendix 1

Supporting pupils at school with medical conditions – Insurance implications

Governing Bodies should ensure that the appropriate level of insurance is in place and appropriately reflects the levels of risk present. Insurance policies should provide liability cover relating to the administration of medicines.

Set out below are the details of the insurance provided to maintained schools who buy back into the West Northamptonshire schools insurance scheme. We would like to provide assurance that the terms of the policy provide for an indemnity to governors, teachers, other employees and volunteers in respect of the administration of medicines and first aid treatment. The cover applies to all school related activities including extra-curricular activities and school trips. The following are items considered to be insured under existing public liability insurance

cover where an appropriate health care plan, training or written instructions have been provided and are updated on a regular basis in accordance with a care plan or risk assessment;

- Administration of medicines pre-prescribed by a medical practitioner via nasogastric tube, gastronomy tube or orally.
- Administration of over the counter medicines with parental consent
- Catheter bag changing and tube cleaning, excludes insertion of tubes
- Colostomy and Stoma care subject to written guidelines being followed
- Application and changing of dressings following a written health care plan
- Defibrillators subject to following written instruction and appropriate documented training
- First aid provision by qualified first aider and applicable during the course of the business for the benefit of employees, pupils and visitors
- Application or ear or nose drops
- Application of Epipen or Medipens or other such devices
- Gastronomy and nasogastric tube feeding and cleaning, no cover for insertion of tube
- Fitting and replacement of hearing aids following written guidance
- Inhalers, Cartridges and Nebulisers
- Injection of pre-packaged dose of treatment on regular basis as pre-prescribed by a medical practitioner, includes Insulin subject to training and written care plan
- Administration and assistance with Oxygen following written guidelines and training
- Rectal diazepam and midazalam in pre-packaged dose subject to written guidelines with 2 members of staff present

The cover specifically <u>excludes</u> any procedure or action taken that is not identified above. If a pupil at your school requires support with a medical procedure not detailed above, you should contact your insurers immediately for advice and guidance. In addition, any use of equipment for the purposes of diagnosis is not insured nor is the prescription of medicines.

Insurance Details - Public Liability Insurance

Insurer: QBE Insurance (Europe) Limited

Policy Number: Y083149QBE0119A

Expiry Date: 30th September (updated annually)

Limit of Indemnity: £5,000,000

Appendix 2

Flow chart for developing an individual healthcare plan

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them) Develop IHCP in partnership - agree who leads on writing it. Input from healthcare professional must be provided School staff training needs identified Healthcare professional commissions/delivers training and staff signed-off as competent - review date agreed IHCP implemented and circulated to all relevant staff IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate



Appendix 3: Clipston Endowed VC Primary School - Individual Health Care Plan - Example

Pupil's name	Date	e of Birth	Year Group
	Medical diagnosis or condition		dition
Photo	XXXXX		
Describe the medical needs of the pupil			
Give details of the pupil's symptoms		Triggers – what causes these symptoms?	
If you child might will or might need some treatment or medication in school, what is required?			
Name of medication and location		Dosage (and time it	is to be administered)
		Dosage (and time it	is to be duffillistered;
Name:			
Located:			
Consent			
I agree to school staff administering medication as described above.			
I will inform the school immediately, in writing, if there are any changes in the medical needs of my child.			
Parent / Carer Signature			Date
Office use only			
Information available to all staff via registers (and kitchen for food allergies)			
Copies to office data file			
Kingswood Catering informed if required Date of email			
Date of Review			