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Bishops Down Primary School

www.bishopsdownprimary.org

Supporting Pupils with Medical Conditions

Date Agreed: March 2018

Date for Review: March 2019

Reviewed and updated by: Resources/FGB

Supporting pupils at school with Medical Conditions Policy

Introduction and Key Points

This policy is based on the statutory guidance for governing bodies of maintained schools in England, September 2014.

The key points of the guidance are:

- Pupils at school with medical conditions are supported so that they have full access to education, including school trips and physical education.
- The Governing Body will ensure that arrangements are in place in school to support children with medical conditions.
- The Governing Body will ensure that school leaders consult with health and social care professionals, pupils and parents to ensure that the needs of pupils with medical conditions are effectively supported.

The Bishops Down Primary School Policy is incorporated into the guidance and is shown in bold italics.

As a school we interpret that a child with medical conditions is more than a child needing a short course of antibiotics or having a minor or very temporary illness.

Background

On 1 September 2014 a new duty came into force for Governing Bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance is intended to help governors meet their legal responsibilities and to set out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all pupils with medical conditions, both physical and mental health, are properly supported in school so that they can play a full role in school life, remain healthy and achieve their academic potential.

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This can be because pupils with long-term complex needs may require ongoing support, medical care whilst at school or medicines to help them manage their condition. Others may require monitoring or interventions in emergency situations. It is also true that children's medical needs may change over time, sometimes leading to periods of absence. It is important that parents feel their child's needs are being supported in school and that each child feels safe. In making decisions about how to support each child the school should establish relationships with relevant local health services to help them. It is crucial that school receive help and advice from healthcare professional as well as considering the views of parents and pupils.

In addition to the educational impact of medical conditions, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may develop emotional disorders such as anxiety or depression around their condition. Long-term absences can impact on academic achievement and progress. It can also impact on their ability to integrate with their peers. Reintegration back into school should be fully supported by the school so that pupils are able to fully engage with the learning and do not fall behind. Short-term frequent absences, including those for appointments connected to the medical condition need to be carefully managed.

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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 Governing Body must comply with their duties under that Act. Some may also have special educational needs (SEND) and may also have an Education, Health and Care plan (EHC) which brings together health and social care needs as well as their special education provision. For children with SEN, this guidance should be read in conjunction with the new SEND Code of Practice 2014.

Responsibilities of the Governing Body

In meeting the duty to make arrangements to support pupils with medical conditions, functions can be conferred on a governor, head teacher, a committee or another member of staff as appropriate. Help or co-operation can also be enlisted from other appropriate persons. We expect that an approach to meeting the duty will be taken in the light of the statutory guidance. This will inform the school and the others about what needs to be done in terms of implementation. However, the Governing Body remains legally responsible and accountable for fulfilling their responsibilities.

At Bishops Down Primary School the Head Teacher, in co-operation with parents and appropriate agencies make the arrangements. The Safeguarding Governor monitors this and the Head Teacher reports arrangements to the Governing Body at FGB Meetings.

The Governing Body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they must ensure that such children access and enjoy the same opportunities as other pupils. Schools, local authorities and other health professionals should work together to ensure that pupils with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school.

At Bishops Down Primary School we understand that many of the medical conditions that affect pupils in school may affect their quality of life and may in some cases be life threatening. Some may be more obvious than others, so we work to ensure we focus on the individual needs of each pupil.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission as other children. This means that no child with a medical condition should be denied admission or be prevented from taking up a place because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governing bodies must ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore, do not have to accept a child into school at times where it would be detrimental to the health of that child or others to do so.

Governing Bodies must ensure that arrangements they put in place are sufficient to meet their statutory responsibilities and ensure that procedures and systems are properly managed and effectively implemented.

At Bishops Down Primary School the Head Teacher will ensure that at each stage of a child's development and change of engagement all staff, who could be called upon to understand and account for the medical needs of a pupil, are trained in meeting the needs of the child. This will be done through a medical needs meeting with the SENCo, parents and other relevant agencies and if appropriate the child will have an Individual Health Care Plan.

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Procedure to be Followed when Notification is Received that a Pupil has a Medical Condition

For children starting at a new school, arrangements should be in place in time for the start of term. If a child joins a school mid-term, every arrangement should be made to meet the needs of the child within two weeks.

The SENCo will call a Medical Needs Meeting as far in advance as possible of start dates and will involve all relevant agencies, or advice from them in their absence. All relevant staff training will be arranged as soon as possible.

Schools do not have to wait for a formal diagnosis before providing support for a pupil. In cases where a pupil's condition is unclear, or where there is a difference of opinion, judgements will be needed about how to support the pupil based on the evidence available. This will normally involve medical evidence and consultation with parents. In cases where evidence conflicts, some degree of challenge may be necessary to ensure that the right support is put in place.

Individual Health Care Plans

Governing Bodies should ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.

The SENCo will ensure that all Healthcare Plans, where appropriate, are developed with the help of pupils, parents and other agencies. These plans will be reviewed annually or, if necessary, as pupils' needs change.

Health Care Plans are to be kept on the central record and by their class teacher. They may also require a Health Card to be produced to display routines or additional requirements. These will be kept by teachers in a place that all staff can easily access and can be placed into first aid bags for trips. Where medication is involved the Plan will be stored alongside the prescribed medication in the child's medical pack.

The SENCo will track staff training needs and ensure that appropriate training is undertaken as required.

The Family Support Worker will produce a Medical Needs Register for all relevant children and this will be given to class teachers and a copy held in the school's care rooms and SENCo office.

If pupils with a Health Care Plan are attending a residential, the SENCo will meet with teachers and parents to decide if and how the Plan must be adapted to cater for the child during the trip.

We will follow the templates for Healthcare Plans issued with the statutory guidance to ensure all relevant information is included in the plan. (Template Appendix 2) If additional information is necessary, for example for sporting events, trips, building adaptations etc these will be included.

Additional support forms include details of prescribed medication and doses required, emergency procedure plans for pupils and records for administering medication.

The Head Teacher will ensure that the school's policy is developed and implemented effectively. The Head Teacher will report all medical arrangements to the governors annually or as appropriate.

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Any member of the staff may be asked to support a child with medical needs but they cannot be required to do so. Although administering medicines is not part of teacher’s professional duties they should take into account the medical needs of the pupils that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support a child with medical needs. Any member of staff should know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

Parents must provide school with all the up-to-date information about the needs of their child.

Staff Training and Support

Governing Bodies should ensure that the school sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions and how this will be reviewed. They should specify how training needs are assessed, and how and by whom training will be commissioned and provided.

The school secretary will keep a central record of all staff training. When staff join or leave First Aid training needs are assessed by the Head Teacher and Family Support Worker. Information supplied by parents on registration forms is kept in the school’s central database and these forms are sent out to parents to update annually during the Autumn term. All staff receive a list of pupils across the school that have additional medical needs.

Only medication that has been prescribed by a doctor is administered in school; details of each medication is included in the forms completed by parents.

The Child’s Role in Managing their Own Medical Needs

Governing Bodies should make arrangements for pupils who are competent to manage their own health needs or medication.

Where possible, and in agreement with parents, we aim to ensure that children are fully aware of their medical needs and where appropriate are fully involved in managing their routine. This is done through charts, sticker systems, and natural breaks in the day, visual timetables or prompt cards. This enables children to feel in control and to understand their developing role in managing their condition. These systems are developed with the pupils, parents and other health professionals or support agencies.

If a child refused to take any medication, parents would be contacted immediately for their advice and decision.

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Managing Medicines on School Premises

The Governing Body should ensure that the school’s policy is clear about the procedures to be followed for managing medicines.

- ***Medicines are only administered at school when it would be detrimental to a child’s health not to do so.***
- ***No child under 16 will be given prescription or non-prescription medicines without their parents written consent.***
- ***The only occasion where pain relief medication may be administered is on a residential visit. In order to administer ‘Calpol’ pre-approval is gained from parents prior to the visit.***
- ***In the first instance, school will ask parents if any prescribed medication can be administered outside of school hours.***
- ***Medications are stored in designated areas of school, staffroom fridge or the Early Years fridge as necessary. Medicines are not locked away but they are stored out of reach of pupils or where pupils are not allowed unaccompanied. (Exceptions to this are inhalers that are required by pupils at all times.)***
- ***Individual pupils’ medication is kept clearly labelled with the plan for medication, details of the medication and expiry dates so that parents are kept fully informed about needs for renewal.***
- ***When any medication is administered the record sheet is updated and parents are informed of doses and times of administration.***
- ***When medication is no longer required or goes out of date it is returned to parents to dispose of responsibly or renew accordingly.***

Record Keeping

Governing Bodies must ensure that written records are kept of all medication that is administered.

- ***All medication taken by pupils or administered by staff is recorded on the child’s medical form. For short term prescribed medication, administration is recorded on the sheets filled in by parents giving permission to administer the medicine.***
- ***Parents are asked to collect out of date medicines and to replace them accordingly.***

Emergency & Incidental Procedures

Governing Bodies should ensure that the school has a policy that sets out how to deal with emergency situations.

Bishops Down Primary School has a clear Emergency Plan which includes all the relevant information and support for staff in an emergency situation. This plan is regularly reviewed and disseminated to all staff.

- ***If a child receives a bump to the head parents are informed by phone.***
- ***If a pupil becomes unwell parents are contacted and action agreed, this may include the pupil remaining at school but being monitored.***

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- *If a child says that they are unwell but appears to be well, a parent may be contacted but not necessarily expected to come to school.*

Day Trips, Residential Visits and Sporting Activities

Governing Bodies should ensure that the arrangements are clear and unambiguous about the need to support pupils with medical conditions to participate in school trips and visits, or in sporting activities and not prevent them from doing so.

All staff are aware of the risk assessments that need to be completed for a trip of any kind, including sporting activities. Each risk assessment includes a section about medical needs and what additional provision, if any, is required. All medication must be placed into the First Aid ruck sack that is to be taken on the trip and a qualified First Aider is required to accompany any school trip or sporting fixture.

Social interactions

Bishops Down Primary ensures the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.

The school ensures the needs of pupils with medical conditions are adequately considered to ensure they have access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits.

All staff at Bishops Down Primary are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school’s anti-bullying and behaviour policies.

Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

Unacceptable Practice

Governing Bodies should ensure that the school’s policy is explicit about what practice is not acceptable. Although staff should use their discretion and judge each case on its merits with reference to any Healthcare Plan it is not generally acceptable to:

- Prevent children from accessing inhalers or to prevent the administration of medication.
- Assume that every child with the same condition requires the same treatment.
- Dismiss written medical advice (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from attending normal school activities.
- Penalise children for absences relating to their illness eg hospital appointments (doctor’s notes may be sought for frequent absences where parents site a doctor’s advice has been received).
- Prevent pupils from drinking, eating or taking toilet breaks if they require this.
- No parent should have to give up working because the school fails to support their child’s medical condition.

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Liability, Indemnity and Complaints

Governing Bodies should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

Should parents 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, there may be a formal complaint via the school’s complaints procedure

Designated Teacher: Head Teacher

Date Agreed: March 2018

Date of Review: March 2019

Signed by Chair of Governors: Kathryn Merrin

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APPENDIX 1

Headteacher: Clare Owen

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Bishops Down Primary School will not be able to administer medication to your child unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

PUPIL DETAIL

Pupil Name

Date of Birth

Address.....

.....

..... Condition or illness:

.....

MEDICATION

Name/Type of Medication:

For how long will your child take this medication:

Date dispensed:

Full Directions for use: Dosage & method:

Timing:

Special Precautions:

Self-Administration: Procedures to take in an

Emergency: **CONTACT DETAILS:**

Name: Daytime Telephone No: Relationship to Pupil:

.....

I understand that I must deliver the medicine personally to the class Teaching Assistant and accept that this is a service which the school is not obliged to undertake.

Date: Signature:

ADMINISTRATION RECORD (for School Use only)

| Date | Time | Dosage | Signature | Notes |
|------|------|--------|-----------|-------|
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APPENDIX 2

INDIVIDUAL HEALTHCARE PLAN

Child’s Name: DOB: Year:

Child’s address:

Medical diagnosis or condition:

Date: Review date:

Family Contact Information

Contact 1

Name: Relationship to Child:

Phone: (W) (H) (M)

Contact 2

Name: Relationship to Child:

Phone: (W) (H) (M)

Clinic/Hospital

Contact Name:

Phone:

G.P. Name:

Phone:

Who is responsible for providing support in school?

..... Describe medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

.....

.....

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

.....

.....

..... Continued overleaf

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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

.....

.....

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Form copied to

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