

Policy for Supporting Pupils with Medical Conditions

UNC Rights of the Child articles relevant to this policy:

Article 24 (health and health services): Every child has the right to the best possible health.

Article 3 (best interests of the child): The best interests of the child must be a top priority in all decisions and actions that affect children.

Policy last adopted	May 2021
Policy due for review	May 2022

Responsible People:

Lucy Rodgers-Headteacher; Lindy Napthine (Assistant Headteacher for Inclusion); in partnership with Karen Hackney (School Nurse)

Introduction

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.

It meets the requirements of the statutory guidance Supporting Children at School with Medical Conditions December 2015

<u>Aims</u>

- To ensure pupils at Colindale Primary School with medical conditions, in terms of both physical and mental health, are properly supported, so they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To work in consultation with health and social care professionals, their parents and the pupils themselves.
- To ensure children with physical disabilities are not excluded from activities on the grounds of medical conditions unless the activity is advised by a clinician to be incompatible with these healthcare needs.

Procedure

- The people named above are responsible for ensuring that whenever the school is notified that a pupil has a medical condition:
- Sufficient staff are suitably trained
 Annual training on administering an epipen is undertaken by all non-teaching members of staff.
- Designated members of staff receive 1st Aid Training which is refreshed or updated regularly

Specialist training is undertaken by a small team of staff to enable them to manage medical conditions such as diabetes, epilepsy or gastrostomy feeding

- All relevant staff are made aware of a child's condition on information lists which are displayed discreetly in a 1st Aid cabinet in each classroom
- A central record of medical needs is kept on Integris
- Staff take account of a child's medical needs in lessons
- Cover arrangements for 1st Aiders in case of staff absence/turnover is always available
- Sufficient members of staff are 1st Aid Trained
- Supply teachers are directed to the information on individual healthcare needs which is kept in the classroom 1st Aid cabinet
- Risk assessments are undertaken for visits and activities out of the normal timetable
- A 1st Aider will take Individual Healthcare Plans and medication on any school trip.

- Individual healthcare plans are monitored (at least annually)
- Transitional arrangements between schools are carried out
- If a child's needs change, the above measures are adjusted accordingly
- Children are referred to *The Home Tuition Service* if a clinician deems they are unable to attend school due to medical needs.

When children are joining Colindale School at the start of a new academic year, these arrangements will be in place for the start of term. When a child joins mid-term or a new diagnosis is given, arrangements will be in place as soon as possible. The child will only be able to start school once the necessary healthcare provision is in place.

Any pupil with a medical condition requiring medication or support in school, should have an individual healthcare plan which details the support that child needs. However, if the parents, healthcare professional and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be kept in the school's medical information kept in class and on Integris and on Medical Tracker.

Individual Healthcare Plans

The following information is considered when writing an individual healthcare plan:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication and other treatments, timing of medication, facilities, equipment, testing, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs
- the level of support needed including in emergencies
- who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- who in school needs to be aware of the child's condition and the support required
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff or self-administered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision)
- 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
- confidentiality
- what to do if a child refuses to take medicine or carry out a necessary procedure
- what to do in an emergency, who to contact and contingency arrangements
- where a child has SEND, but does not have an Education, Health and Care plan, their special educational needs should be mentioned in their individual healthcare plan.

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

The Governing Board

- will make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented
- will ensure sufficient staff receive suitable training and are competent to support children with medical conditions
- will ensure the appropriate level of insurance is in place and appropriately reflects the level of risk

The Headteacher and Assistant Head for Inclusion

- will ensure all staff are aware of this policy and understand their role in its implementation
- will ensure all staff who need to know are informed of a child's condition
- will ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations, and they are appropriately insured
- will contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school nurse

School Staff

- Any staff member may be asked to provide support to pupils with medical conditions including the administering of medicines, although they cannot be required to do so
- Staff will receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions
- Any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- Staff will ensure that children with an IHP travelling on the school minibus or on borough transport, travels with their IHP. School staff accompanying the child will be trained to implement the IHP.
- The Local Authority will ensure that all escorts employed by the Local Authority will be trained accordingly to the medical needs of pupils they transport

Welfare Assistant

• The School's Welfare Assistant Mrs. Celi will compile health care plans with the parents. She will then pass these onto the Assistant Head for Inclusion or Headteacher to sign

School Nurses

- are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school
- may support staff on implementing a child's IHP and provide advice and liaison

Other healthcare professionals

- should notify the school or school nurse when a child has been identified as having a medical condition that will require support at school
- may provide advice on developing healthcare plans
- specialist local teams may be able to provide support for particular conditions (e.g. Asthma, diabetes)

<u>Pupils</u>

 should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP

Parents

- must provide the school with sufficient and up-to-date information about their child's medical needs
- are the key partners and should be involved in the development and review of their child's IHP
- should carry out any action they have agreed to as part of the IHP implementation
- must ensure that medication is kept up to date and understand that pupils can only attend school if medication is in place and in date.
- must ensure they or a nominated adult are contactable at all times

<u>Notes</u>

The school does not have to accept a child identified as having a medical condition at times when it would be detrimental to the health of that child or others to do so.

School staff will not be responsible for side-effects if the Health-Care Plan is administered as written.

The following practice is considered not acceptable:

- preventing children from easily accessing their medication and administering it when and where necessary
- assuming children with the same condition require the same treatment
- ignoring the views of the child, their parents
- ignoring medical advice or opinion
- sending children with medical conditions home frequently or preventing them from staying for normal school activities (unless specified in IHP)
- penalising children for their attendance record if their absences are related to their medical condition that is recognised under this policy

- preventing children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively
- requiring parents to attend school to administer medication or provide medical support to their child, including toileting issues (no parent should have to give up working because the school is failing to support their child's medical needs)
- preventing children from participating, or creating unnecessary barriers to children participating, in any aspect of school life, including school trips (such as requiring parents to accompany the child.