

## **Policy for Supporting Children at School with Medical Conditions**

### **KEY POINTS:**

Children with medical conditions are entitled to a full education and have the same rights of admission to Pottery Primary School as other children. This means that no child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

We will ensure that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children are fully included to access and enjoy the same opportunities at school as any other child. The Special Educational Needs and Disability Coordinator (SENDCO) will work together with local authorities, health professionals and other support services to ensure that children with medical conditions receive a full education.

We will ensure that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements made will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need.

### **Implementing the policy**

Implementing this policy is the responsibility of the school's SENDCO, Mrs Kanigowski. The SENDCO will:

- monitor and update individual healthcare plans as required.
- ensure that sufficient staff are suitably trained and competent.
- ensure that all relevant staff will be made aware of the child's condition.
- carry out and regularly review risk assessments for school visits and other activities outside of the normal timetable.
- liaise with outside agencies as necessary.

### **Individual Healthcare Plans**

Individual healthcare plans will be used to help us effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom.

They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. However, not all children will

require one. The SENDCO, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate.

They should be easily accessible to all who need to refer to them, while preserving confidentiality. 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.

Plans should be drawn up in partnership between the SENDCO, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

Individual healthcare plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. A review meeting will be planned with input from the child, parents, class teacher, teaching assistant, SENDCO and any outside healthcare professionals involved. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

### **Role and Responsibilities**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Our ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and pupils will be critical.

- **Governing bodies** - must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life. The governing body should ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

- **Headteachers** - should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should 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. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- **SENDCOs**- are responsible for implementing the policy for supporting pupils with medical conditions. They should liaise effectively with all stakeholders, including parents and healthcare professionals. They are responsible for developing individual health care plans and specific risk assessments, reviewing them at least annually, or whenever necessary. The SENDCO will monitor the implementation of individual health care plans.
- **School staff** - 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 (see 'Administration of Medicines Policy'). School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. 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.
- **School nurses** -They are responsible for notifying the school 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. They may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.
- **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. We will encourage other pupils at school to be sensitive to the needs of those with medical conditions.

- **Parents** - should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. 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.

### **Staff training and Support**

Any member of school staff providing support to a pupil with medical needs should have received suitable training. This should have been identified during the development or review of individual healthcare plans and risk assessments.

Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed. The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained.

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.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (following any individual healthcare plans). 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 at school should be aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy.

### 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 should be reflected within individual healthcare plans.

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

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.

### **Managing medicines on school premises**

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so (see also 'Administering Medicines Policy').

- No child under 16 should be given prescription or non-prescription medicines without their **parent's written consent**
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- We will only accept prescribed medicines for children with a medical care plan that are in-date, labelled, provided in the original container as dispensed by a pharmacist 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 to schools inside an insulin pen or a pump, rather than in its original container
- All medicines will be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices

such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important for staff to consider when outside of school premises e.g. on school trips

- 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. Monitoring arrangements should be put in place where necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

### **Record Keeping**

Written records are kept of all procedures carried out and any medicines administered to children. Records provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at school.

### **Emergency procedures**

As part of general risk management processes, we have arrangements in place for dealing with emergencies.

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.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

### **Day visits, residential visits and sporting activities**

We will actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required, unless evidence from a clinician such as a GP states that this is not possible.

The SENDCO will carry out a risk assessment in collaboration with the class teacher, so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional (including guidance on school trips from Health and Safety Executive) to ensure that pupils can participate safely.

### **Liability and indemnity**

The Governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. Pottery Primary School is covered by Derbyshire County Council's Medical Malpractice Insurance, which states that:

#### **Schools Treatment Endorsement**

The Insured section 2 is extended to include -

##### **2.3.4 School Treatment**

It is a condition precedent to the right of the **Insured** to be defended or indemnified under this **Policy** that the **Insured** shall ensure and record that throughout the **Period of Insurance**;

- a) Each child who receives a medical procedure or intervention in school has a specific individual care plan signed off by the child's parents, the school head teacher and the child's General Practitioner or supervising consultant.
- b) The care plan must include full details of the emergency procedures in the event of a medical emergency.

- c) The child's parents have provided written consent for a non Medical or Healthcare practitioner to provide the medical procedure or intervention to their child.
- d) The employee who is providing the medical procedure or intervention has received full training from a registered Medical or Healthcare professional, and has been signed off as fully competent in the procedure they are providing.
- e) The employee who is providing the medical procedure or intervention has provided written confirmation that they have read and understood the individual care plan.

This insurance policy fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with adequate training, and are following the Local Authority's guidelines.

For this indemnity to be available, certain procedures must be approved by the Risk and Insurance Manager before they are commenced. *Please refer to 'Medical Malpractice Guidance for Schools' for information regarding procedures which must be notified.*

#### **Procedures that must be referred to Risk and Insurance**

If the procedure requires the confirmation of the Risk and Insurance Manager, the following information and documentation must be provided to [HealthandSafetyCAYA@derbyshire.gov.uk](mailto:HealthandSafetyCAYA@derbyshire.gov.uk) for approval before commencement of the procedure:

1. Copy of the Individual Health Care Plan.
2. Full details of the training undertaken and copy of the competency sign-off from the qualified trainer.
3. Parental Consent Form.
4. Staff Member Consent form - confirming that they are happy to undertake the task.

#### **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.