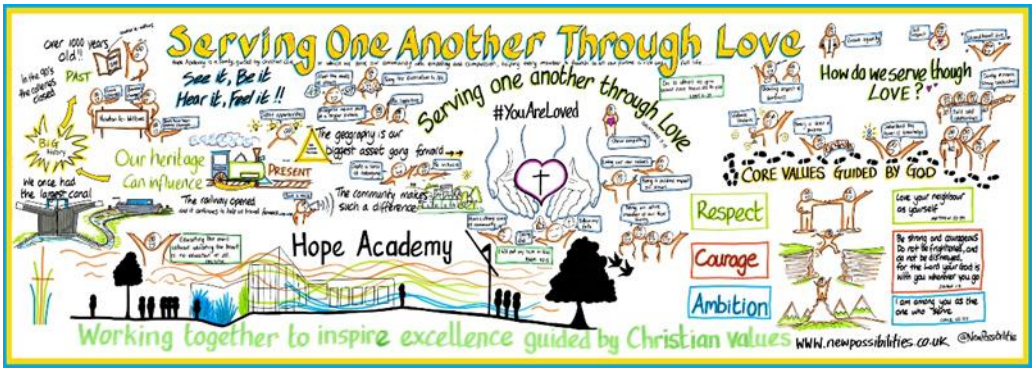
Hope Academy

A joint Catholic & Church of England Academy

Supporting Pupils with Medical Needs Policy



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Policy for supporting pupils at school with medical needs

1. Background

Section 100 of the Children and Families Act 2014 places a duty on proprietors of schools to make arrangements for supporting pupils at their school(s) with medical conditions.

This policy supersedes all previous policies and has been updated fully taking account of DFE Statutory guidance dated March 2015, for implementation with immediate effect**.**

This statutory guidance refers to 'appropriate authorities' and these being 'the proprietors' in the case of schools. For the purposes of Hope Academy 'appropriate authorities' will be deemed to be the school's governing body.

The guidance applies to activities taking place off site as part of 'normal educational activities'. Hope Academy will regard all activities organised by the staff of the school, approved by the Educational Visits Co-ordinator of the school, and including local and other sporting competitions and friendly matches/associations as being within the scope of this policy.

The policy must be read in conjunction with:

- Educational Visits Policy
- Safeguarding Policy

National documents

- The SEND Code of Practice
- The Equalities Act 2010

2. Principles set out in the statutory guidance (Ref: p4 of the guidance)

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

3. Principles of supporting pupils with medical needs

1. That pupils with medical needs will receive good quality support in school in order that they can be included in activities organised by the school wherever possible, by making reasonable adjustments.

2. That such inclusion will be cognisant of academic, social and emotional needs and will promote the wellbeing of the child in broad terms.
3. That such inclusion will include individualised planning based on medical information, pupil preference, parental preference, appropriate professional consultation, staff availability and willingness, and that additional individual focus plans will be prepared as needed e.g. to reintegrate after hospitalisation.
4. That there is recognition of the concerns of parents which will be on a range from concern that the condition may deteriorate slightly during the school day to the need arising for intervention in emergency circumstances.
5. Mrs R Brennan has been identified from the Leadership Team to oversee that appropriate arrangements are made for individual pupils which may include flexibility in school attendance and, where necessary, that appropriate access is organised with other education agencies for periods when the child cannot attend school (e.g. Home and Hospital Tuition Service)
6. To clarify the expectations of the pupil, parent/carer, staff, school nursing, Leadership team and Governors.
7. Where a child is recognised as being disabled by his/her medical needs, the Governors will comply with their duties under the Equalities Act 2010.

4. Identification of Pupils with Medical Needs

Upon arrival at Year 6/7 transition, or as casual admissions, the school receives data from the previous school. Where this is limited, the parent/carer is approached to secure further information on the student's medical condition in order to provide the best possible support for pupils.

In the case of students who become ill over a long period of time due to a medical condition that renders them unable to take part in the full curriculum, pastoral teams and the Special Educational Needs Coordinator will prepare a Health Plan taking advice from the school health 0-19 team. The plan will take into consideration the medical needs of the student and detail a bespoke timetable whereby the student may have reduced hours in school, where it is deemed medically appropriate.

5. Allergies

The academy will work to safeguard students who have allergies. Parents will need to make the academy aware of any allergies on the data sheets when they join year 7, parents can also inform the academy of any changes in the students health at any point during their academy life.
The academy will ensure all staff, students and parents are aware of ways in which they can safeguard any student against having an allergic reaction.
The academy will follow guidance from a student's GP or the NHS on managing allergic reactions.

6. The role of Governors

1. To ensure that school policy and practice conforms to the statutes and statutory guidance and must understand that policy and practice in relation to pupils with medical needs aligns with their wider safeguarding duties.
2. Governors must ensure that the appropriate level of insurance is in place, appropriately reflecting the level of risk in relation to the pupils in school by number, age, SEND, medical needs etc. This includes liability cover relating to the administration of medication.
3. To ensure that flexibility of in-class support is provided via the SENCO when needed.
4. To ensure that all reasonable adjustments are made to enable pupils with medical conditions to take part in school trips and journeys and that risk assessments are cognisant of individual medical needs.
5. To ensure that staff are properly trained for any role which they may undertake in the support of pupils with medical needs and that arrangements are in place for staff who volunteer to provide intimate care to be chaperoned and receive professional supervision, upon request, after such care is provided.
6. To ensure that parents and pupils are confident in the ability of the school to manage the medical needs of the pupil whilst in school or engaged in activities.
7. To ensure that there is an Admissions Policy in place which doesn't deny a child a school place based solely on medical conditions when all other criteria for entry have been met in the same order and with the same weighting that they are applied to all prospective pupils (this includes at universal cohort transfer - Year 6/7 and casual admissions)
8. Governors have nominated a member of the Senior Leadership Team/SENCO, Mrs. R Brennan/Mrs E Frodsham with responsibility for policy implementation, who will oversee the organisation of staff training, internal communication regarding a child's medical condition, cover arrangements for key staff absence, briefing of supply staff, risk assessments for extraordinary events and monitoring of health plans.
9. Governors should ensure that a suitably experienced member of staff is the link with School Nursing for the development of Health Plans in critical cases and that they are reviewed at least annually.
10. Governors are responsible for ensuring that a written record is kept of all medicines administered to children.
11. Governors are responsible for ensuring that there are comprehensive plans in place for dealing with medical emergencies in school.
12. Governors should support school staff in organising transport for pupils with medical needs when necessary.
13. Notwithstanding the above, Governors should ensure that the health and wellbeing of other children isn't put in jeopardy e.g. by infectious diseases, poor management of bodily fluids
14. The Governors are responsible for stating how complaints in relation to the management of pupils with medical needs will be dealt with.

7. Principles in relation to Lower Level/Short term Medical Needs including the role of the primary First Aid Officer.

1. The school will maintain a Medical Room with basic medication/dressing, a supply of cooled water and a place to sit or lie down.
2. The Medical room will be staffed by a qualified and experienced first aider and will be covered by first aiders on call when he/she isn't available.
3. The schools will maintain a list of first aiders appropriate to the size of the school roll.
4. The school will ensure that staff are re-trained before qualifications lapse
5. All school trips and journeys are comprehensively and dynamically risk-accessed, and individual risk assessments are carried out for all children with specific medical needs.
6. No member of staff will be asked to administer medicines at any time, either in school or on a school trip or journey. However, a member of staff may volunteer to do so, and this will happen only with the principal's permission given in each individual instance.
7. School staff, other than first aiders, may be asked to supervise self-administration of medication by a pupil if the member of staff agrees are made fully conversant with the case.
8. The First Aider will lock medicines away for safekeeping in the Medical Room and ensure access for pupils to self-medicate at pre-arranged times as noted in the individual Health Plan.

8. Health Plans – including the role of the primary First Aider and Pastoral Manager.

Health Plans are developed by the First Aider and Year Leader in conjunction with the parent and, often, the child. For critical cases, the Leadership Group member with oversight (Mrs Brennan/Mrs Frodsham) can also be involved. The school is also committed to reasonably pursuing the need for a medical protocol even where communication with parent/carer may be difficult to establish.

The school has developed a Health Plan pro-forma which captures the key information and necessary actions.

The Health Plan includes these details, as required by statutory guidance:

- 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. crossed 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, counseling 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 and Principal/ Vice Principal for medication to be administered by a member of staff, or self- administered by the pupils during school hours.
- separate arrangements or procedures required for school trips or journeys 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.

Dependent on the complexity of the child's condition and the degree of support needed, there will be an agreement in the Health Plan meeting as to which staff may or may not be informed of its content, outside of those named to provide care or support directly. Health Plans will be completed prior to a pupil commencing school in year 7 or at a mid-year transfer and are updated regularly with new information and/or evaluation.

Where a child is returning to school following a period of hospital or home education, the school will work with the other professionals involved to ensure that the Health Plan identifies the support needed for the child to reintegrate successfully.

Where a child can administer his/her medication, this should be written into the Health Plan, including plans for access and supervision.

The Health Plan should include steps to be taken if a pupil refuses to take his/her medication at school at the prescribed times. This may be that the parent/carer or another competent, named family member should be called to school to take immediate responsibility for the child.

9. Managing medicines on the school premise

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

1. No child under 16 will be given any prescribed or non-prescribed medication without the parent/carers written consent
2. A child under 16 will never be given medication containing aspirin unless it has been prescribed by a doctor.

3. Where possible, the school should liaise with the parent/carer or the GP directly in order that medicines are prescribed in dosages and frequencies that avoid a child needing to take medication at school.
4. All medicines are stored in a locked medicine cabinet in the Medical Room, a room which is locked if it has to be left unattended for short periods of time. Children with medication held in school should know which members of staff have keys to the Medical Room and the medicine cabinet.
5. With prior agreement with parent/carers, some students may carry their epi pens/inhalers on them if they prefer.
6. The school only accepts prescribed medicines from a parent/carer in their original packaging, with a full instruction leaflet present. It must bear the child's name and be within date (for the whole pack to be used at normal dosage within the expiry date). The exception to this is insulin, where the insulin will be in date but may have been pre-loaded into a pen or pump.
7. For medicines other than controlled medicines, by prior arrangement, the child may deliver the medicine to the Medical Room who can then phone the parent/carer to verify receipt.
8. A child may be prescribed a controlled drug and this will be received directly from the parent /carer by the primary First Aider or Pastoral Manager and locked away (i.e. it may not be delivered by the child). As with all medication, a record will be kept when it is administered. This will be held by the Pastoral Teams within each Year Group.
9. When no longer required, unused medicines are returned to the parent/carer in the original packaging directly by the school, not via the child.
10. The school may legally hold asthma inhalers for emergency use on a voluntary basis.

10. Emergency procedures

1. If a child has a Health Plan, the plan will have detailed emergency procedures on it.
2. Where an ambulance is called, a member of staff known to the child can travel with him/her to hospital if a parent not present.
3. Clear and concise information is prepared to share with ambulance personnel on their arrival and is handed over in written form.