



# Woodlands Federation

Chair of Governors: Mr. Andrew Ratcliffe

Executive Head teacher: Mrs. I Morse

## *Supporting Children with Medical Conditions Policy for 2018-2019*



Broad Oak Head of School: Mrs. C Kinsella - 01435 862951

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# Supporting children with Medical Conditions

Woodlands Federation policy review September 2018

Next policy review September 2019

This policy is written in line with statutory requirements including:

- Children and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, Department for Education (DfE), September 2014
- 0-25 SEND Code of Practice, DfE 2014
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equalities Act 2010
- Schools Admissions Code, DfE 1 Feb 2010

This policy should be read in conjunction with the following school policies:

- SEN Information Report
- Safeguarding
- Intimate Care
- Off-site visits
- Complaints
- Health & Safety Audit
- First Aid
- Privacy Notice

This policy will be developed with staff and parents/carers of children with medical conditions, governors and a healthcare professional and reviewed annually.

## 1. Definitions of medical conditions

Pupils' medical needs may be broadly summarised as being of two types:

- **Short-term** affecting their participation at school because they are on a course of medication.
- **Long-term** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupil's feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEND Information Report. The individual healthcare plan will become part of the EHCP.

## 2. Woodlands Federation Governing Body Statutory Duty

The Governing Body is legally responsible and accountable for fulfilling their statutory duty for supporting any pupil in the Woodlands Federation with medical conditions and fulfills this by:

- ensuring that arrangements are in place to support children with medical conditions and in doing so ensure that those children can access and enjoy the same opportunities as any other child;
- taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening; recognising that some medical conditions will be more obvious than others and focusing on the needs of each individual child and how his/her medical condition impacts on school life;
- ensuring arrangements give parents and children confidence in the school's ability to demonstrate an understanding of how medical conditions impact on a child's ability to learn, whilst providing effective support and staff training to meet high expectations of positive experiences;
- ensuring that no child with a medical condition is prevented from taking up a place in the Federation because arrangements for his/her medical condition in line with safeguarding duties, *have not been made*;
- ensuring arrangements put in place to support children with a medical condition are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- developing this policy for supporting children with medical conditions, reviewing it regularly and making sure it is accessible to parents and school staff;
- ensuring this policy includes details on how it will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- ensuring this policy sets out the procedures to be followed whenever one of the schools in the Federation is notified that a child has a medical condition (see section below on procedure to be followed when notification is received that a pupil has a medical condition);
- ensuring this policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting children with medical conditions (see section below on individual healthcare plans);
- ensuring this policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting children at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);
- ensuring this policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- ensuring policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- ensuring that policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- ensuring that the arrangements are clear and unambiguous about the need to actively support children with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);
- where home to school transport is being provided by East Sussex County Council, to support the development of any associated risk assessments and/or specific transport emergency plans;

- considering whether to: purchase and train staff in the use of defibrillators; hold asthma inhalers for emergency use;
- ensuring this policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- ensuring the correct level of insurance is in place and appropriate to the level of risk (see section on Liability and indemnity);
- ensuring policy sets out how complaints may be made and will be handled concerning the support of pupils with medical conditions (see section on complaints).

### 3. Policy implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. The Woodlands Governing Body have conferred the following functions of the implementation of this policy to the staff below, however, they remain legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to **Executive Head teacher, Mrs. Inez Morse**, who will also be responsible for ensuring strategy for sufficient staff suitably trained and available. The **Head of School: Mrs. Claire Kinsella at Broad Oak, Mr. Paul Cox at Dallington and Mrs. Catherine Winter at Punnetts Town**, will be responsible for briefing supply teachers. The **Inclusion Manager, Miss. Susan Conaway** will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review plans for each child. Also, working with staff preparing risk assessments for school activities and for the monitoring of individual healthcare plans.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post by the **Head of School**.

### 4. Procedure to be followed with notification of a pupil's medical condition

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to one of the Federation schools for the first time, arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to a Federation school mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

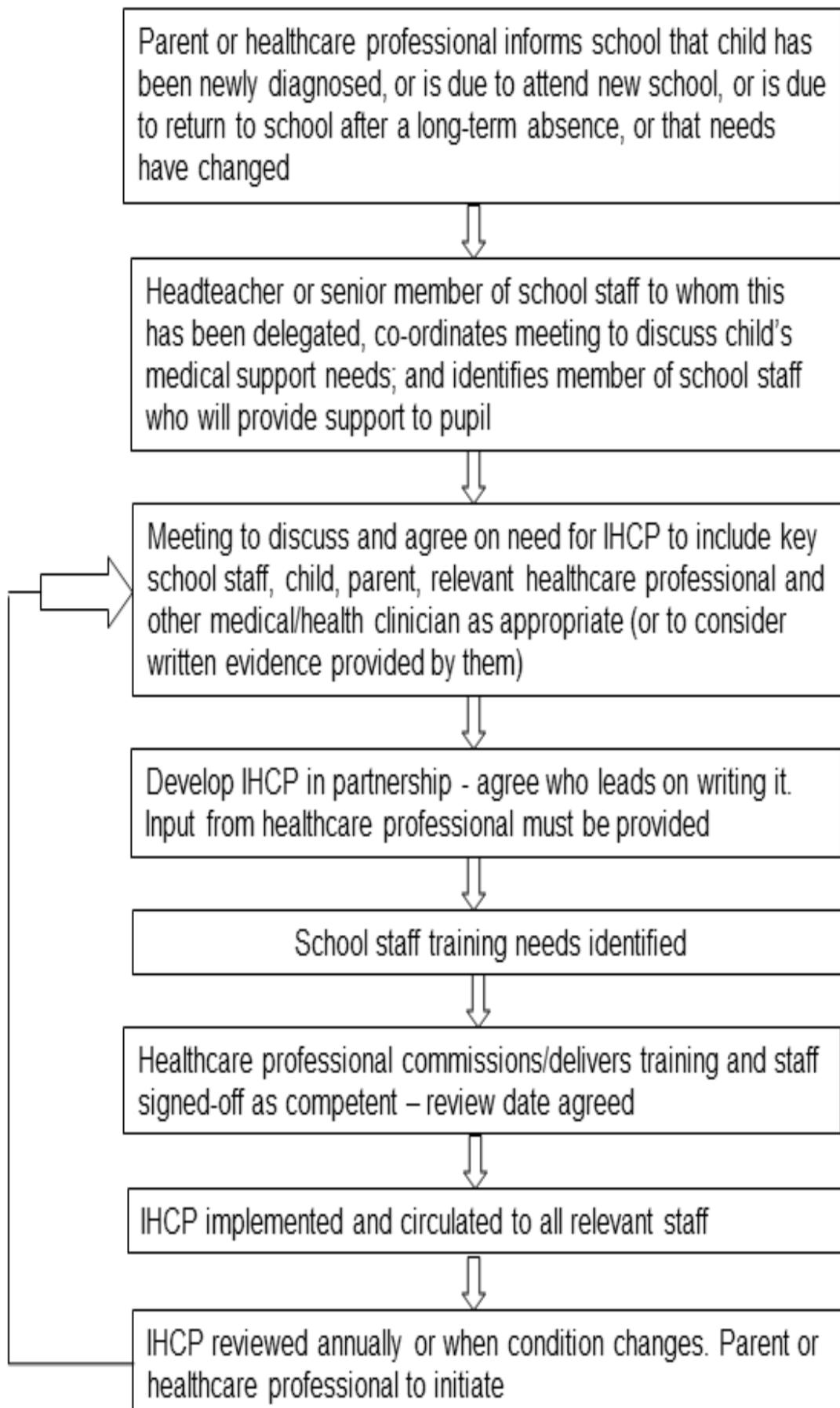
In making the arrangements we aim to ensure that parents/carers and children can have confidence in our ability to provide effective support in school. All arrangements will be personalised, prioritise personal dignity and promote confidence and control over self-care.

We will ensure that staff are properly trained and supervised to support children's medical conditions and we will be clear about the need to actively support pupils with medical conditions to participate in offsite visits, or in sporting activities. We will make arrangements for the inclusion of children in such activities with any adjustments as required unless advice from a clinician such as a GP, is to the contrary. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. In line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example, infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others. In cases where a child's medical condition is unclear, or where there is a difference of opinion, what support to provide will be based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be

led by the **Head of School** and then an individual healthcare plan will be written in conjunction with the parent/carers by the **Inclusion Manager** and put in place.

## 5. Individual healthcare plans (IHCP)

An individual healthcare plan (IHCP) helps us to work in partnership with the family and clinicians to effectively support a child with a medical condition. The flow chart below describes our practice.



Individual healthcare plans will be easily accessible to all who need to refer to them, whilst preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan 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. Where a child has special educational needs (SEN), but does not have an EHC plan, their SEN should be included in their individual healthcare plan.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional who can best advise on the particular needs of the child. The child should also be involved whenever appropriate. The aim should be to capture the steps we should take to help manage the child's condition and overcome any potential barriers to getting the most from his/her education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

We will ensure that individual healthcare plans are reviewed at least annually or earlier if the child's needs change. Individual healthcare plans will be developed and reviewed with the child's best interests in mind. We will ensure we assess and manage risk to the child's education, health and social wellbeing with minimal disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

The school, healthcare professional and parent/carer should use secure evidence to decide when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the **Executive Headteacher** will take a final view.

Individual healthcare plans will suit the specific needs of each child, but will all include the following information:

- the medical condition, its triggers, signs, symptoms and treatments with timings;
- 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. crowded corridors, time between lessons;
- specific support for the child's educational, social and emotional needs - for example, how absences will be managed, return to school provision, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling 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 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;
- **cover arrangements for when they are unavailable; other experienced member of staff will be asked to cover colleague absence. The child, parent/carer will be given as much advance notice of change as possible;**
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents/carers and the **Head of School** for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for offsite visits or other school activities outside of the normal school timetable that will ensure the child can participate e.g., risk assessment;

- where confidentiality issues are raised by the parent/child, the designated individual is to be entrusted with information about the child's condition; what to do in an emergency, including whom to contact, and contingency arrangement. 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.

## 6. Roles and responsibilities

Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at each of the schools.

In addition, we can refer to the **East Sussex School Health Service, East Team** (Tel: 0300 1234062) for support with drawing up an Individual Healthcare Plan, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

Other healthcare professionals, including **GPs and paediatricians** should notify the **East Sussex School Health Service** when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy).

**Children** with medical conditions 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.

**Parents/carers** 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. 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.

**East Sussex County Council** will work with us to support children with medical conditions to access full time education. Where children would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. **FLESS** (Flexible Learning Educational Support Service) is an East Sussex service which supports schools in the education of children and will provide teaching in a range of settings if a young person is unable to attend school for 15 days or more because of health needs.

**Providers of health services** should co-operate with schools supporting children with medical conditions. They can provide valuable support, information, training, advice and guidance to schools and their staff to support children with medical conditions at school.

The **Ofsted** inspection framework places an emphasis on meeting the needs of disabled children and pupils with special educational needs and considers the quality of teaching and the progress made by these pupils. Inspectors are briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

## 7. Staff training and support

Whole school awareness training will be arranged so staff are familiar with the school's policy for supporting pupils with medical conditions and their role in implementing that policy.

**The school secretary in each school** has received training for administering medicines.

Sharon Cumin and Head of School at Dallington

Angela Padgeham and Head of School at Broad Oak

June Stone and Head of School at Punnetts Town

We will record staff training for administration of medicines and /or clinical procedures.

Details of the training schedule are kept in the school office.

**All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professionals qualified to do so.** The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training ourselves and will ensure that it remains up-to-date.

Training should be sufficient to ensure staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical condition, any implications and preventative measures.

For the protection of both staff and children a second member of staff will be present while more intimate procedures are being followed. (See intimate care policy)

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect 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 proficiency of staff in a medical procedure, or in providing medication.

Staff will receive induction training and regular whole school awareness training so that individuals employed by the federation recognise their role in our policy for supporting pupils with medical conditions. The **Executive Headteacher** will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so staff can recognise and act quickly if a problem occurs.

The family of a child will often be essential in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

## 8. The child's role in managing their own medical needs

If after discussion with the parent/carer, it is agreed that the child is competent to manage their own medication and procedures, he/she will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard which is always locked in the school office or in a locked box in the fridge in a room off the school hall to ensure that the safeguarding of other children is not compromised. We also recognise that children who take their medicines themselves and/or manage procedures may 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 should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

## 9. Managing medicines on school premises and record keeping

The following procedures are to be followed:

- **Medicines should 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 should be given prescription or non-prescription medicines without their parent's written consent** - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
- **With parental written consent we will administer non-prescription medicines with the exception of aspirin or aspirin containing medicines, unless it is prescribed by a doctor.** Medication, e.g. for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. Parents should be informed.
- 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, with written permission from parent/carer 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 be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container;
- It is recommended that **a primary school child should never carry medicine to and from school.** Medicine must be handed to the school secretary or Head of School as soon as the child arrives at school.
- **All medicines will be stored safely and securely.** All non-emergency medication will be kept in a locked cupboard used only for that purpose. Some medicines need to be refrigerated. These may only be kept in a refrigerator containing food if they are in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines.
- **Children will know where their medicines are at all times and will be able to access them immediately from the school secretary.** Where relevant, they will 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** and not locked away. Asthma inhalers should be marked with the child's name.
- **For a child who had been prescribed a controlled drug,** we will keep all controlled drugs securely stored in a non-portable container and only named staff will have access. The name of the person(s) responsible for the cabinet or administering medication should be stated on the cabinet. Controlled drugs should be easily accessible in an emergency.
- **In cases of emergency the key to the drugs cabinet must be readily available to all members of staff** to ensure access. A record should be kept of any doses used and the amount of the controlled drug held in the school. Staff administering medicines should do so in accordance with the prescriber's instructions. We will 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. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- **Only one member of staff at any one time should administer medicines** (to avoid the risk of double dosing) **and that person should follow direction on prescription or in the individual healthcare plan accurately and without deviation.** Arrangements should be made to relieve this member of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers medicines a system will be arranged to avoid the risk of double dosing, e.g. a rota, routine consultation of the individual child's medicine record before any dose is given, etc.

- **When no longer required, medicines should be returned to the parent/carer** to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

## 10. Emergency procedures

The **Executive Headteacher** will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

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 should stay with them until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

## 11. Offsite visits and sporting activities

We will actively support children with medical conditions to participate in offsite visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. The individual healthcare plan will be updated with specific information required for the visit/activity and a copy will be taken on the visit. All staff supervising offsite visits will be made aware of any medical needs and relevant emergency procedures. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by our Offsite Visits Policy.

Staff with the role of administering medicines must have relevant and current training to do so. A record of training is available in the school office. A first aid qualification does not cover the skills and knowledge required for the administration of medicines.

## 12. Work experience

The school will assess the suitability of work experience (WEX) placements, with support from the WEX Team. The risk assessment will include the activities being undertaken, travel to and from the placement, supervision during non-teaching time or breaks and lunch hours. This will not conflict with the responsibility of the employer to undertake a risk assessment to identify the significant risks and necessary control measures when children/young people below the minimum school leaving age are on site.

## 13. Other issues for consideration

Where home to school transport is being provided by East Sussex County Council, we will support the development of any risk assessments and share the individual healthcare plan with the local authority and driver/escort. Where children have a life threatening condition or a medical need that requires an emergency response, individual healthcare plans should be carried on the vehicle detailing the procedure to follow in the event of an emergency.

## 14. Hygiene/Infection Control

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable vinyl gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Further information is contained in the First Aid Policy and the Guidance for Schools on First Aid. Also see Intimate Care Policy.

## 15. Equipment

Some children will require specialist equipment to support them whilst attending school. Staff should check the equipment in line with any training given and report concerns to the relevant person/service or setting.

The maintenance contract/safety checks for all equipment and the procedure to be followed in the event of equipment failure should be detailed within the *individual healthcare plan*.

Staff must be made aware of the use, storage and maintenance of any equipment.

## 16. Unacceptable practice

Although staff should use their discretion and reference the child's *individual healthcare plan*, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- send a child who becomes ill to the school office or medical room unaccompanied, or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- require parents\carers, or 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 medical needs; or
- prevent children from participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

## 17. Liability and indemnity

Staff who assist with administering medication to a child in accordance with the procedures detailed within this policy are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. ***The indemnity though will not be given in cases of fraud, dishonesty, or criminal offence.*** In the most unlikely event of any civil action for damages being taken against you, East Sussex County Council will accept responsibility in accordance with the indemnity. Any member of staff will be fully supported throughout the process should an allegation be made.

## 18. Complaints

Should parents/carers be unhappy with any aspect of their child's care they must discuss their concerns. This will be with the child's class teacher initially, but if this does not allay the concern, a member of the leadership team, the head of school, Inclusion Manager or Executive head should have involvement. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the Federation's Complaints Procedure. **The Local Authority Designated Officer (LADO) must be informed of any allegation against a member of staff.** Further information on the school's website.