

SOUTHROP C. OF E. PRIMARY SCHOOL

SUPPORTING CHILDREN WITH MEDICAL NEEDS POLICY

ISSUE DATE: ~~NOVEMBER~~ May 20192021

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~~November~~ May 20192021

1.0 Introduction

Many children and young people at some time have a medical condition, which may prevent them from attending school. For the majority this will be short term. For children and young people who have long-term or recurrent illness, access to school may be limited.

This policy aims to comply with DfE statutory guidance 'Supporting pupils at school with medical conditions in September 2015 for governing bodies of maintained schools and proprietors of academies in England', so that pupils with medical conditions have full access to education, including school trips and physical education. The policy should be read alongside the following school policies/procedures:

SEN

Child Protection

Equal Opportunities

2.0 Philosophy

Southrop C of E Primary School is committed to providing an inclusive education which enables all pupils to have access to as much education as their medical condition allows so they are able to maintain the momentum of their education and to keep up with their studies. We seek to maintain a high quality education for those children on roll who have health needs and are unable to attend school as a result.

The policy aims to ensure:

- Children with medical conditions are properly supported so that they can have full access to education, including school trips and physical education
- Each child is treated as an individual. The affect their particular medical needs has on their access, participation and enjoyment of school life is considered when provision is planned and reviewed.
- Arrangements are in place in school to support children with medical conditions, including the appropriate use of risk assessments and the development and implementation of healthcare plans.

3.0 Principles

- We maintain responsibility for the education of pupils with medical needs on our school roll.
- We consult regularly with pupils/parents/carers and work in collaboration with them, acknowledging that young people have a right to be involved in decision

making.

- We ensure that any child on our school roll with medical needs will have his/her needs identified and receive educational support quickly and effectively.
- We work with the Gloucestershire Hospital Education Service (GHES) to provide a consistent approach to meet the needs of children unable to attend school because of their medical needs.
- We ensure arrangements for monitoring and evaluation of our policy and procedures are in place.

4.0 Implementation

4.1 Advice and support

The Co-Head Teachers who have overall responsibility for pupils with medical needs:

- ensures all staff know about this policy including induction arrangements for new staff and briefing for supply teachers.
- is responsible for ensuring that sufficient staff are suitably trained in respect of any medical condition of children on roll at school.
- oversees cover arrangements in case of staff absence or staff turnover to ensure someone is always available.
- ensures risk assessments are completed for school visits, holidays, and other school activities outside of the normal timetable.
- monitors individual healthcare plans.

4.2 Curriculum support/progress reviews

We:

- provide sufficient and appropriate work for children absent for less than 15 days.
- provide assessment and curriculum plans within 5 working days for GHES.
- ensure access to work placement programmes where appropriate.
- make reasonable adjustments to buildings and the arrangements for teaching and learning and extra-curricular activities for children unable to attend school because of their medical needs.
- regularly review the progress of children with medical needs including those with long term illness/recurring chronic illness/those receive education from GHES.
- have clear systems and procedures for monitoring the attendance of children with medical needs and liaise with the Education Entitlement and Inclusion team as necessary for general advice about managing absence and promoting attendance.

4.3 Multi- agency work

We:

- initiate a planning meeting when a child's absence is anticipated to be more than 15 working days due to medical needs and retain responsibility for hosting/chairing regular multi-agency review meetings
- provide sufficient and appropriate work and resources for GHES tutors when appropriate and mark coursework.
- ensure the head teacher or a representative attends review meetings initiated by the LA.

Once a member of staff is aware that a child with medical needs will begin attending Southrop C of E Primary School e.g admin staff when processing application, Co-Head Teachers will be informed. It is their role to ensure that all of the relevant staff are notified and to begin the process of planning for the child's safe admission to school. We aim to make sure arrangements to support children are in place before a child starts, or if that is not possible, then no later than two weeks after their admission (dependent on new diagnoses emerging or starting at school midyear).

When a formal diagnosis has not yet been made, or where there is a difference of opinion, we will make a judgement about what support to provide based on the available evidence – usually some form of medical evidence and consultation with parent/carers.

4.4 Individual healthcare plans (IHP)

Children with medical needs attending the school have an IHP where this is required, that provides clarity about what needs to be done, when and by whom. The parent, school and appropriate healthcare professional agree, based on evidence, when an IHP is inappropriate or disproportionate; and the Co-Head Teachers, take the final decision when consensus cannot be reached. Decisions to not make an IHP are recorded appropriately on the child's file. An IHP outlines what constitutes an emergency for the child and details what will happen. All relevant staff will be aware of emergency symptoms and procedures.

Plans are:

- developed with the child's best interests in mind
- based on an assessment and management of any potential risk to the child's education, health and social well-being including transport arrangements.
- capture key information and actions required to support the child effectively.
- drawn up in partnership by parents/carers, the school and the relevant healthcare professionals who can best advise on a child's unique needs.
- developed having considered the views of child as much as possible.
- reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

5.0 Children with Special Educational Needs & Disabilities [SEND] and Medical Needs

- If a child with SEND also has a medical need, and he or she has a Statement of SEND or an Education, Health and Care (EHC) Plan, their individual healthcare plan is part of that Statement or EHC Plan.
- If a child has SEND and a medical need but no Statement or EHC Plan, their individual healthcare plan includes reference to their Special Educational Need or Disability.

6.0 Roles and Responsibilities

Any member of school staff may be asked to provide support to children with medical conditions, including the administering of medicines, although they cannot be required to do so. Any member of staff will know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

When a child with an IHP is offsite for a trip or lesson, the teacher will ensure that the necessary medication is given to the adult leading that child's group. Teachers take the school back up asthma inhaler and epipen with them when they go off site with a child who requires this medication.

7.0 Managing medicines on school premises

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

Children will only be given prescription or non-prescription medicines with their parent's written consent. Children will only be given medicine containing aspirin when it has been prescribed by a doctor. Parents will be informed when medication, e.g. for pain relief, is administered. In such cases, staff will first check maximum dosages and when the previous dose was taken.

We will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage, with the dose prepared. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.

All medicines will be stored safely. Children will know where their medicines are at all times and be able to access them immediately. 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 to children and not locked away. Wherever possible, children are encouraged to take responsibility for managing their own medicines and procedures. Children who can take their medicines themselves or manage procedures are supervised as appropriate. If a child refuses to take medicine or carry out a necessary procedure, staff will follow the procedure agreed in the individual healthcare plan.

If it is not appropriate for a child to self-manage, then relevant staff help to

administer medicines and manage procedures for them. In such cases, we keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff have access, as indicated on the child's IHP. We maintain a detailed record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom, (see form in APPENDIX 1). Any side effects of the medication to be administered at school are also noted and reported to parents. When no longer required, medicines are returned to parents to arrange for safe disposal.

8.0 Unacceptable practice

This policy aims to prevent the following practice. Parents should alert us immediately if they believe their child is:

- prevented from easily accessing their inhalers and medication or from administering their medication when and where necessary.
- prevented from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans or is sent home frequently
- prevented from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- sent to the school office or medical room unaccompanied or with someone unsuitable;

or if we:

- appear to assume that every child with the same condition requires the same treatment.
- ignore parents' views, their child's views or medical evidence/opinion.
- penalise parents for their child's absence record if their absences are related to their medical condition, e.g. hospital appointments.
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues.
- prevent a child from participating, or create unnecessary barriers to a child's ability to participate in any aspect of school life, including school trips, eg by requiring parents to accompany your child.

9.0 Complaints

Any parent who is dissatisfied with the support provided in respect of their child's medical needs, should discuss their concerns directly with the class/form teacher in the first instance or talk to the senior leader with responsibility for children with medical needs. Parents can make a formal complaint via the school's complaints procedure about any issue not resolved informally.

10.0 Equalities

This policy has been written to take into account the needs of all regardless of age, disability, race, religion, belief and gender.

11.0 Values

Our twelve school values underpin the life of the whole school community. Those particularly pertinent to supporting children with medical conditions are:

Compassion. Children (and their parents/carers) will be treated compassionately in the treatment of their medical conditions.

Respect. All children regardless of their medical condition will be treated with equal respect in terms of their rights of access to the curriculum and non-curricular activities.

Responsibility. Everyone will take responsibility for assisting those with medical conditions are set out in their plans.

12.0 Review of the Policy

This policy is scheduled for review annually. Comments from staff, parents and members of the public on this policy and its implementation are welcome and can be addressed to the head teacher.

