

Medical Needs

Policy

Date: November 2021

**Introduction**

Rowley Park Academy (RPA) has a positive and inclusive approach to meeting the needs of all of our pupils, including those with medical needs. Our FIDES values underpin our work with all of the pupils in our school:

• Loyalty - Focus on family,

• Tenacity - Insist on excellence,

• Kindness - Do good as we go,

• Courage - Embrace innovation,

• Brilliance - Seize success

This document sets out Rowley Park Academy School’s policy for supporting pupils with medical conditions. It will be reviewed regularly and will be made readily available to parents and school staff.

We will follow the statutory guidance set out in the Department for Education’s document DFE document: [Supporting pupils with medical conditions at school - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3)

**Aims of the Medical Policy**

We will ensure that pupils with medical conditions, in terms of both physical and mental health, are properly supported so that they have full access to education and enjoy the same opportunities at school as any other child.

We will ensure that arrangements are in place in school to support pupils with medical conditions. These arrangements should give parents and pupils confidence in our ability to provide effective support for medical conditions in school.

We will consult with our health colleagues, social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

Where children with medical conditions may be considered disabled, we will ensure that we comply with our duties set out in the Equality Act 2010.

Where children with medical conditions have a special educational need (SEN) and have an Education, Health and Care (EHC) plan we will comply with the Special educational needs and disability (SEND) code of practice 2014. [SEND code of practice: 0 to 25 years - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25)

We will ensure that staff are properly trained to provide the support that pupils need.

**Policy implementation**

Annika Beaumont (Head teacher) has overall responsibility for implementing this policy implementation.

Annika Beaumont (Head teacher) is responsible for ensuring that sufficient staff are suitably trained.

Maryellen Homer (SENCo) will ensure that all relevant staff are made aware of the child’s condition.

Annika Beaumont (Head teacher) will ensure that arrangements are in place to cover for staff absence or staff turnover.

Annika Beaumont and members of SLT will ensure that appropriate risk assessments are in place for school visits, holidays, and other school activities outside of the normal timetable, and that monitoring of individual healthcare plans takes place.

**Notification that a pupil has a medical condition**

As soon as a child is offered a place at Rowley Park Primary Academy, parents will be requested to supply any information about medical conditions so that an appropriate support plan and training can be put into place before the child starts at school. This may involve communication with parents and health professionals.

Where pupils have a new diagnosis or join us mid-term we will make every effort to ensure that appropriate arrangements are in place as soon as possible.

Where pupils transfer between schools, we will liaise with pupil’s previous school to help ensure a smooth transition. Likewise, where pupils transfer between classes in a setting or when a new teacher starts, liaison will take place to ensure a smooth transition.

Where a need is urgent, school will not wait for a formal diagnosis before providing support to pupils. However, in cases where a pupil’s medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on

the available evidence. This would normally involve some form of medical evidence and

consultation with parents. Where evidence conflicts, some degree of challenge may be

necessary to ensure that the right support can be put in place.

**Individual healthcare plans**

We will liaise with our healthcare colleagues and parents (and if appropriate the pupil) to ensure that, where appropriate, individual healthcare plans are developed to support pupils.

We recognise that responsibility to ensure that healthcare plans are finalised and implemented rests with the school and the parent; however, when additional health care support is required to inform the plan, this will be sought on a case by case basis from relevant health care professionals. Healthcare plans will be readily accessible to all who need to refer to them, but we will ensure that confidentiality is maintained.

We will ensure that healthcare plans are reviewed at least annually or earlier if evidence is presented that the child’s needs have changed.

Healthcare plans will consider the following:

• 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. crowded 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, counselling sessions;

• 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 the head teacher 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 school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg 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.

**Roles and responsibilities**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school’s ability to provide effective support often depends on working co-operatively with other agencies. We will ensure that we engage in effective partnership working with healthcare professionals (and, where appropriate, social care professionals), the local authority, parents and pupils. Key roles and responsibilities are set out below:

**The Academy Council** – has overall responsibility for making sure arrangements to support pupils with medical conditions are in place and that the policy for supporting pupils with medical conditions is developed and implemented. This includes ensuring pupils with medical conditions are supported to enable their full participation in all aspects of school life and ensuring that staff receive suitable training and are competent to support those children.

**The Head teacher** – is responsible for the policy and its effective implementation with partners. This includes ensuring that all staff are aware of the policy and understand their role in its implementation.

**The head teacher and SENCo** will ensure that all staff who need to know are made aware of a child’s condition and 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.

**The head teacher and SENCo** has overall responsibility for the development of individual healthcare plans and will contact the relevant healthcare professional in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

**School staff** – any member of school staff may be asked to provide support to pupils with medical conditions, including administering medicines, although they cannot be required to do so. Although administering medicines is not part of teachers’ professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff will receive appropriate training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. All 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** – It is not the role of the school nursing service to ensure that the school is taking appropriate steps to support children with medical conditions, but they may support staff on implementing a child’s individual healthcare plan, e.g. by providing advice and possibly training.

School nurses can liaise with lead clinicians on appropriate support for the child and associated staff training needs.

The community nursing team can also be a valuable source of advice and support.

**Other healthcare professionals, including GPs and paediatricians** – Specialist local health teams may be able to provide support for children with particular conditions (e.g. asthma, diabetes, epilepsy) and should liaise appropriately with school nurses when requested.

**Pupils** – with medical conditions are often best placed to provide information about how their condition affects them and, wherever possible, will be fully involved in discussions about their medical support needs. They will also be asked to contribute as much as possible to the development of their individual healthcare plan.

**Parents** – are asked to provide the school with sufficient and up-to-date information about their child’s medical needs. In some cases, they will be the first to notify the school that their child has a medical condition. Parents are key partners and will be involved in the development and review of their child’s individual healthcare plan. Parents are requested to 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.

**The local authority** – is the commissioner of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, local authorities have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. The local authority will provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

**Others** – the DfE guidance makes it clear that other health colleagues have a role to co-operate with schools and the local authority in supporting children with medical conditions. The guidance also notes that Ofsted will expect schools to have effective policies in place (see DfE guidance)

**Managing medicines on school premises**

The school’s policy on medicines in school is:

• Medicines will 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 will 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 will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

• Children under 16 will not be given medicine that contains aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.

• The school 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. The exception to this is insulin which must still be in date, but is generally inside an insulin pen or a pump, rather than in its original container.

• “Over the counter medicines – General Sales List or Pharmacy Only medicines may be sent into school for administration by staff with consent and agreement from parent/carer ensuring the medication form is completed. Medicines may only be administered on a short-term basis (unless alternative arrangements have been made with the head teacher)”, and will be issued in accordance with the parent’s instructions.

• All medicines will be stored safely. Children will be told where their medicines are at all times and will be able to access them immediately. Where relevant, they will be told who has the key to the storage facility.

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

• Where a child has been prescribed a controlled drug, they may legally have it in their possession if they are competent to do so; however, it will be made clear to them that passing it to another child for use is an offence. Monitoring arrangements will be put in place as appropriate. Otherwise, controlled drugs that have been prescribed for a pupil will be securely stored and only named staff will have access to them; albeit they will be kept easily accessible in an emergency. A record will 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 will do so in accordance with the prescriber’s instructions. A record of all medicines administered to individual children will be kept, stating what, how and how much was administered, when and by whom. Any side effects of the medication administered will be noted.

• When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

**Record keeping**

The school will ensure that written records are kept of all medicines administered or clinical procedures carried out to children. Parents will be informed if their child has been unwell at school.

**Emergency procedures**

We will have risk management processes and arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK. Where a child has an individual healthcare plan, it 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 will, if appropriate, be made aware of 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.

**Impaired Mobility/Conditions requiring adaptations to be made**

Providing the approval of the GP or Consultant has been given there is no reason why children wearing plaster casts or using crutches should not attend school with appropriate risk assessments and control procedures.

Restrictions will be necessary on games or practical work to protect the child or others. Similarly, some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interest of safety.

If a child is being taken on a school journey where medical treatment may be needed and the parent is not prepared to give written instruction and an indemnity on the subject of medical treatment, the school might decide that the pupil should not go on the journey.

Where a child’s medical condition prevents them in participating in a school activity and this is certified by a doctor e.g. swimming, alternative arrangements will be made in school for the duration of that activity. However, unless certification is received exempting the child from the activity, it is assumed that, if they are in school, they are well enough for all activities planned. Therefore, parents will be requested to arrange supervision for the child during any activity from which they choose to withdraw them.

**Liability and indemnity**

The academy council should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk for staff providing support to pupils with medical conditions and administration of medicines.

**Unacceptable practice**

The school’s policy is explicit about what practice is not acceptable. Although staff will use their discretion and judge each case on its merits with reference to 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; 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;

• If the child becomes ill, send them 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 or other breaks whenever they need to in order to manage their medical condition effectively; 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. 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, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

**Complaints**

Any complaints regarding the school’s support to pupils with medical conditions should be made in the first instance to the head teacher. If for whatever reason this does not resolve the issue, parents and pupils may make a formal complaint via the school’s complaints procedure