



**NETHERAVON ALL SAINTS C of E PRIMARY SCHOOL**

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**Supporting Pupils with Medical Needs Policy**

<b>Date Approved:</b>	December 2016
<b>Date of Review:</b>	December 2017
<b>Signed:</b>	File copy signed
<b>Position:</b>	Chair of governors



## **Netheravon All Saints C of E Primary School**

### **Supporting Pupils with Medical Conditions Policy**

Section 100 of the Children and Families Act places a duty on Netheravon All Saints CE Primary School to make arrangements for supporting children with medical conditions, and in doing so must have regard for the Department for Education's statutory guidance Supporting Pupils at School with Medical Conditions (April 2014) and updates (December 2015).

This policy should be read in conjunction with the SEND Policy.

#### **Key Principles**

There are four key principles underpinning our policy, in line with DfE guidance:

- ◆ Children with medical conditions should be properly supported so that they can have full access to education, including school trips and physical education.
- ◆ Our focus is on each child as an individual, and how their medical needs and unique situation affect their access, participation and enjoyment of school life.
- ◆ Arrangements must be 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.
- ◆ Meeting the needs of children with medical conditions can only be done to the highest standards

As such, children with medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds only. However, in line with safeguarding duties, the governing body ensures that children's health is not put at risk, e.g. from infectious diseases. We do not, therefore, permit entry to school where it is detrimental to the health of that child or others to do so.

The prime responsibility for a child's health always lies with the parent/carer who is responsible for the child's medication, and should supply the school with information regarding the management of the child's condition such that the school fully meets the child's needs.

#### **Procedure once notification is received**

Once a member of staff is aware that a child with medical needs will begin attending Netheravon All Saints CE Primary School, e.g. Foundation Stage staff during entry profiling; Reception/office staff when processing applications etc, the SENCo, Lynda Meynell, should be informed. She then ensures that all of the relevant staff are notified and begins the process of planning for the child's safe admission to school. Arrangements to support children are ideally in place before the child starts, or no later than two weeks after their admission (dependent on new diagnoses emerging or starting mid-year).

When a formal diagnosis has not yet been made, or where there is a difference of opinion, the school makes a judgement about what support to provide based on the available evidence – usually some form of medical evidence and consultation with parent/carers. If evidence conflicts, the school challenges appropriately to ensure that the right support can be put in place.

### **Individual healthcare plans**

Children with medical needs attending the school may have an individual healthcare plan where this is required, providing clarity about what needs to be done, when and by whom. The parent/carer, school and appropriate healthcare professional agree, based on evidence, when a healthcare plan is inappropriate or disproportionate; and the Headteacher, Hayley Humphris, takes the final decision when consensus cannot be reached. Decisions to not make a healthcare plan are recorded appropriately on the child's file.

A model process for developing individual healthcare plans is outlined in Annex A and a model Individual Healthcare Plan is shown in Annex B.

### **Children with Special Educational Needs and Disabilities (SEND) and Medical Needs**

Some children with medical needs also have a special educational need or disability (SEND). 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. For children who have SEND and a medical need but no Statement or EHC Plan, their individual healthcare plan includes reference to their Special Educational Need or Disability.

### **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 must know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

The named person with overall responsibility for policy implementation is Lynda Meynell, SENCo. Specific tasks within the policy are delegated to Lynn Woods, Admin Officer. Details regarding roles and responsibilities are outlined in Annex C.

### **Links to achievement and emotional wellbeing**

There are often social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may become anxious or depressed. Long-term absences due to health problems may affect a child's attainment, impact on their ability to sustain friendships and affect their wellbeing and emotional health. We work closely with the child, their parent/carer and other practitioners to ensure that the impact of their medical needs on their achievement and social and emotional well-being is minimised.

The school has an excellent social and emotional learning support service in place, which provides support to children whose emotional health has been affected by their medical needs, and may also support during transition if a child is being reintegrated back to school following a long period of absence. Class teachers work closely with outside agencies in ensuring appropriate support is put in place for all children in their class, including those absent due to illness.

## **Procedure for managing medicines**

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. No child is given prescription or non-prescription medicine without their parent's consent (Annex D), or given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, is never administered without first checking maximum dosages and when the previous dose was taken.

The following procedures are also followed:

- ◆ Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- ◆ We 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 only exception to this is insulin which must still be in date, but will generally be available to us inside an insulin pen or pump, rather than in its original container)
- ◆ All medicines are stored safely. Children know where their medicines are at all times and are able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away and are accessible 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. Otherwise, we keep controlled drugs that have been prescribed for a child securely stored in a non-portable container and only named staff have access. A record is kept of any doses used and the amount of the controlled drug held in store
- ◆ Staff may administer a controlled drug to the child for whom it has been prescribed, doing so in accordance with the prescriber's instructions. We keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. This must be countersigned by another member of staff. Any side effects of the medication are also noted
- ◆ When no longer required, medicines are returned to the parent/carer to arrange for safe disposal. Sharps boxes are used for the disposal of needles and other sharps

## **Emergency procedures**

Where a child has an individual healthcare plan, this defines what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other children in the school 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 stay with the child until the parent/carer arrives, or accompanies a child taken to hospital by ambulance.

## **Extra-curricular activities**

We are fully committed to actively supporting children with medical needs to participate in the full life of the school (including trips and visits) and to not prevent them from doing so. Healthcare plans endeavour to make teachers aware of how a child's medical condition will impact on their

participation, but there is flexibility for all children to participate according to their own abilities and with reasonable adjustments, unless evidence from a clinician states that this is not possible.

Risk assessments are carried out so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This includes consultation with the child him or herself, the parent/carer and any external agency involved in the care of the child. The school staff may also make reference to the Health and Safety Executive guidance on school trips when making a risk assessment.

### **Unacceptable practice**

It is not acceptable practice (unless there is evidence included in the child's individual healthcare plan from a medical professional) 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 the parent; 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
- ◆ Prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- ◆ Require parents/carers, 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
- ◆ Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school

### **Support for children with allergies and medical conditions**

For any child who has a food allergy and/or medical need the following procedures must be applied. Reception and office staff receiving the information have a responsibility to ensure all the respective staff are made aware of the allergy or medical need immediately. If applicable, two Epi-Pens must be requested from the parent/carer.

- ◆ The class teacher must have information about the child's allergy/medical needs communicated verbally by Reception/Office staff to ensure there is no miscommunication and the class teacher is fully aware and given full details of the allergy and an Epi-Pen will be kept in the classroom

- ◆ The lunchtime staff must be given a copy of the details of the allergy/medical need as provided
- ◆ The Healthcare Plan Manager, Lynn Woods, produces an A4 sheet with the child's picture, a description of the allergy/medical need and what to look out for if there has been an allergic reaction. These are kept in their individual care plan pouch. Mrs Woods will be responsible for ensuring Epi-Pens are not out of date, clearly labelled and stored appropriately, one in the classroom and one stored centrally in the First Aid cabinet in the office

Teachers and support staff will be trained on how to use an Epi-Pen. The Healthcare Plan Manager keeps a list of the staff trained and their training.

### **Training**

Training to support the school in meeting the needs of children with medical conditions is provided on a regular basis, and from a range of practitioners, e.g. the administration of Epi-Pens. This includes whole school awareness training, induction training for new members of staff and training for individually identified members of staff. On the basis of the need identified and the implications for school staff, we work to:

1. Identify who the key people in school who require training/support are.
2. Ascertain what their training needs are and who can provide the training.
3. Ensure that the right staff access this training as swiftly as possible, and that it is implemented appropriately.
4. Regularly review whether the child or staff training needs have changed, and act to address this.

Staff must not give prescription medication or undertake health care procedures (e.g. changing tubes) without appropriate training (updated to reflect any individual healthcare plan).

### **Other professionals**

The school works closely with a range of other professionals when supporting a child with medical needs including community paediatrics, Audiology, community care nursing teams, specialist provision in hospitals, local GPs, etc. Our school nurse is Laura Baker; she is keen to work closely in partnership with the school and parents/carers. Should a parent/carer wish to make an appointment with the nurse, please contact the SENCo who will be happy to assist. Tracy Satchell is the school's Education Welfare Officer (EWO); she supports the school when children are absent, especially long term absences associated with a medical need.

### **Complaints**

Should children or parents/carers be dissatisfied with the support provided, they should discuss their concerns directly with the class teacher. If, for whatever reason, this does not resolve the issue, they should discuss their outstanding concerns with the SENCo. Hopefully, the outcome of this will be satisfactory; however, if parents/carers remain concerned they may make a formal complaint via the school's complaints procedure.

### **Monitoring and Review**

This policy is monitored regularly by the Senior Leadership Team and is reviewed annually by the Governing Body.

Adopted by Netheravon All Saints Academy Trust on

Signed (Chair of Governors):

V2	Reviewed by staff Sept 2016
V1	Reviewed by staff Sept 2015

