

**Supporting a child with Medical Needs Policy**

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**Supporting Children with Medical Needs Policy**

This policy is written in line with Section 100 of the Children and Families Act 2014 which places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at school with medical conditions.

“The Children and Families Act 2014 places a duty on maintained schools and academies to make arrangements to support pupils with medical conditions. Individual healthcare plans will normally specify the type and level of support required to meet the medical needs of such pupils. Where children and young people also have SEN, their provision should be planned and delivered in a co-ordinated way with the healthcare plan”. DFE 2015

**Definitions of Medical Conditions:**

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

-Short term affecting their participation in school activities because they are on a course of medication.

-Long term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

**Safeguarding:**

At Willen Primary School, safeguarding and child protection is paramount and we are fully committed to ensuring the welfare and safety of all our children. We believe that pupils have a right to learn in a supportive, caring and safe environment which includes the right to protection from all types of abuse; where staff are vigilant for signs of any student in distress and are confident about applying the processes to avert and alleviate any such problems. If any behaviour is a concern in relation to safeguarding Willen Primary School procedures and processes will be followed at all times in accordance with the Child Protection Policy. Any concerns will be referred to the Designated Safeguarding Leads; Sarah Orr, Carrie Mathews, Kim Cole as procedures state.

**Our Aims**

To ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

• To ensure that parents feel confident that we will provide effective support for their child’s medical condition and that their child feels safe.

• To ensure we fully consider advice received from healthcare professionals; listen to and value the views of parents and pupils.

• To ensure successful reintegration into school for children who have had a long term absence, so that they can be supported to fully engage with their learning and do not fall behind when they are unable to attend.

• To effectively manage short term and frequent absences, including those for appointments connected with a pupil’s medical condition and to ensure appropriate support is put in place to limit the impact on the child’s educational attainment and emotional and general wellbeing.

• To ensure that where children with medical conditions are disabled school complies with their duties under the Equality Act 2010.

• To ensure that children with medical conditions who also have special educational need are supported in accordance with the SEND code may of practice 2014.

• To ensure reasonable adjustments are made to enable children with medical needs to participate fully and safely on visits, sporting activities and other school activities.

**Procedures to be followed when notification is received that a pupil has a medical condition**

We will ensure that the correct procedures will be followed whenever we are notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil’s needs change and arrangements for any staff training or support.

For children starting at the school, wherever possible arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to the school, we will make every effort to ensure that arrangements are put in place within as soon is practicably possible.

At our school, we will make sure that no child with a medical condition is denied admission or prevented from attending school because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that pupils’ health is not put at unnecessary risk from, for example infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

At this school, in line with national guidelines, we will not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil’s medical condition is unclear, or where there is a difference of opinion, judgements will be made about what support to provide based on the available evidence. This would normally involve medical evidence and consultation with Parents/Carers. Following the discussions an Individual Healthcare Plan will be put in place.

**Management of medication within the school**

There may be occasions where parents/carers are advised that their child may return to school while still needing to take medicines. As much medication can be prescribed to avoid school hours, we will encourage parents/carers to ensure that their child’s medication is taken out of school hours wherever clinically possible.

**For further guidance please refer to our Medicines Policy.**

**Individual Healthcare Plans**

On the advice of and in conjunction with health professionals we will create individual healthcare plans for pupils with significant medical needs. The purpose of this is to identify the level of support that a pupil requires in school. It is a written agreement that clarifies for staff, parents and pupils the help that school can provide and receive.

* Each pupil’s healthcare plan will have a regular review date with parents, pupil and a member of staff and/or health worker.
* Each plan clearly states what information may be shared and with whom.
* These plans are kept in the medical room
* Individual healthcare plans will be written and reviewed by the SENCO or lead first aider but it will be the responsibility of **all** members of staff supporting the individual children to ensure that the plan is followed.
* Where a child has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their Individual healthcare plan.
* Where the child has a SEN identified in a statement or EHC plan, the Individual healthcare Plan should be linked to or become part of that statement or EHC plan.
* Where a child of sufficient understanding has a significant medical need that requires an Individual healthcare plan, the child will be invited to participate in drawing up and agreeing the plan.
* The school will ensure that Individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child’s needs have changed.

**Each Individual healthcare plan should include:**

* 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/noisy conditions.
* Specific support for the pupil’s educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, 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, following written permission from Parents/Carers 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 visits or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments.
* What to do in an emergency, including whom to contact, and contingency arrangements.
* Where confidentiality issues are raised by the Parents/Carers or child, the designated individuals to been trusted with information about the child’s condition.

**Confidentiality**

Whilst, medical and health information will be treated confidentially, in some cases in the interests of the pupil’s safety, information about their condition and treatment will need to be shared. In these cases, we will ensure that important information about particular health needs will only be communicated to relevant teaching and support staff following consent from parents/carers and pupils. Specific health needs of individual pupils will only be shared with peers after consent from parents and pupil. Sometimes it will be appropriate for a photograph to be kept with the child’s Individual healthcare plan. Normally these will be displayed in areas where pupils have restricted access. This will be discussed with parents/carers and pupils as appropriate.

**Emergency procedures**

Where a child has an Individual Healthcare Plan, this will 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 school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

**Where it is clear that a child requires urgent medical attention, an ambulance will be called.**

The caller will provide details of the child’s known condition and symptoms.

Where possible, they will give the name and date of birth of the child.

Where urgent medication is required, the school will endeavour to administer the medication and call for an ambulance simultaneously.

The caller will give their name and provide details of the school’s location to aid the Ambulance Service.

Parents/carers will be contacted as soon as possible where emergencies arise.

Any pupil taken to hospital by ambulance will be accompanied by a member of staff who will remain with the pupil until a parent arrives.

**Staff Development**

All staff who deals with specific issues or specific health needs will receive appropriate training from health professionals. The school will keep a record of who delivered the training and who received the training and a date for review of further training will be agreed at the first training session. At our school, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including School Nursing, will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication. If a serious medical incident occurs in school, a debriefing session will be arranged in school.

**Equality of opportunity**

Pupils with special medical needs have the same right of admission to school as other children and will not be refused admission or excluded from school on medical grounds alone.

If a child is deemed to have a long-term medical condition, we will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child.

The school, health professionals, Parents/Carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

**School visits and residential visits**

We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. Risk assessments will be carried out, provision will be made in Individual Healthcare Plans and staff will receive suitable training.

**Sporting activities**

Our PE curriculum and provision of sporting activities enables all pupils to take part in ways which are appropriate to their abilities. Any restrictions on a particular pupil’s ability to participate in PE will be clearly identified and incorporated into the pupil’s individual healthcare plan.

**Parents/Carers**

Parents/carers are asked to provide the school with full information about their child’s medical condition and any treatment or special care needed at school and to keep us informed of any new or changing needs.

Whilst we encourage regular school attendance, children who are acutely unwell should not be sent to school.

Parents/carers should try to ensure that their child’s medication is taken out of school hours wherever possible

**Record Keeping**

Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

The school will keep records of the following:

A register of all pupils at the school who have significant medical needs.

 Individual Healthcare Plans.

 Medication administered or supervised.

 Notification from parents/carers giving consent regarding medication issued.

 Training records.

**Management of support for children with medical conditions**

The overall management responsibility for support for children with medical conditions within the school lies with the Head Teacher.

The Head Teacher will ensure that:

* All staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
* All staff who need to know are aware of the child’s condition
* Sufficient trained numbers of staff are available to implement the policy and deliver the individual healthcare plans, including in contingency and emergency situations. Staff receive sufficient and suitable training to achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

**The SENCO has responsibility for**:

The day to day coordination of support for children with medical conditions

Ensuring effective liaison with parents and the child and appropriate agencies

Working with the head teacher to arrange staff training

Ensuring that arrangements are in place to inform supply staff of a child’s medical condition

Monitoring that risk assessments are completed for school visits and other activities outside the normal time table.

Making referrals to the school nurse service when a medical condition is identified.

Monitoring and reviewing Individual Healthcare Plans in collaboration with other professionals.

**Liability and Indemnity**

The Governing Body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk and covers staff providing support to pupils with medical conditions.

Insurance policies provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures.

Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with.

**Unacceptable Practice**

Although staff should 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:

* 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.
* 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.
* 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/Carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues.
* Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including educational visits