Supporting Students with Medical Needs Policy

West Green Primary School

Reviewed on:	23 Jan 2025
Next Review:	Jan 2027
Staff Responsibility	SLT
Governor responsibility	FGB
Signed by Chair	*Amelia Griffiths*

Safeguarding Statement

At West Green Primary School we respect and value all children and are committed to providing a caring, friendly and safe environment for all our pupils so they can learn, in a relaxed and secure atmosphere. We believe every pupil should be able to participate in all school activities in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult employed by, or invited to deliver services at West Green Primary School. We recognise our responsibility to safeguard all who access school and promote the welfare of all our pupils by protecting them from physical, sexual and emotional abuse, neglect and bullying.

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Background:

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at the school with medical conditions. Pupils with special 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 alone. However, the prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. Teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

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).

Some children with medical conditions may be 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 and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEND Code of Practice and West Green Primary School SEND Information Report.

If a child is deemed to have a long-term medical condition, the School 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.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans). At the School, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse who we have regular access to, will provide

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training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication.

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 West Green, 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 West Green mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, the School will take into account that many of the medical conditions that require support at school will affect quality of life and may be life- threatening. We will also acknowledge that some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The School will ensure that arrangements give Parents/Carers and pupils confidence in the School's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need. The School will ensure that arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The School 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. The School will make sure that no child with a medical condition is denied admission or prevented from attending the 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.

The School does 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 needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with Parents/Carers. Following the discussions an Individual Health Care Plan will be put in place.

Where a child has an Individual Health Care 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 (regardless of whether they have

an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance.

Individual Health Care Plans:

It will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school.

Individual Health Care Plans will help to ensure that the School effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom.

They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex.

However, not all children will require one. The School, health care professional and Parents/Carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Annex A.

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans 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 SEND but does not have a statement or EHC plan, their SEND should be mentioned in their Individual Health Care Plan.

Individual Health Care Plans, (and their review), may be initiated, in consultation with the Parent/Carer, by a member of school staff or a healthcare professional involved in providing care to the child. As the named person with responsibility, Arusa Ashiq must complete the Individual Health Care Plan with support from Parents/Carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the School.

The School will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the School assesses and manages risks to the child's education, health and social well- being and minimises disruption.

Where the child has a SEND identified in an EHC plan, the Individual Health Care Plan should be linked to or become part of that EHC plan.

Individual Health Care Plans format:

The plans include information about…

- 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, travel time between 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 for 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 trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments

- Where confidentiality issues are raised by the Parents /Carers or child, the designated individuals to be entrusted with information about the child's condition

- What to do in an emergency, including whom to contact, and contingency arrangements

Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the School's responsibility to write or review.

<u>The Child's Role in managing their own Medical Needs</u>

If it is deemed, after discussion with the Parents/Carers, that a child is competent to manage their own health needs and medicines, the School will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or (as is more usually the case at West Green) should be able to access their medicines for self-medication quickly and easily; these will be stored in the medical cupboard in the office to ensure that the safeguarding of other children is not compromised. The School does also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of

supervision. If a child is not able to self-medicate, then relevant staff should 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 instead follow the procedure agreed in the Individual Health Care Plan. Parents/Carers should be informed, outside of the review, so that alternative options can be considered.

Managing Medicines at West Green:

The following are the procedures to be followed for managing medicines:

- Medicines should only be administered at the 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 Parents/Carers written consent.

- We will not administer non-prescription medicines to a child, if a Parent/Carer wishes a child to have the non-prescription medicine administered during the School day, they will need to come to the School to administer it to their child.

- 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 will generally be available inside an insulin pen or a pump, rather than in its original container.

- All medicines will be stored safely in the medical cupboard (or fridge as necessary) in the office. Children should know where their medicines are at all times and be able to access them immediately.

- Medicines and devices such as asthma inhalers, blood glucose testing meters and EpiPen should be always readily available to children and not locked away; these will be stored in the medical cupboard in the office (unless stated otherwise in their Individual Health Care Plan) where both class teacher and child know how to access them. If a child requires an asthma inhaler or EpiPen it is crucial that these are in school at all times.

- During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all medical devices and medicines required.

- Staff administering medicines should do so in accordance with the prescriber's instructions.

- The School 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 the 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.

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

Unacceptable Practice:

Although School staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:

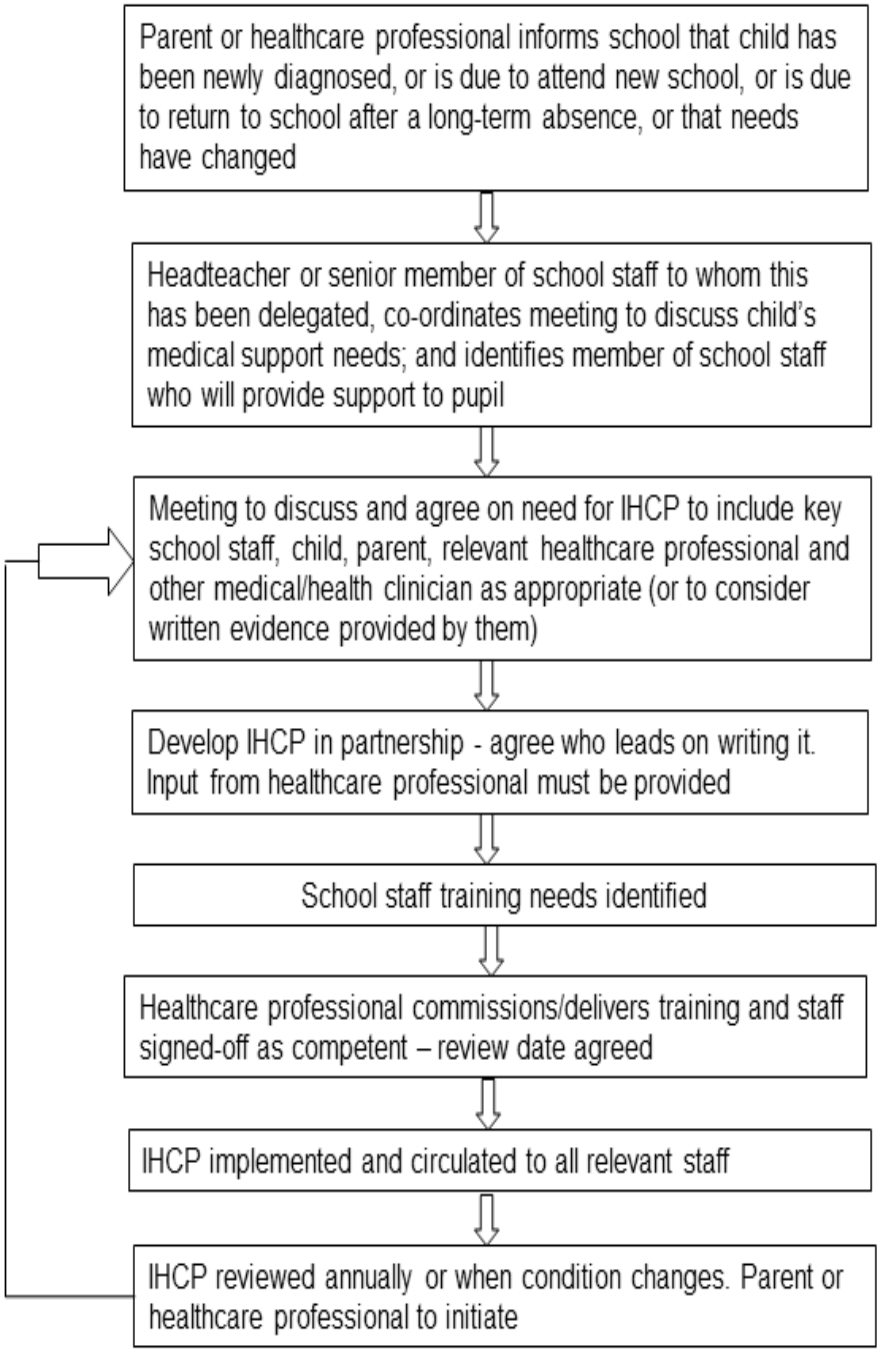
- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their Parents/Carers; or ignore medical evidence or opinion, (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
- If the child becomes ill, send them to the School office 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/Carers, or otherwise make them feel obliged, to attend the School to administer medication or provide medical support to their child, including with toileting issues.
- No Parent/Carer 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/Carers to accompany the child.

Complaints:

Should Parents/Carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the School. If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaints procedure outlined in the School's Complaints Policy.

Monitoring:

This policy will be reviewed at least every two years, or when significant changes occur.


Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed
Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil
Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)
Develop IHCP in partnership - agree who leads on writing it. Input from healthcare professional must be provided
School staff training needs identified
Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed
IHCP implemented and circulated to all relevant staff
IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate