

Our Lady and St Teresa's Catholic Primary School



*Aspire, Achieve, Learn and Love as one Family
in Christ*

*Supporting Pupils at School with Medical
Conditions Policy*

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Supporting Pupils with Medical Conditions policy

Mission Statement

Our Lady and St Teresa's is a place that is full of joy and ambition where children love coming to school. Our highest priority is to respect and value all the children in our care. We are committed to providing a caring, friendly and safe environment for all our pupils so they can learn in a relaxed, secure and professional atmosphere. We make every effort to enable pupils to participate in all school activities in an enjoyable, safe environment where they can be protected from harm.

"Aspire, Achieve, Learn and Love as One Family in Christ."

Introduction

At Our Lady and St Teresa's Catholic Primary School all children with medical conditions will be supported so that they can play a full and active role in school life, remain healthy and achieve their potential.

Children with Medical Conditions

Such children may have:

- Long term and complex medical conditions
- Require continuous monitoring
- Require interventions in emergency circumstances
- Social and emotional challenges
- Short and frequent absences
- An Educational Health and Care Plan

Arrangements for individual children will focus on their very specific needs to ensure that they can access and enjoy the same opportunities as any other child. The arrangements will allow for any impact that any medical condition has on a child's ability to learn.

Admissions

Children with medical conditions have the same rights of admission as other children. In line with their safe-guarding role the Governing Body will not accept a child in school where pupil's health is put at unnecessary risk.

Procedure to be followed when notification is received that a pupil has a Medical Condition Arrangements for children starting school at Our Lady and St Teresa's

should be in place for the start of the new school term. In the case of children transferring mid-term every effort will be made to ensure that arrangements are put in place within two weeks.

The school will not wait for a formal diagnosis before providing support. Support will be given based on medical evidence and consultation with parents

Roles and Responsibilities

The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical.

Some of the most important roles and responsibilities are listed below

The Governing body

will make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented.

will ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.

will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

will ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Headteacher

will ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.

will ensure that all staff who need to know are aware of the child's condition.

will 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. This may involve recruiting a member of staff for this purpose.

will have overall responsibility for the development of individual healthcare plans.

they will contact the school nursing service 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 to the school nurse.

School staff – any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of 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 should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Governors should ensure that the job description of a member of staff includes supporting a child with medical conditions.

School nurses – every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school.

Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals, including GPs and paediatricians – should notify the school nurse when a child has been identified as having a medical condition that will

require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes, epilepsy).

Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents – should provide the school with sufficient and up-to-date information about their child's medical needs. They may, in some, cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authorities – are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation 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. Local authorities should 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. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Providers of health services – should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical commissioning groups (CCGs) – commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to

children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

Ofsted – their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and progress made by these pupils.

Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

Inclusion Manager

Mrs Edna Ridges (Inclusion Manager) has overall responsibility for policy implementation. This includes

- Training of sufficient staff

- Informing of all relevant staff of the child's condition

- Cover arrangements to ensure a member of staff is available when needed

- Briefing for supply teachers

- Risk Assessments (school visits etc)

- Monitoring of individual healthcare plans

- Liaising with outside agencies and parents/carers

Individual Health Care Plans

The Inclusion Manager is responsible for the development of individual healthcare plans (see Annex A).

The plan will be developed, if appropriate, to provide clarity particularly if the medical condition is complex, following discussion by the school, healthcare professionals and parents/carers (See Annex A). If a child has SEN this should be mentioned in their individual healthcare plan. Plans will be drawn up by school, parents and relevant healthcare professional and pupils when appropriate. Plans will capture the steps to be taken to help the child manage their condition and overcome any potential barriers to their education. Plans will be reviewed at least annually.

Plans may include

the medical condition

pupils resulting needs (medication, facilities, dietary requirements etc)

support for educational, social and emotional needs (counselling, rest periods, additional support) level of support (in self-medication)
who will provide support – training, cover training re-integration procedures if appropriate

arrangements for written permission for administration of medicine separate arrangements or procedures for school trips confidentiality
emergency procedures

Role of Children

The child's role in managing their own medical needs will be part of their individual healthcare plans. Wherever possible children should be allowed to carry their own medication or should be able to access them easily. Other children may need help in administering medicines and manage procedures for them.

If a child refuses to take medicine or carry out a procedure, staff should follow the agreed procedures. Parents must always be informed.

Staff Training

The Inclusion Manager will ensure that training enables staff to be competent and have confidence in their ability to support children with medical conditions.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A First Aid Certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals can provide confirmation of the proficiency of staff in medical procedure or in providing medication.

All staff will receive awareness training in the support being given to children with medical conditions. Such training will also be part of induction training for staff. The Inclusion Manager will keep a record of training undertaken and 'flag-up' when updated training is required.

Managing Medicines on School Premises

medicines should 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 should be given prescription or non-prescription medicines without their parent's written consent. In general the school will not administer non prescription medication however in certain circumstances in consultation with parents and medical practitioners non prescription medication may be administered.

a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed

where clinically possible, medicines should be prescribed in close frequencies which enable them to be taken outside school hours

schools should only accept prescribed medicines that are in-date, labeled, 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 to schools inside an insulin pen or a pump, rather than its original container

all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should 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. This is particularly important to consider when outside of school premises, eg 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. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should 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 should do so in accordance with the prescriber's instructions. Schools should 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 school should be noted.

when no longer required, medicines should be returned to the parent to arrange for safe disposal.

Sharps boxes should always be used for the disposal of needles and other sharps.

parents will not be required to attend school to administer medication, provide medical support or deal with toileting issues. Parents will be asked to come in and administer non-prescribed medicine, staff only administer prescribed medication.

Emergency Procedures

The school has a range of risk assessments including arrangements for dealing with emergencies.

A child's individual healthcare plan must define what constitutes an emergency and explain what to do. All staff should be aware of emergency symptoms and procedures.

If appropriate the children should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child with a medical condition becomes unwell the child must be accompanied by a suitable person to the school office. If a child needs to be taken to hospital staff should stay with the child until the parents arrive or accompany a child taken to hospital by ambulance. Members of staff must take the child's medication with them and the child's key details.

Asthma Inhalers

From 1 October 2014 schools are allowed to keep Salbutamol inhaler for use in emergencies.

This facility is only for those children for whom consent has been received. This is not a mandatory requirement.

Our Lady and St Teresa's School will follow the protocol from the Department of Health.

Adrenaline Auto Injectors (EpiPens)

Any children identified as having allergies which cause (or could cause) anaphylaxis will have an individual healthcare plan and carry their own AAI with them in school. AAI to be kept either with the child or with the teacher dependent on how old the child is.

School does not have its own AAI to distribute. School will ensure that

- a register is kept of pupils who have been prescribed an AAI(s) (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis).
- written consent from the pupil's parent/legal guardian for use of the AAI(s) in school as part of a pupil's individual healthcare plan.
- appropriate support and training for staff in the use of the AAI in line with the schools wider policy on supporting pupils with medical conditions.
- keeping a record of use of any AAI(s), as required by Supporting Pupils and informing parents or carers when an AAI is administered

Record Keeping

Written records are kept of all medicines administered to children – this provides evidence that agreed procedures have been followed. Parents must be informed if a child with a medical condition has been unwell at school.

The records will be kept for the duration of the child's full time education.

Attendance

Long term absence due to health problems affect children's educational attainment, impact on their ability to interact with their peers and affect their general wellbeing and emotional health.

Re-integration plans and discussion will meet the specific needs of the individual child.

Plans to help a child who has short term and frequent absences will be put in place to ensure to limit the impact on the child's educational attainment and emotional and general well-being.

Children's attendance records will indicate if their absences are related to their medical condition eg appointments.

Educational Visits and Sporting Activities

Our Lady and St Teresa's School will make arrangements for the inclusion of pupils in such activities with any adjustments as required.

A risk assessment will be carried out in consultation with parents and advice from healthcare professionals to ensure that pupils can participate safely.

The Health and Safety Executive guidance on school trips should also be referred to.

Children will not be prevented from participating in any aspect of school life, by requiring parents to accompany a child.

Liability and Indemnity

Governing bodies of maintained schools should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. The Insurance is provided by Zurich Municipal through Warwickshire County Council. Insurance policies should be accessible to staff providing such support.

Advice will be sought from the Insurance Company as part of the Individual Health Care Plan.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Complaints

In the first instance if parents are dissatisfied with the support provided they should discuss their concerns directly with the school. If despite best efforts this does not resolve the issue they may use the school's complaints procedure.

If all attempts at resolution have been exhausted a formal complaint may be made if it comes within the scope of Section 496/497 of the Education Act 1996.