

Promoting Ambition for Change

TEMPLE LEARNING ACADEMY



**Supporting Pupils With Medical
Needs Policy**

2017 – 2018

Ratified July 2017

Review: Summer 2020

Co-Principal with lead responsibility: Richard Hadfield

Named Governor: Nigel Wood

Special Educational Needs Co-ordinator: Andrea Smith

Introduction

The purpose of this policy is to clarify the situation for all staff working with children and young people with emerging or identified medical needs. It is also intended to inform children, their parent(s), carer(s), families and all other stakeholders of the legal position in relation to medical needs, and the values, ethos, expectations and procedures that we uphold at Temple Learning Academy.

Parents and carers of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents and carers feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support they provide, schools should establish relationships with relevant local health services to help them. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties



under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice 2014.

In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The governing body should ensure that its arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

Values and Ethos

Temple Learning Academy is a special learning community where everyone feels safe, happy, healthy and well cared for. We are an inclusive, diverse, all-through school where every child and every adult feels inspired, challenged and fulfilled in our pursuit of lifelong learning. We have a shared understanding of our core rights and responsibilities, and we nurture a culture that protects and celebrates the wonderful uniqueness of each and every person. Our curriculum, teaching and assessment ensure equality of opportunity and challenge for each child, and differentiated approaches deepen the learning and secure achievement for all pupils.

Legal Requirements

This policy follows the statutory guidance and advice set out in the DFE's Supporting Pupils at School with Medical Conditions, December 2015.

This policy has also been written taking cognisance of the Special Educational Needs and Disabilities Code of Practice 2014, Part 3 of the Children and Families Act 2014 and the Equality Act 2010.



Aims

- To provide the highest quality provision to meet the needs of all children, and especially those with identified medical needs
- To maintain a dedicated focus on the best inclusive practice and the removal of barriers to learning
- To ensure that all pupils with medical conditions, in terms of both physical and mental health, will be properly supported so that they can play a full and active role in Academy life, remain healthy and achieve academic success.
- To ensure that all pupils with medical conditions will be properly supported so that they have full access to education, including educational visits, enrichment activities and physical education.
- To always listen to and act upon the views, wishes and feelings of the child and the child's parents or carers
- To work in partnership with all other stakeholders and agencies, including health and social care services, to provide the best possible collaboration and co-ordinated support for children
- To ensure that Academy Leaders consult health and social care professionals, pupils and parents so that the needs of children with medical conditions are properly understood and effectively supported.

Procedures

Leadership

- A designated Co-Principal will take lead responsibility for supporting pupils with medical needs.
- Academy Leaders will regularly review how expertise and resources are used to support pupils with medical needs and improve rates of progress as part of their approach to Academy improvement.
- A designated teacher (SENDCO) will be responsible for co-ordinating the support for pupils with medical needs; ideally, they will be a member of the Academy Leadership Team.
- The SENDCO must be a qualified teacher working in our Academy. A newly appointed SENDCO must be a qualified teacher and, where they have not previously been the SENDCO at a relevant school for a total period of more than twelve months, they must achieve a National Award in Special Educational Needs Co-ordination within three years of appointment.
- Academy Leaders should ensure that the SENDCO has sufficient time and resources to carry out their role and responsibilities. This should include providing the SENDCO with sufficient



administrative support and time away from teaching to enable them to fulfil their responsibilities in a similar way to other important strategic roles within a school.

- A named Governor will ensure that the strategic leadership of the Academy fits within the values, ethos and aims of this policy and develops the highest quality provision for pupils with identified medical needs.
- The Full Governing Body will review this policy and its impact every three years.
- The quality of teaching for pupils with identified medical needs, and the progress they make, will be a part of the school's approach to professional development for all teaching and associate staff.

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

- Staff do 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. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.
- For pupils joining our Academy, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or new arrivals mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

Individual Healthcare Plans

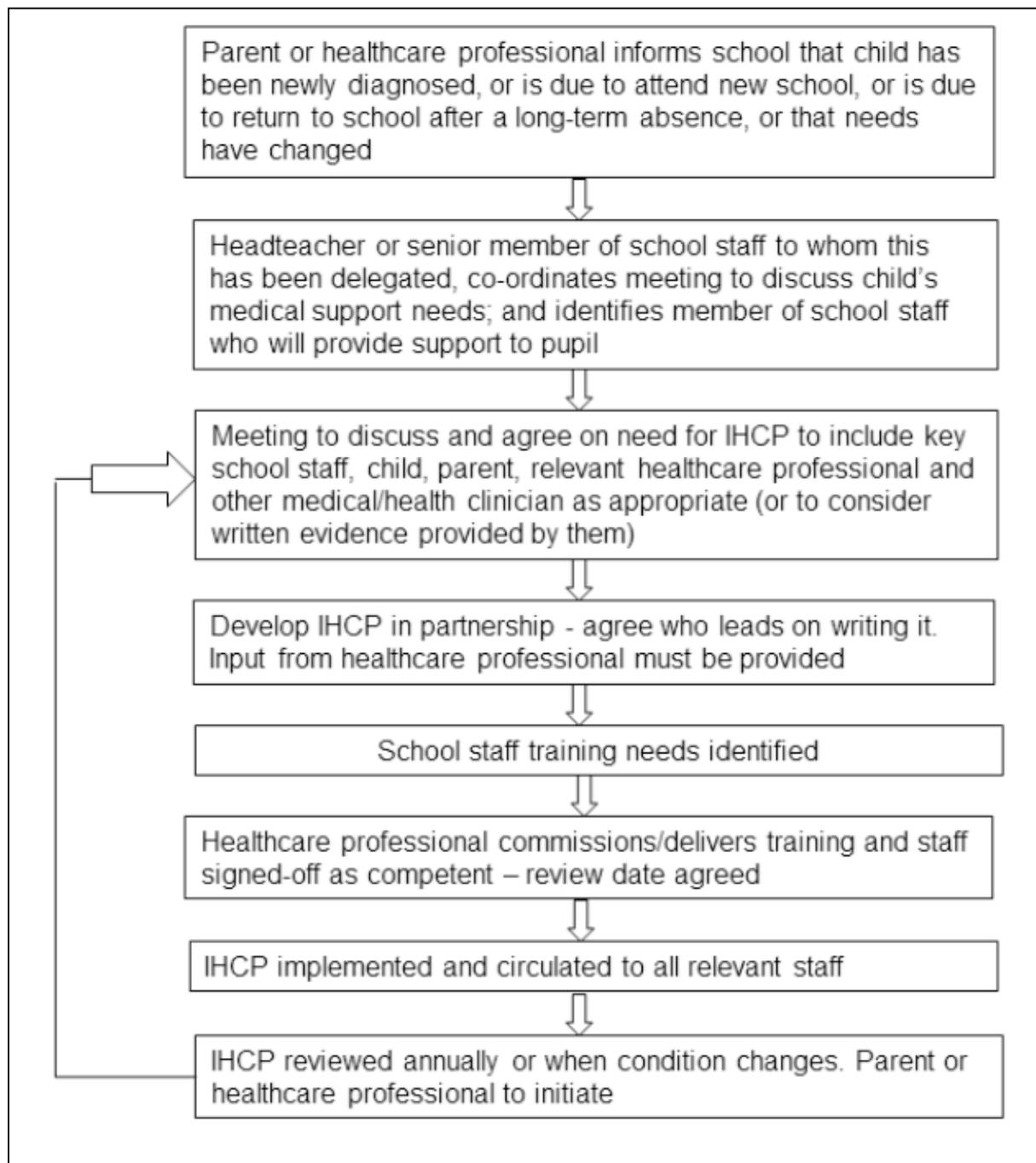
- Where necessary, Individual Healthcare Plans (IHCPs) will be developed by the SENDCO. The SENDCO, healthcare professional and parent/carer should agree, based on evidence, when a IHCP would be inappropriate or disproportionate. If consensus cannot be reached, the Co-Principal is best placed to take a final view.
- IHCPs will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex.
- IHCPs will be reviewed at least annually, or earlier if there is evidence that a pupil's needs have changed.
- IHCPs will be developed with the child's best interests in mind and ensure that the Academy assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.
- IHCPs will specify what needs to be done, when and by whom.
- IHCPs should be easily accessible to all who need to refer to them, while preserving confidentiality.



- 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 identified SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan. Where the child has a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.
- IHCPs will typically include the following details:
 - 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;
 - 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;
 - 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 and the Co-Principal 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 parent/carer/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 healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.



Flowchart for Developing Individual Healthcare Plans



Adjustments to Provision

- As part of a pupil's Individual Healthcare Plan, planned adjustments may be made to their provision. For example, this may include:
 - Part-time arrangements for attending school
 - Plans for re-integration after long periods of absence
 - Plans for home-based learning during planned periods of absence
 - Risk assessments for educational visits, holidays, and other activities outside the normal timetable

Collaborative Roles and Responsibilities

- Supporting a child with a medical condition during school hours is not the sole responsibility of one person.
- Our ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between Academy staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents/carers and pupils is critical.
- Where applicable, we will always seek advice and guidance from community nursing teams.
- 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 and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). 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).



- Clinical commissioning groups 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 and must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (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. Since 2013 Local Authorities have been responsible for commissioning public health services for school-aged children including school nursing. CCGs should be aware that this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility. Children in special schools in particular may need care which falls outside the remit of local authority commissioned school nurses, such as gastrostomy and tracheostomy care, or postural support. CCGs should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school.

Staff Information and Training

- Academy Leaders are responsible for ensuring that all staff are fully aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Any member of staff providing support to a pupil with medical needs should have received suitable training. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
- Academy Leaders should ensure that all staff who need to know are aware of a child's condition and medical needs.
- Academy Leaders should also 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.
- Academy Leaders should also ensure that staff are appropriately insured and are aware that they are insured to support pupils in this way.
- Academy Leaders should also manage arrangements during staff absence or in case of staff turnover to ensure trained staff are always available.



- The family of a child will often be key in providing relevant information to staff about how their child's needs can be met, and parents and carers should be asked for their views. They should provide specific advice, but should not be the sole trainer.

Administering Medicines

- Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).
- If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.
- 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/carer'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 should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should only ever be administered with parental consent and should never be administered without first checking maximum dosages and when the previous dose was taken.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- We will only accept prescribed medicines if these 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 to schools inside an insulin pen or a pump, rather than in 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, e.g. on educational visits.
- 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.



- 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 will 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.
- Academy 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. We 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 school should be noted in school.

Developing Pupils' Self-Management

- After discussion with parents and carers, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.
- Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them.

Emergency procedures

- As part of general risk management processes, all schools should have 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, 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 needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems.



Defibrillators

- Sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe.
- Schools are advised to consider purchasing a defibrillator as part of their first-aid equipment. DfE has put arrangements in place to assist schools in purchasing defibrillators at reduced cost. If schools install a defibrillator, they should notify the local NHS ambulance service of its location.
- Staff members appointed as first-aiders should already be trained in the use of CPR and may wish to promote these techniques more widely in the school, amongst both teachers and pupils alike.

Asthma Inhalers

- Schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol¹³ which provides further information.

Day Trips, Residential Visits and Sporting Activities

- Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools should 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.
- Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.



Unacceptable Practice

- Although school 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:
 - 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 for reasons associated with their medical condition 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.

Liability and Indemnity

The Governors of Temple Learning Academy will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. (Proprietors of academies should ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangement (RPA)). Insurance policies should be accessible to staff providing such support.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with.



Implementation and Responsibility

The responsibility for the administration of this policy will be with the Chair of Governors, advised by the Full Governing Body.

All new Governors and staff recruited to the Academy will be made aware of this policy. The policy will be posted on the Academy's website.

Monitoring, Evaluation and Review

Governors will review this policy every three years and evaluate its implementation and effectiveness.

