East Oxford
Primary School

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Supporting Children with Medical Needs

March 2020

Reviewed & Updated March 2020

Review Date: March 2022

East Oxford Primary School will make every effort to provide effective support and care for children with medical needs, in line with Section 100 of the Children and Families Act 2014. We aim 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. This policy has been written with due regard to the DfE statutory guidance "Supporting pupils at school with medical conditions" (April 2014).

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

Definition of Medical Needs

For the purpose of this policy, pupils with medical needs are:

Chronic - for example, musculoskeletal problems, cancer, asthma, epilepsy, diabetes, Crohn's disease, heart problems and pupils with mental health problems, such as anxieties, depression and/or school phobia. If chronic illnesses are not managed well by pupils and those who help care for them, including schools, this can have a detrimental effect on pupils' emotional development as well as their health and safety, physical and mental well-being and their ability to participate and achieve well academically. These children are likely to be covered by Section 6 of the Equality Act.

Short-term – for example, pupils recovering from an operation, broken limb, or who have been prescribed medication by a doctor but who are deemed well enough to be in school.

Children with diagnosed mental health issues are also covered by this policy.

Responsibilities

The governing body will:

- Take an overview of this policy and review it bi-annually, or when necessary as a result of changes to legislation or guidance received.
- Monitor its effectiveness annually.
- Ensure that liability cover includes appropriate professional indemnity for healthcare plans and for the administration of medication by school staff.

The SENCo will:

- Ensure that staff receive sufficient training, including relevant teachers, teaching assistants and a number of non-class based staff (e.g. office staff, Headteacher) to ensure that there is sufficient cover in the case of absence.
- Ensure that information regarding medical needs is available to class teachers and supply teachers.
- Liaise with external agencies (e.g. school nurse, parents) where appropriate.
- Establish and monitor individual health care plans.
- Oversee the implementation of this policy

School staff will:

- Follow guidance which has been received to ensure that children are effectively supported.
- Include, where appropriate, the needs of relevant children in any risk assessments which are undertaken; when taking children off-site, ensure that medication etc. is carried
- Liaise with the SENCo and external agencies where appropriate.
- Be aware that children with medical conditions may need different routines and not prevent them from e.g. eating/drinking/toilet breaks which are necessary in line with the plan.

Individual Health Care Plans

Not all children with medical needs will require an individual health care plan (DfE guidance 2014). Plans should be used where a child requires adaptations to provision on a day to day basis. Where needs are

[1]http://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

temporary or specific (e.g. to a school trip), they will be noted within risk assessments. We recognise that not every child with the same condition will require the same treatment.

When creating an individual health care plan, we will consider:

- 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 eg crowded corridors, travel time between lessons;
- 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; where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- arrangements for written permission from parents and the headteacher 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, eg risk assessments;
- 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.

Administration of Medication

A Health Care plan should reflect who will administer medication to children. It should be noted that school staff do not have a contractual obligation to administer medication and that this is a voluntary activity on their part. We will not, however, require parents to attend school to administer medication etc. The SENCo will ensure that staff receive appropriate training, including from medical professionals where appropriate. Some children may be able to administer and take responsibility for their own medication, under the supervision of school staff.

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. If school are administering prescribed medication, we will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and supplied with instructions for administration dosage and storage. The exception to this is insulin which must still be in date, but will generally be stored inside an insulin pen or a pump, rather than in its original container. We will not usually administer non-prescription medications. The school may administer their spare adrenaline auto injector (AAI), obtained without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis. Where both medical authorisation and written parental permission consent for use of the spare AAI has been provided. The school ensures that in line with Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England [1] *(Supporting Pupils)* the school will ensure that:

- arrangements for supply, storage, care and disposal of spare AAI(s) are in line with the above publication

[1]http://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

- a designated member of staff checks monthly to ensure all AAI(s) spare and pupil's own device are present and in date.
- a register 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) is kept.
- written consent from the pupil's parent/legal guardian for use of the spare AAI(s), as part of a pupil's individual health care plan has been obtained.
- any spare AAI is used only in pupils where both medical authorisation and written parental consent has been provided.
- appropriate support and training for staff in the use of the AAI is provided in line with the schools wider policy on supporting pupils with medical conditions.
- a written record will be kept of AAI administration and informing parents or carers that their pupil has been administered an AAI and whether this was the school's spare AAI or the pupil's own device.

Medicines will be stored in a locked cupboard in the school office, except where they are carried by the child or their teacher for emergencies (e.g. asthma inhalers, blood glucose testing meters, adrenaline pens). On trips, group leaders are responsible for carrying medicines.

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.

Staff will return to parents any out of date medications or remaining medicines at the end of a course of treatment.

Intimate Care

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

Pupils who require regular assistance with intimate care have written Individual Education Plans (IEP), health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care).

Where a care plan or IEP is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary.

Staff providing intimate care should ensure they are not on their own with the child at any point during the process and are always accompanied by a second member of school staff to support or to be present as is appropriate for the individual child. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

Emergency Procedures

Where a child has an individual healthcare plan, we 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 the school may need to know what to do in general terms, such as informing a teacher immediately if they think help is needed.

[1]http://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

We will ensure that children are accompanied to the school office when a medical condition places them at risk. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Participation in trips, physical education, etc.

We will ensure that children with medical needs are fully included in school trips, visits and sporting activities. Children will be encouraged to participate according to their own abilities and with any reasonable adjustments, except where evidence from a clinician such as a GP states that this is not possible. As part of the risk assessment process, teachers will consider how activities may need to be adjusted. Children with medical conditions should not be sent home frequently or denied participation in normal school activities, except where this is specified in individual healthcare plans.

24 hour rule

In line with public health guidance, children are required to be absent from school after the last episode of diarrhoea and/or vomiting for a period of 24 hours to prevent the spread of infection. Children with Individual Health Care Plans may be exempt from this if such symptoms are not as a result of infection when validated by a medical practitioner.

Attendance

Attendance at school is important and all children should strive to reach at least 95% attendance. However, where rewards are used for attendance, we will not penalise children if their absences relate to medical conditions which are covered by individual health care plans.

Where a child is likely to be absent from school for a long period as a result of a medical condition, the school will liaise with other agencies to organise and support home tuition, attendance at hospital school etc. In this instance, the case will also be discussed with Oxfordshire's Attendance and Engagement team.

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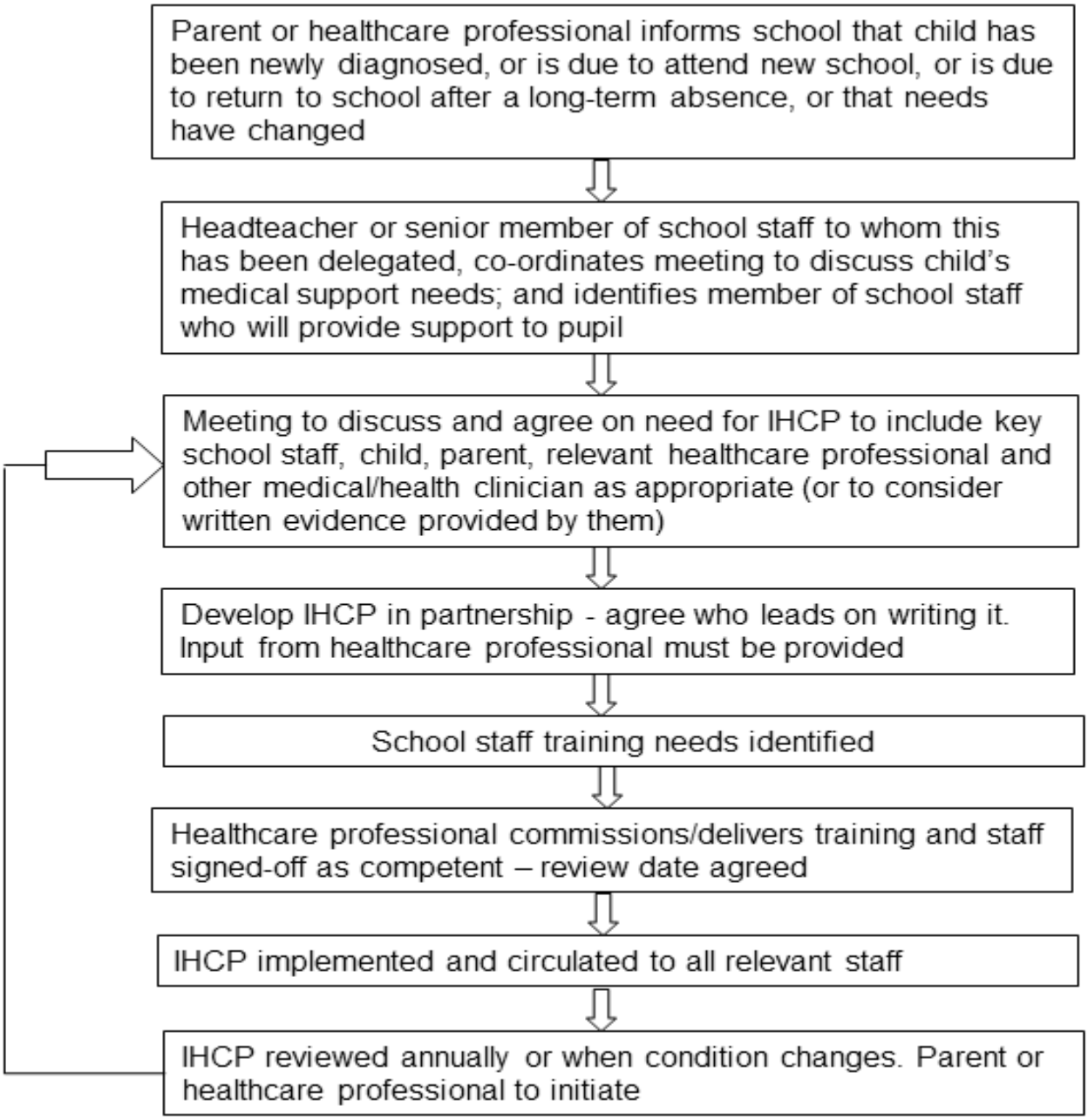

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