

## Policy Review Sheets

POLICY NAME	Access to Education for Children with Medical Needs
IN CHARGE:	Ruth Robinson
REVIEWED (Date):	Oct 18
PUPILS CONSULTED (Yes or N/A):	N/A
HOW:	
PARENTS CONSULTED (Yes or N/A):	N/A
HOW:	
STAFF CONSULTED (Yes or N/A):	N/A
HOW:	
GOVERNORS CONSULTED (Yes or N/A):	Yes
HOW:	For Approval FGB Dec 18
WHERE IS POLICY ADVERTISED:	
Notes.	
1. This sheet should be at the front of each policy in the School Handbook	
2. If it is not appropriate to consult with any of the above parties write 'N/A' rather than No.	

# Access to Education for Children with Medical Needs

The Chantry School takes into account that many of the medical conditions that require support at school will affect quality of life and in some instances may be life-threatening. Some will be more obvious than others. The School therefore ensures that the focus is on the needs of each individual and how their medical condition impacts on their school life.

The governing body through the leadership team 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 including individual 'Health Care Plans' show an understanding of how medical conditions impact on a child/young person's ability to learn, as well as increase their confidence and promote self-care. The leadership team ensure that staff are properly trained to provide the support that pupils need.

Children/young people with medical conditions are entitled to a full education at The Chantry and have the same rights of admission to school as other children/young people. This means that no child/young person with a medical condition is denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. Delays will only take place in order to ensure appropriate training for staff to ensure safety and correct level of care for the child/young person.

However, in line with safeguarding duties, the school will ensure that other pupils' health are not put at unnecessary risk from, for example infectious diseases. The school therefore does not accept a child/young person in school at times where it would be detrimental to the health of that child/young person or others to do so.

The member of leadership team responsible for the training and deployment of medical staff is the School Business Manager – Mr Dave Darling.

Cheryl Clarke-Phillips with advice from Miss Robinson (SENCo) and Mrs Fouweather (Teaching Assistant) is responsible for the drawing up and reviewing of Health Care plans. Health Care Plans will be created and saved on the school's management system and be available to all staff.

Health Care Plans will clearly identify the roles and responsibilities of all those involved in the arrangements made to support pupils at school with medical conditions (see Appendix A for Health Care Plan procedure).

It is the responsibility of all staff to ensure they refer to the medical information collated and distributed by the school and the individual health care plans created.

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 will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children/young people 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.

In case of staff absence, the school has a number of trained First Aiders who are able to take over the care of pupils in the short term.

Supply teachers will be briefed by Mrs Anthea Jaques (Admin) on procedures for; securing medical attention for pupils, specific adaptations to the curriculum and how to respond in the event of an accident.

Risk assessments for school visits, holidays, and other school activities outside of the normal timetable will follow the school's policy on off site visits with medical information being compiled prior to the trip, along with any necessary medication or adaptation to the trip.

The monitoring of individual Health Care Plans will take place at least annually (or more often as needs change) and parents/carers will be provided with a copy of the plan. Parents/carers will be invited to contribute to the plans as well as the children/young people themselves.

Should a pupil need support with toileting/intimate care needs all staff have been advised of best practice and understand the importance of the pupil's dignity. Intimate care could be dressing/undressing, first aid, washing or toileting. If the need is long term then a Health Care Plan will be issued and updated when necessary. Staff are to follow the check list provided by the SENCO and a formal log will be kept and completed for intimate care support and kept secure. If staff are unsure about any situation they must seek advice from the SENCO or Business Manager.

## **SEN**

Where a child/young person has an Educational Health and Care Plan (EHCP), the individual healthcare plan may be linked to the EHCP.

### **Long term absence- medical**

Where a child/young person is returning to Chantry following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority (Medical Education Team) and education providers to ensure that the individual healthcare plan identifies the support the child/young person will need to reintegrate effectively. This in some cases has been done through multi agency meetings.

### **Other health care professionals**

Other healthcare professionals, including GPs and paediatricians - should notify the school nurse when a child/young person 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 school for children/young people with particular conditions (e.g. diabetes).

### **School Nurse**

The School Nurse is responsible for notifying the school when a child/young person has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child/young person starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children/young people with medical conditions, but may support staff on implementing a child/young person'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/young person and associated staff training needs.

## Medicine

Staff must not give prescription medicines or undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children/young people with medical conditions.

Medicines should only be administered at school when it would be detrimental to a child/young person's health or school attendance not to do so.

Wherever possible, children/young people 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/young people who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child/young person to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

If a child/young person 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/carers should be informed so that alternative options can be considered.

A child/young person 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/young person for use is an offence.** Monitoring arrangements may be necessary. Controlled drugs that have been prescribed for a pupil need to be 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.

No child/young person under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child/young person without the knowledge of the parents/carers. In such cases, every effort should be made to encourage the child/young person to involve their parents/carers while respecting their right to confidentiality.

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

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

The Chantry 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 to schools inside an insulin pen or a pump, rather than in its original container.

All medicines should be stored safely. Children/young people 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/young people and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips

Staff may administer a controlled drug to the child/young person for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. A record of all medicines administered to individual children/young people must be kept, 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.

## **Hospital**

If a child/young person needs to be taken to hospital, staff should stay with the child/young person until the parent/carer arrives, or accompany the child/young person taken to hospital by ambulance.

## **Trips**

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. Teachers 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. A risk assessment should be undertaken (as per the off site visit policy) so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This may require consultation with parents/carers and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. Please also see Health and Safety Executive (HSE) guidance on school trips for further detail.

## **Unacceptable practice**

Although staff should use their discretion and judge each case on its merits with reference to the child/young person's individual healthcare plan, it is not generally acceptable practice to:

- prevent children/young people from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child/young person with the same condition requires the same treatment;
- ignore the views of the child/young person or their parents/carers; or ignore medical evidence or opinion, (although this may be challenged);
- send children/young people 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/young person becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;

- penalise children/young people 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. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children/young people from participating, or create unnecessary barriers to children/young people participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child.

### **School Insurance**

Governing bodies should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. It is important that the school policy sets out the details of the school's insurance arrangements which cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support.

### **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 school's complaints procedure.

