ARNOLD ACADEMY

MEDICAL NEEDS POLICY

Introduction

This policy is intended to implement the statutory guidance "Supporting Children at School with Medical Conditions December 2015". In line with the statutory guidance, the aim of this policy is to ensure that 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.

The school will ensure that arrangements are in place to support pupils with medical conditions so they can access and enjoy the same opportunities at school as any other child. As the medical needs of each child will be different, the school will focus on the needs of each individual child and how their medical condition impacts on their school life.

Working Together

The school will listen to and value the views of parents/carers and pupils. In particular, it will work with parents/carers and pupils to understand how medical conditions impact on a pupil's ability to learn/access the curriculum and then put in place effective support that parents and have confidence in and enables pupils to achieve their best and also feel safe at school, even where pupils:

- Have long-term, complex medical conditions which require ongoing support, medicines or care while at school to help them manage their condition and keep well.
- Require monitoring and interventions in emergency circumstances.
- Have health needs which change over time, in ways that cannot always be predicted, sometimes resulting in extended absences.

The school will seek to establish relationships with relevant local health services and give full consideration to advice from healthcare professionals. The school will work with parents/carers, other schools, local authorities, the school nurse, health professionals, commissioners and other support services to ensure that children with medical conditions receive a full education. In some cases this will require flexibility of approach 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 . The school will therefore work closely with the Central Bedfordshire Medical Needs Service in order to support students who are unable to attend school on a regular basis.

Responsible Person

The governing body has appointed Neill Campbell, SENDCo, as the person with overall responsibility for implementing the policy. Neill Campbell will ensure that:

- Staff are properly trained to provide the support that pupils need.
- All relevant staff are made aware of the child's condition and management.

• Arrangements are in place in case of staff absence or staff turnover to ensure someone with appropriate training is always available;

• Briefing is provided for supply teachers;

• Risk assessments are carried out for school visits, holidays, and other school activities outside the normal timetable; and

• Individual Healthcare Plans (IHPs) are prepared, adapted and monitored by the school, school nurse and parents/carers.

Admission

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 will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the governing body will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Procedures

The procedure to be followed when notification is received that a pupil has a medical condition is as follows:

• Parents/carers should advise their child's pastoral tutor as soon as they are aware that their child has a medical condition which may have an impact on their schooling. Parents/carers whose child has been offered a place at the school, but has not been allocated a pastoral tutor should contact Neill Campbell directly.

• The pastoral tutor should inform Neill Campbell as soon as possible.

• Neill Campbell will:

•Ensure that arrangements are in place for children with pre-existing medical conditions transferring to Arnold Academy, prior to their date of admission.

• Liaise as appropriate with parents/carers, health professionals, support agencies, previous school and the pupil to identify the educational needs arising from the medical condition.

• Ensure that the school nurse service is aware of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

• Put appropriate arrangements in place within two weeks of the school being advised of the need wherever possible. The school will not always wait for a formal diagnosis before putting arrangements in place.

• Ensure that changes in the child's condition are taken into account as quickly as possible.

• Manage educational provision within school, making adjustments and co-ordinating support as required.

• Identify, assess and commission appropriate training for staff. Ensure that any member of staff supporting the child is provided with appropriate training and that all staff are aware of the child's

needs and know what to do if the child needs help, especially in preventing and dealing with emergencies.

- Ensure that staff do not give prescription medicines or undertake healthcare procedures without appropriate training.

- Ensure that, when a child has extended periods of absence, their pastoral tutor or other nominated member of staff, keeps in regular contact with the family, and where possible with the child, to maintain the child's links with the school and pastoral group. Links with other children should be facilitated.

- Make provision for reintegration when the child has been absent, liaising with the Medical Needs Service as appropriate.

- Establish a suitable process to be followed upon reintegration after absence or when pupils' needs change.

- If appropriate, ensure that an Individual Healthcare Plan (IHP) is put in place,

- Ensure that any IHP is reviewed at least every six months, or earlier if evidence is presented that the child's needs have changed.

- Ensure that transition plans are developed for each child well in advance of their transition to another school.

- Parents should keep the school informed of any changes in the condition of their child.

Individual Healthcare Plans

Not all children will require an IHP. However, IHPs are likely to be helpful in the majority of cases, especially where medical conditions are long-term and complex as they provide clarity about what needs to be done, when and by whom. In cases where medical conditions fluctuate or where there is a high risk that emergency intervention will be needed, an IHP will be essential. IHPs will be developed 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. The procedure for IHPs is set out in Appendix A.

Referral to Medical Needs Service

When it is clear that the pupil will be away from school for an extended period of time (15 days or more, whether consecutive or cumulative). Neill Campbell will refer the pupil to the Central Bedfordshire Medical Needs Service.

Responsibilities

Supporting a child with a medical condition during school hours will not be the sole responsibility of one person. The school will establish collaborative working arrangements between all those involved and will work in partnership to ensure that the needs of pupils with medical conditions are met effectively. Parents/carers and pupils are key partners and will be involved in the development and review of the healthcare plan.

Training

Any member of staff supporting a child will be provided with appropriate training. All staff will be made aware of the child's needs and know what to do if the child needs help. Induction arrangements for new staff will include appropriate information. The relevant healthcare professionals will be invited to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. Training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. Staff will not be required to support a child without necessary training.

Supporting Children in Managing their Medical Needs

After discussion with parents/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. 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/carers should be informed so that alternative options can be considered.

Emergencies

Should an emergency occur related to any child's medical condition the school's procedures for First Aid will operate. Where the child has an Individual Health Plan in place it should clearly define what constitutes an emergency, if appropriate for the condition, and explain what to do should this occur, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Where appropriate, other pupils may be advised 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.

Staff Action

Staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan but will not:

• 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 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 a pupil 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;

• Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child unless there is a wider safeguarding risk identified.

Trips, Visits and Sporting Activities

The school will actively support and encourage pupils with medical conditions to participate in school trips and visits, or in sporting activities, wherever they are able to do so. Teachers should ensure that there is sufficient flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Arrangements for the inclusion of pupils in such activities with any adjustments as required, will be made unless evidence from a clinician such as a GP states that this is not possible. The school will seek to enable pupils with medical needs to participate fully and safely on visits and trips, by considering what reasonable adjustments might be made. This will be documented in a risk assessment in line with the school's policy on trips and visits and which will usually require consultation with parents/carers and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

School Transport

Home-to-school transport is the responsibility of Central Bedfordshire Council (CBC). Where a child uses school transport, parents/the school should advise CBC of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations. Where the child cannot access their normal transport provision because of their medical condition, alternative provision may be agreed with CBC.

Insurance

The Headteacher will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. The details of the school's insurance arrangements which cover staff providing support to pupils with medical conditions are and staff providing support will be aware of these arrangements: The school will ensure that its insurance policies provide liability cover relating to the administration of medication and individual cover where necessary for any healthcare procedures.

Approved by the Governing Body

Reviewed: June 2016

Appendix A

INDIVIDUAL HEALTHCARE PLANS

Headteachers have overall responsibility for the development of Individual Healthcare Plans. IHPs will be developed 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.

Requirement for a Plan

Not all children will require an IHP. However, IHPs are likely to be helpful in the majority of cases, especially where medical conditions are long-term and complex as they provide clarity about what needs to be done, when and by whom. In cases where medical conditions fluctuate or where there is a high risk that emergency intervention will be needed, an IHP will be essential. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will take a final view. Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child.

Development of IHPs

Plans should be drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. Once agreed, it is the responsibility of parents/carers to inform school of any changes that may affect the plan.

Format of Plans

The format of Individual Healthcare Plans may vary to ensure it is the most effective for the specific needs of each pupil. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. Different children with the same health condition may require very different support. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively.

SEND

Where a child has SEND but does not have a statement or Educational, Health and Care (EHC) plan, their special educational needs should be mentioned in their individual healthcare plan. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual

healthcare plan identifies the support the child will need to reintegrate effectively. Plans should be easily accessible to all who need to refer to them, while preserving confidentiality.

Content of IHPs

When deciding what information should be recorded on individual healthcare plans, the following will be considered:

- 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 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, pastoral support

- 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 and the 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 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 healthcare plan prepared by their lead clinician that could be used to develop their Individual Healthcare plan.

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Appendix B

Managing Medicines on School Premises

Non-prescribed Medicines

Non-prescribed medicines will not be administered to a child unless there is specific, prior, written request from the parents/carers which has been agreed by the Headteacher or deputy or a member of staff authorised by the Headteacher. Where a non-prescribed medicine is administered to a child it should be recorded and, unless this has been requested on a regular basis, the parent should be informed of the administration.

Prescription Medicines

Prescription medicines may be administered to pupils at school at the specific request of the parent/carer and in accordance with the following requirements.

Administration of Medicines by the Child

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans. Wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access their medicines for self-medication quickly and easily. Where appropriate, staff will provide a suitable level of supervision for children who can take their medicines themselves or manage procedures.

Administration by Staff

If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them. 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. Staff must not, however, give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Healthcare Plans). School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. School staff should be made aware of what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

Procedures for Managing Medicines at School

When Medicines can be Administered at School:

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

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

Consent

• No child 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 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.

Parents/carers will be asked to complete a form giving their consent and other relevant information before any medication can be given

Problems with administration of medicines or procedures

• 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.

• Where the member of staff has concerns over administering the medicine, they will not administer but will seek advice from the parent/carer or, where this is not possible, the prescriber.

Painkillers/Aspirin

• A child 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.

Medicines

• The school can 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.

•It is the responsibility of the parents to inform school of any changes that may affect a pupil's medication and to ensure that any medication in school is within its expiry date

Storage and Disposal of Medicines

• 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 will be particularly important when outside of school premises, e.g. on school trips

• When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal. If it is not possible to return the medicine to the parent/carer it will be returned to a dispensing pharmacist. Sharps boxes will always be used for the disposal of needles and other sharps.

Controlled Drugs

• The school will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a locked medicine cabinet in the school office and only named staff will 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.

• 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 and any training they have been given.

Training

• Staff will be given appropriate training where necessary before administering medication.

Record Keeping

• Written records must be kept of all medicines administered to children in the Medicines Dispensed Records.

• Staff 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 will be noted in the school records and parents advised.

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