

# Harlington Upper School



## Medical and Health Needs Policy

Policy Number: HUS023

### Edition 3

Approved by Governing Body: November 2015

Document Control		
Edition	Issued	Changes from previous
1	November 2014	Replaces policy dated May 2005
2	29 January 2015	Amendment to Managing Medicines in Schools
3	19 November 2015	Internal Review. Review frequency changed to every 2 years.

Policies/Documents referred to in this policy	Post holders/Persons named in this policy
DfE Supporting Pupils at School with Medical Conditions April 2014	Governors
"Ensuring a good education for children who cannot attend school because of health needs", DFE-00307-2013	Headteacher
HUS Equality Policy	Assistant Head Teacher (Learning Support)
SEND Policy	Assistant Head Teacher (Student Support)
Exams Policy	Medical Needs Service
Trips and Visits	House Leaders
Complaints and Conciliation	Teachers
	Form Tutor
	Parent
	Student

Review Date: November 2015

Review Frequency: Every 2 years

## **1. Introduction**

This policy is written to comply with the DfE April 2014 Statutory Guidance for Local Authorities called "Supporting Pupils at School with Medical Conditions", which should be read alongside this policy.

Many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The school will therefore focus on the needs of each individual child and how their medical condition impacts on their school life.

The school will ensure arrangements work together with parents and students to understand how medical conditions impact on a student's ability to learn and then put in place effective support that parents and students have confidence in.

The school will work closely with the Central Bedfordshire Medical Needs Service in order to support students (with the exception of those in the Sixth Form) who are unable to attend school on a regular basis.

## **2. Aim**

The aim of this policy is 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.

The school will ensure that arrangements are in place to support pupils with medical conditions so that such children can access and enjoy the same opportunities at school as any other child.

### 3. Responsibilities

Governing Body	The Governing Body will ensure that a suitable policy is in place and that appropriate provision is made for students.
Headteacher	To monitor and evaluate the implementation of the policy.
Deputy Headteacher Mrs G Billin (named person with responsibility)	To implement the policy effectively which includes: <ul style="list-style-type: none"> <li>• ensuring that sufficient staff are suitably trained,</li> <li>• all relevant staff will be made aware of the child's condition,</li> <li>• cover arrangements in case of staff absence or staff turnover to ensure someone is always available,</li> <li>• briefing supply or cover teachers,</li> <li>• procedures for risk assessments for school visits, holidays, and other school activities outside of the normal timetable</li> <li>• monitoring of individual healthcare plans.</li> </ul>
House Leader and Learning Support Team	To coordinate the work of the school, ensuring provision for students with medical needs, meets the aims of this policy.
Subject Teachers	To provide, assess and feedback on work and support the medical needs team on exam entries for students with medical needs.
Form Tutor	To notify House Leader when a tutee is absent or has a planned absence for long-term medical reasons.
Attendance Officer	Monitor attendance and make recommendations as appropriate.

### 4. Partnership Working

Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and pupils will be critical. All school staff will work collaboratively with other agencies and professionals to ensure the aims of this policy are met. Where partnership working is required an IHP should be used to communicate, coordinate and review educational provision. The House Leader will take responsibility for creating and coordinating educational provision. The Deputy Headteacher will oversee the operation of the partnerships and monitor and evaluate the implementation of Individual Healthcare Plans (IHPs).

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

- When the school is informed that a student has a medical condition the House Leader will liaise as appropriate with parents, health professionals and the student to identify the educational needs arising from the medical condition.

- The House Leader will manage educational provision within school, making adjustments and coordinating support as required. IHPs should 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.
- If appropriate, the House Leader will ensure that an Individual Healthcare Plan (IHP) is put in place. IHPs must be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.
- When it is clear that the student will be away from school for an extended period of time (15 days or more, whether consecutive or cumulative). The House Leader will refer the student to the Central Bedfordshire Medical Needs Service.

## **6. Supporting Students with Medical Needs**

The overriding principle is that students with medical conditions should be supported to engage fully in every aspect of school life, guided by agreed plans, including Individual Health Plans. In particular:

- After discussion with parents, 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, and where health plans are in place, 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, then relevant staff should help to administer medicines and manage procedures for them.
- Should an emergency occur related to any student's medical condition the school's procedures for First Aid will operate. Individual Health Plan is 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.
- 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.
- The school will actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities. Teachers should apply flexibility for all children to participate according to their own abilities and with any reasonable adjustments. It is expected that arrangements for the inclusion of pupils in such activities will be made unless evidence from a clinician such as a GP states that this is not possible.
- The school will seek to enable students 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 accordance with the school's policy on trips and visits.

## **7. Support for Staff**

It is recognised that staff with responsibility for supporting students with medical conditions will require ongoing consideration and support in order to carry out their work in a sustained, productive and healthy way. All staff with responsibility for supporting students with medical needs will be given daily support from their House Leader or Assistant Headteacher (Learning Support). Regular supervision and support will be offered, to be provided by an external counselling professional.

## **8. Training**

The Deputy Headteacher will ensure that individual members of school staff with responsibility to support children with medical conditions receive sufficient and suitable training and achieve the necessary level of competency before they take on the role. Specifically:

- Training will also be provided on an annual basis to ensure that all members of school staff know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. This is also likely to be linked to students with identified medical needs.
- Where appropriate, specific training needs will be identified at the time of the creation of an IHP.
- The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained.
- Training should be carried out before this specific support is provided.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). Note that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

## **9. Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. The procedures set out in the school's policy Complaints and Conciliation should be followed.

# Further Guidance and Procedures

## 1. Individual healthcare plans

IHPs can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They 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. However, not all children will require one. The House Leader, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Deputy Headteacher or Headteacher is best placed to take a final view.

## 2. When recording information on an Individual Healthcare Plan the following should 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 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;
- 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;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and

- 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.

### **3. Guidance for House Leaders**

The coordination of support for students with medical needs can be complex. In many cases the support is provided by many staff and external professionals. In some cases, particularly the more complex medical conditions, it will be more appropriate for the overall management and coordination to be carried out by the Assistant Headteacher (Learning Support). This will be made clear in the IHP.

House Leaders will apply professional judgement when deciding the extent of the support and the necessary actions, guided by the principles of this policy. However, here is an indicative list of actions that could be considered when working to support students with medical conditions.

- a. maintaining a list of students with health conditions (both short term and long-term) in the school, and sharing this information with staff as needed, including providing information and guidance on how to support a young person with such needs.
- b. maintaining care plans as appropriate.
- c. ensuring that contact is maintained with students (and their families) who are away from school due to illness for a period of less than 15 working days, setting of work (including access to work online) if the student is well enough, welcoming students back to school, ensuring that all staff are aware of the up to date medical situation of the student and ensuring that any adjustments to accommodation and curriculum are made, together with ongoing monitoring of the student's situation and needs whilst in school.
- d. keeping attendance records and liaising with the LA Attendance and Monitoring for all attendance matters regarding students where there may be medical needs, either physical or mental.
- e. ensuring that the school register is marked appropriately.
- f. maintaining contact with the school nurse.
- g. notifying the Learning Support Team as soon as it is clear that a student is likely to be away from school due to medical reasons for more than 15 days. This includes those students with a recurring illness.
- h. ensuring that close contact is maintained with the student (and their family) and that arrangements are in place for the setting and marking of work.

### **4. Guidance for Assistant Headteacher (Learning Support).**

Where the management and coordination of support is allocated to the Assistant Headteacher (Learning Support) the following general areas of responsibility will apply:

- a. to respond to the referrals from the House Leader and liaise with the Medical Needs Service and refer to them as appropriate.
- b. to act as the point of contact between school, the family and the Medical Needs Service.
- c. ensuring that contact is maintained with students (and their families) who are away from school due to illness for a period of more than 15 working days, providing work (including access to work online), and acting as the point of contact in the school for family and the medical needs service.
- d. attend Medical Needs meetings with all agencies, health professionals and parents.

## **5. Involvement of the Medical Needs Service**

As soon as it is clear that a student will be absent from school for a period of 15 days or more the school will make a referral to the Medical Needs Service.

Educational provision will be made in collaboration with the service providing alternative education. The school will hold, chair and document a planning meeting.

The designated school contacts for students with medical needs will be responsible for:

- a. ensuring that Medical Needs referral forms (Request for Involvement and Request for Medical Information forms) are completed and passed to the relevant agencies as quickly as possible.
- b. starting or updating a IHP.
- c. arranging for a member of the Learning Support Team to attend an initial meeting with the Medical Needs Team to plan a way forward.
- d. ensuring that regular half termly progress meetings are in place.
- e. ensuring the prompt provision (as agreed with the Medical Needs Team) of information about a student's capabilities, programmes of work, and resources. Work provided by school will be relevant, appropriate and of comparable level to work being done in school by students of similar ability.
- f. passing on details of the student's special educational needs and a copy of the current SPP (Student Progress Plan).
- g. ensuring that students who are unable to attend school due to medical needs are kept informed about parents evening and are able to participate, for example, in homework clubs, study support and other activities.
- h. encouraging and facilitating contact with friends - for example, through visits, or online etc.
- i. ensuring that all students covered by this policy have access to public examinations and SATs, including guidance on the completion of appropriate coursework. The school will also be responsible for requesting special arrangements where necessary after liaison with medical needs staff.
- j. co-ordinating intervention and support from other outside agencies where appropriate.

## **6. Parents/Carers and Student**

The school will work with parents/carers to support the student in the most suitable way. Parents will be invited to attend all review meetings and the meeting will, wherever possible, be held in a location convenient to the parent/carer. There will be a named contact in the school so that parents are able to discuss concerns and access information as appropriate. The child will also be involved in making decisions and choices wherever possible.

## **7. Reintegration**

The school will have a key role to play in successful reintegration and will be proactive in working with all agencies to support a smooth transition. The reintegration plan may well involve a curriculum modification, and a phased reintroduction. The plan should always have multi-agency approval.

## **8. Public Examinations**

Efficient and effective liaison is important for students with health needs when approaching public exams. The school will ensure that they have taken all reasonable steps to prepare the young person for their exams in order to minimise the impact of the time lost while a young person is unable to attend school.

The school will take all reasonable steps to ensure that they are following guidance from the Awarding Bodies regarding special consideration and access arrangements for students with permanent or temporary difficulties accessing education. The guidance can be found in section 6 of the Exams Policy.

## **9. Managing Medicines in 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. The following points apply:

- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent or verbal consent in the case of paracetamol administered by the school - 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. Schools should set out the circumstances in which non-prescription medicines 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. The school may administer paracetamol on an occasional basis after a telephone conversation with the main parent / carer to gain

permission. The parent / carer must be asked if the child has had any medication in the last 24 hours. A maximum dose of two 500mg tablets can be given. Only 2 doses can be given in any one school day with verbal permission sought for the second dose to ensure parents are aware. Paracetamol can only be administered in this way for a maximum of 2 consecutive days. Paracetamol can only be issued from the medical room by a trained first aider and an accurate record must be kept.

- The school can hold an emergency salbutamol inhaler kit (eg Ventolin). The kit will include a list of the students permitted to use the emergency inhaler if the need arises. These will be students who have been prescribed with a reliever inhaler, usually with a diagnosis of asthma. Written parental consent for the use of the emergency inhaler needs to be provided and stored with the student's health care plan. If a student develops breathing difficulties and there is no such written consent, a first aider will seek to gain permission to use the emergency inhaler from the parent / carer if they can confirm that a doctor has diagnosed the child with asthma or has prescribed a reliever inhaler. Any use of an emergency inhaler must be accurately recorded.
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- the 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 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;
- Written records will be kept of all medicines administered to children.

## 10. Unacceptable Practice

School staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, However, 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 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 eg 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, eg by requiring parents to accompany the child.