



## Supporting Pupils with Medical Needs Policy

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An academy within:



Learning together, to be the best we can be

# 1. Context

- 1.1. Section 100 of the Children & Families Act places a duty on all schools to make arrangements for supporting children with medical conditions, and to have regard for the Department for Education's (DfE) Supporting Children at School with Medical Conditions (DfE 2015). This policy outlines how Fountaindale School will ensure that all children with medical conditions will be supported to ensure they can play a full and active role in school life, remain healthy and achieve their academic potential.

# 2. Principles

- 2.1. We have adopted the key drivers of the 'Supporting pupils at school with Medical Conditions' by the DfE as our aims and objectives. Wherever possible we will endeavour:

- ✦ To ensure students with medical conditions are properly supported so that they have full access to education, including school trips and physical education.
- ✦ To ensure arrangements are in place to support pupils at school with medical conditions, including the use of risk assessment and health care plans.
- ✦ To work with health and social care professionals, students and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

# 3. Recognition

- 3.1. Application to the school has request for parents to provide the school with useful information regarding the pupil's needs.
- 3.2. The primary liaison member of staff will visit schools before admission date to liaise with staff, parents and pupils to highlight areas of need.
- 3.3. Any EHCPs in place will be reviewed to monitor how school supports the pupils.
- 3.4. Medical needs are on record on school Management Information System (MIS). Issues of a sensitive nature are 'flagged up' on a need-to-know basis.
- 3.5. Weekly meetings ensure all staff are aware of emergent or developing medical needs and measures put in place to meet them.
- 3.6. All trips beyond routine request that parents inform school of any specific medical needs that may be relevant for that particular occasion.

- 3.7. When Fountaindale School becomes aware that a child with medical needs will begin attending or that a child already attending the school has medical needs the Pastoral Support will be informed. The Pastoral Support then ensures that all of the relevant staff are notified and begins the process of planning for the child's safe admission to school. Arrangements to support students are ideally in place before they start, or no later than two weeks after their admission.
- 3.8. When a formal diagnosis has not yet been made, or where there is a difference of opinion, the school makes a judgement about what support to provide based on the available evidence- usually some form of medical evidence and consultation with parents/carers.

## 4. Individual Healthcare Plans

- 4.1. Students with medical needs attending the school have an individual healthcare plan where this is required, the plan outlines what needs to be done, when and by whom. Their delegated person will work with parents/carers and healthcare professional to develop healthcare plans.
- 4.2. Not all children with medical needs require a plan but, school will assume one is needed to ensure a comprehensive knowledge of their medical needs is obtained. If not needed, decisions to not make a healthcare plan are recorded appropriately on the child's file. Healthcare plans are reviewed annually or sooner if the child's medical needs have changed.
- 4.3. Common medical needs are:
- ✦ Asthma: pupils are not required to carry their own eg salbutamol, but it will be available to them either in the classroom or in the main school office;
  - ✦ EpiPens are kept in a secure but available cupboard in reception. Staff receive training;
  - ✦ Insulin will be kept in secure but available cupboard, in pupil-specific boxes in school reception;
  - ✦ Children with injuries e.g., broken legs;
  - ✦ School will try to relocate teaching locations to suit, where possible;
  - ✦ Release from lessons to avoid crush and allow time;
  - ✦ Access to e.g., chair lift.
  - ✦ Where an illness keeps the child off school, work will be arranged to be sent to them, if this is reasonable. Longer term illness may invoke referral to medical access school.

## 5. Roles and responsibilities

5.1. Any member of school staff may be asked to provide support to children with medical conditions, including the administering of medicines, although they cannot be required to do so. Any member of staff must know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

5.2. Parents/Carers are responsible for:

- ✦ Providing the school with sufficient and up-to-date information about their child's medical needs;
- ✦ Participating in the development and review of their child's individual healthcare plan Carrying out any actions they have agreed to as part of the plan's implementation (e.g. provide medicines);
- ✦ Ensuring that written records are kept of all medicines administered to children
- ✦ Ensuring they or another nominated adult is contactable at all times and contact information is kept up-to-date.

5.3. The Trust are responsible for:

- ✦ Making arrangements to support children with medical conditions in school, including making sure that this policy is in place;
- ✦ Ensuring that the school's procedures are explicit about what practice is not acceptable;
- ✦ Making sure it is clear how complaints may be made and will be handled concerning the support provided to children with medical conditions;
- ✦ Ensuring the school's policy clearly identifies the roles and responsibilities of those involved in the arrangements they make to support children at school with medical conditions.

5.4. The Headteacher is responsible for:

- ✦ Promoting this policy with the whole staff team, parents/carers, students and agency Partners;
- ✦ Ensuring sufficient staff have received suitable training are competent before they take on responsibility to support children with medical conditions;
- ✦ Ensuring the training needs of all staff are met, including the whole school staff regarding this policy, First Aiders trained by the school as well as individual members of staff with responsibility for individual children;
- ✦ Cover arrangements to ensure availability of staff to meet individual children's needs;
- ✦ Monitoring the provision of individual healthcare plans for those children who require one and undertaking healthcare plan reviews;
- ✦ Ensuring all children with medical needs have a healthcare plan where appropriate, that it is kept up-to-date, is shared with all the individuals who need to know about it and reviewed at least annually;
- ✦ Providing adequate PPE for all staff.

5.5. Teachers and Support Staff are responsible for:

- ✦ Supporting the child as much as possible in self-managing their own condition;
- ✦ Risk assessment for school visits, school journey and other school activities outside of the normal timetable;
- ✦ Implementing their actions identified in individual healthcare plans.

## 6. Links to achievement and social and emotional wellbeing

- 6.1. There are often social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may become anxious or depressed. Long-term absences due to health problems may affect attainment, impact on a student's ability to sustain friendships and affect their wellbeing and emotional health. At Fountaindale School, we work closely with the child, their parent/carer and other practitioners to ensure that the impact of their medical needs on their achievement and social and emotional wellbeing is minimised.
- 6.2. Fountaindale School staff are highly skilled in providing excellent social and emotional support. Our team will develop bespoke programmes to support transition following a period of absence working with outside agencies where appropriate.

## 7. Procedures for managing medicines

- 7.1. Please see the medicines in school policy.

## 8. Emergency procedures

- 8.1. Where a child has an individual healthcare plan, this defines what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school know that they should inform a teacher immediately if they think help is needed. If a student needs to be taken to hospital, staff stay with the child until the parent/carer arrives, or accompanies a child taken to hospital by ambulance.

## 9. Extra-curricular activities

- 9.1. Fountaindale School staff are fully committed to actively supporting students with medical needs to participate in the full life of the school including trips and visits. Healthcare plans clearly outline how a child's medical condition will impact on their participation, but there is flexibility for all students to participate according to their own abilities and with reasonable adjustments (unless evidence from a clinician states that this is not possible).
- 9.2. Risk assessments are carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. This includes consultation with the student, the parents/carer and any relevant external agency involved in the care of the child.

## 10. Unacceptable practice

- 10.1. In order to keep all students safe and well we are very clear that the whole team know what is not acceptable practice.
- 10.2. It is not acceptable practice (unless there is evidence included in the child's individual healthcare plan from a medical professional) 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;
  - ✦ Send students 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 student 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;
  - ✦ Prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition;
  - ✦ Require parents/carers, or make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues;
  - ✦ Prevent students from participating, or create unnecessary barriers to children participating in any aspect of school.

## 11. Support for children with allergies and medical conditions

- 11.1. On receiving information regarding allergies or medical conditions all staff are made aware of the allergy or medical need immediately. The Pastoral Support will

then liaise with families and professionals to develop a healthcare plan and deliver any necessary staff training. Where appropriate they will then develop an allergy student profile which includes a picture of the student, a description of the allergy and allergic reaction symptoms. Profiles will be shared with all staff and held in the student file.

- 11.2. Parents/carers must provide two Epi-Pens where applicable, one of these should be kept in the students' classroom and the other held centrally. The admin team will check Epi-Pens routinely to ensure they are 'in date'. Epi-Pens must be taken on school trips and visits and held by an adult who is trained to administer it.
- 11.3. Teachers and support staff will be trained on how to use an EpiPen. The admin keeps a list of the staff trained and their training.

## 12. Training

- 12.1. Training to support the school in meeting the needs of children with medical conditions is provided on a regular basis, and from a range of practitioners. Fountaindale School undertakes whole school awareness training, induction training for new members of staff and training for individually identified members of staff.
- 12.2. We work in partnership with the school nurse to determine what training is required to meet the medical needs of the Fountaindale School cohort. We regularly review our training programme in response to changes in staffing, changes in student population and reviews of healthcare plans.

## 13. Other professionals

- 13.1. Fountaindale School works closely with a range of other professionals when supporting a child with medical needs including GPs, school nurses, psychologists and specialist provision in hospitals etc.
- 13.2. We have the support of the school nursing service who work closely in partnership with the school and parents/carers.

## Appendix A FOUNTAINDALE SCHOOL - PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine.

Name of Child	
Date of Birth	
Group / class	
Medical condition or illness	

**MEDICINE – This must be sent in the original packaging and be labelled with the child's name and dosage instructions.**

Name / type of medicine (as described on the container)	
Date dispensed	
Expiry date	
Agree review date to be initiated by staff member	
Dosage and method	
Timing	
Special Precautions	
Are there any side effects that we need to know about	
Self administration	<b>YES / NO</b>
Procedures to take in an emergency	

**CONTACT DETAILS**

Name	
Daytime Phone No	
Relationship to child	
Address	

**I understand that I must hand the medication to the bus escort or bring it in personally to school.**

**I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.**

**Date:** \_\_\_\_\_ **Signature** \_\_\_\_\_

## Appendix B PARENTAL AGREEMENT FOR A PUPIL TO ADMINISTER THEIR OWN MEDICATION

Your child will not be able to take and keep their medication unless you complete and sign this form.

Name of Child	
Date of Birth	
Group / class	
Medical condition or illness	

**MEDICINE – This must be sent in the original packaging and be labelled with the child's name and dosage instructions.**

Name / type of medicine (as described on the container)	
Date dispensed	
Expiry date	
Agree review date to be initiated by staff member	
Dosage and method	
Timing	
Special Precautions	
Are there any side effects that we need to know about	
Self administration	<b>YES / NO</b>
Procedures to take in an emergency	

### CONTACT DETAILS

Name	
Daytime Phone No	
Relationship to child	
Address	

**I understand that my child will be solely responsible for the taking and storing of this medication, ensuring it is kept safe at all times, that no other pupils will be offered or have access to this and that any record keeping is also down to my child.**

**I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.**

**Date:** \_\_\_\_\_ **Signature** \_\_\_\_\_

## Appendix C Request For A Child To Carry His/Her Own Medicine

This form must be completed by parents / guardians.

**If staff have any concerns discuss his request with healthcare professionals.**

<b>Childs Name</b>	
<b>Group / Class</b>	
<b>Address</b>	
<b>Name of Medicine</b>	
<b>Procedures to be taken in an emergency</b>	

### Contact information

<b>Name</b>	
<b>Daytime phone No</b>	
<b>Relationship to child</b>	

**I would like my child to keep his / her medicine on him/her for use as necessary.**

Date \_\_\_\_\_

Signed \_\_\_\_\_

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