

Medical Needs Policy

Contents:

1. Purpose	2
2. Principles	2
3. Procedures	2
4. Education and Health Care Plans.....	2
5. Managing time out of school.....	3
6. Roles and Responsibilities.....	3
7. Staff training and support.....	4
8. Managing medicines on school premises	4
9. Emergency procedures.....	4
10. Trips and Visits	5
11. Complaints.....	5
12. Monitoring & Review.....	5
Annex A: Model process for developing individual health care plans	6
Annex B: (DfE Guidance).....	7
Annex C: Unacceptable practice.....	8

1. Purpose

The purpose of this policy is to ensure that students with medical conditions are properly supported and that they have full access to education, including school trips and physical education. It outlines our principles and procedures and how and when other stakeholders will be involved to ensure that the needs of young people with medical conditions are effectively supported.

2. Principles

- 2.1. The school is fully committed to ensuring equality of opportunity for all learners and recognises that some students will require additional support to realise their potential.
- 2.2. Learners with medical needs are entitled to take a full and active part in all aspects of their education at Furze Platt.
- 2.3. Learners with medical needs, and their parents, will be encouraged to play an active part in making decisions about the additional support they need.

3. Procedures

3.1. Notification of a student with a medical condition

3.1.1. Through the transfer process (Year 6 – 7)

Many students with medical conditions have been diagnosed before reaching secondary schools. Staff at Furze Platt Senior School (SENCO and Transition Co-ordinator) will liaise closely with primary schools to ensure they have a full understanding of all students with medical conditions the term before the student is due to transfer. Information will be provided to all teachers and key support staff about those students, and any special adjustments that need to be made (e.g. allowing the student to eat/drink in class, leave to use toilet facilities or administer medication). Training will be provided for key staff where appropriate before the child joins the school.

3.1.2. Mid-year transfer

Where a child transfers mid year the SENCO or another member of the Learning Support team will be involved in the admission process to ensure a full understanding of the child's needs. Teachers and key staff will be provided with information before the student starts. Any additional arrangements will be put in place within two weeks where practically possible.

3.1.3. A new diagnosis

When a student receives a diagnosis during their time at Furze Platt Senior School the SENCO or Learning Support representative will liaise with the student, family and healthcare professionals to understand the student's needs and recommend support. It is not always necessary to wait for a formal diagnosis before planning and providing support. Where there are differences of opinion about the condition judgments will need to be made about support based on the available evidence.

4. Education and Health Care Plans

- 4.1. In most cases a student with a long term, complex medical condition will be entitled to an individual health care plan. This will help to ensure that the school effectively supports them. The plan will enable the school to assess and manage risks to the student's education, health and social wellbeing and to minimise. It may also require the school to make reasonable adjustments. The school (led by the SENCO), health care professional(s) and parents should agree, based on evidence, when a health care plan would be appropriate. If consensus cannot be agreed the DfE guidance proposes that the

Headteacher is best placed to take the final view. A flow chart for identifying and agreeing support is provided at Annex A. Students should be encouraged to be actively involved in the formulation of their plans. The information which might need to be recorded in health care plans is recorded at Annex B.

4.2.

4.3. Education and Health Care plans will be reviewed annually and earlier if the student's needs have changed.

5. Managing time out of school

5.1. Students with medical conditions sometimes require extended periods out of school (e.g. extended hospital stays). In each case the school will work with the family, and any alternative education provider to ensure that the student is reintegrated effectively. It will sometimes be appropriate to agree to a 'phased' return (e.g. shorter days or a reduced timetable) for a fixed period. The aim will always be to successfully reintegrate the student into full time education as quickly as possible.

6. Roles and Responsibilities

6.1. **Governing Body** – the governing body is responsible for ensuring a policy for supporting students with medical conditions is developed, implemented and regularly reviewed. Governing Bodies should also ensure that sufficient staff have received suitable training and that they are competent before they take on responsibility to support students with medical conditions.

6.2. **Headteacher** - the Headteacher should ensure that the policy is effectively implemented. This includes ensuring that all staff are aware of the policy and understand their role in its implementation and that appropriate training takes place. The Headteacher also has strategic oversight of the development and implementation of Education and Health Care plans.

6.3. **SENCo** - The SENCo ensures that effective EHCs are developed for students with medical conditions, where they are deemed appropriate. The SENCo will also manage the register of all students with medical conditions and ensure that all staff are aware of this register.

6.4. **Students** – students should be fully involved in discussions about their medical support and in the development of their individual health care plan. They should comply with their plans. After discussion with parents, students who are competent should be encouraged to take responsibility for managing their own medicines and procedures. Other students should be sensitive to the needs of those with medical conditions.

6.5. **Parents** – parents should ensure that they provide the school with sufficient and up to date information about their child's needs. As key partners they should be involved in the development and review of their child's individual health care plan. They should carry out any action they have agreed to as part of the plan (e.g. provide medicines or equipment, ensure they or a nominated adult are contactable at all times).

6.6. **School Nurse** – the School Nurse manages the medical room and ensures trained first-aiders provide front line support for all students who feel ill or become ill in school. First Aid training and additional training on other medical conditions for those with more complex needs. When the school is admitting a child with complex medical needs the school nurse or another health professional will provide the school with guidance on meeting the student's needs. They also support with staff training.

6.7. **School Staff** – all teachers should take into account the needs of students with medical conditions that they teach and ensure that they are provided with any reasonable additional support required (e.g. seating position in class, additional support to make up

for time missed, work set and marked while in hospital.) All members of staff should be aware of students with medical conditions and what to do if a student with medical conditions requires help by familiarising themselves with the Medical Needs register. In an emergency staff should always contact reception and request First Aid support. They should name the child and their location.

7. Staff training and support

- 7.1. The school ensures that a sufficient number of staff receive First Aid training. This is updated regularly. In addition, training is provided for other medical needs (e.g. use of epipen). When a student with a specific complex medical condition is admitted to the school, we will ensure that key staff who will be supporting the child are trained to be able to support the student and to respond to their needs.
- 7.2. **Staff must not give prescription medicines or undertake health care procedures without appropriate training** (updated to reflect any individual healthcare plans). A First Aid certificate does not constitute appropriate training.

8. Managing medicines on school premises

- 8.1. Medicines should only be administered at school when it would be detrimental to a student's health or school attendance not to do so.
- 8.2. No child under 16 should be given prescription or non prescription medicines without their parent's written consent.
- 8.3. A child should never be given a medicine containing aspirin unless prescribed by a doctor. Medication (e.g. for pain relief) should never be administered without checking maximum dosages and when the previous dose was taken. Parents should be contacted by phone for permission before the pain relief is administered.
- 8.4. Schools should only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions on administration, dosage and storage. The exception is insulin which must still be in date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.
- 8.5. From October 1st 2014, schools are allowed to keep an emergency salbutamol inhaler in school. Furze Platt Senior School will keep an emergency inhaler and ensure its safe use by following the 'Guidance on the use of emergency salbutamol inhalers in school' September 2014.
- 8.6. All medicines should be stored safely. Students should know where their medicines are and be able to access them immediately.

9. Emergency procedures

- 9.1. Where a student has an individual health care plan this should clearly define what constitutes an emergency and explain what to do. This should include ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the school should know what to do in general terms such as informing a teacher immediately if they think help is needed.
- 9.2. If a student needs to be taken to hospital staff should stay with the student until the parent arrives or accompany a student taken to hospital by ambulance.

10. Trips and Visits

- 10.1. The school will actively support students with medical conditions to participate in school trips and visits or in sporting activities and will not prevent them from doing so. The school will make any reasonable adjustments required to enable students to participate unless evidence from a clinician such as a GP states that it is not possible.
- 10.2. Risk assessments should be carried out for trips and visits to enable students with medical needs to participate safely and fully.

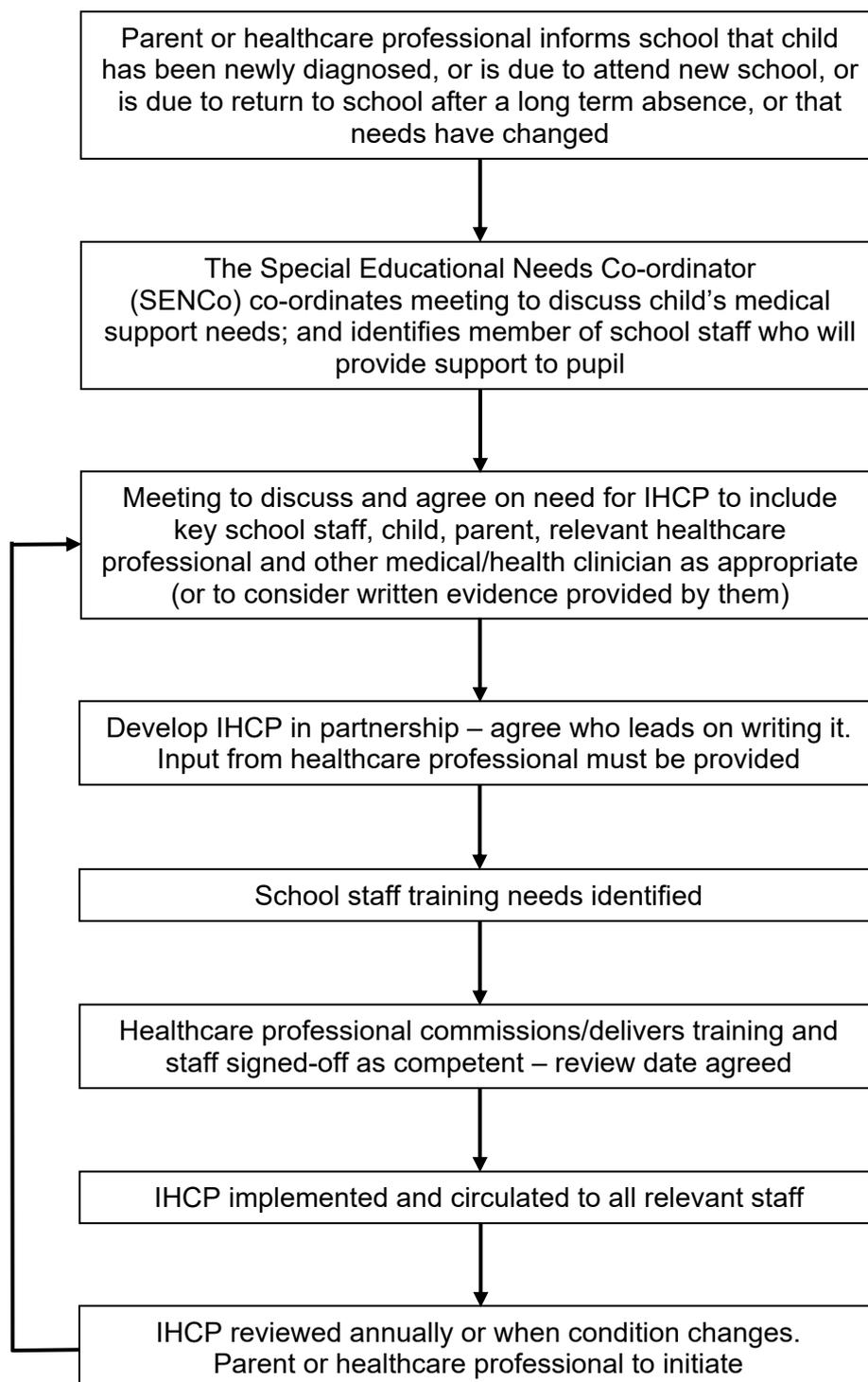
11. Complaints

- 11.1. The school strives to provide the best support that is practically possible within the resources provided to it. Any concerns with the support provided should be discussed directly with the school in order to reach a resolution. If, for whatever reason, this does not resolve the issues parents can make a formal complaint via the school's Complaints procedure.

12. Monitoring & Review

- 12.1. This policy is reviewed annually by the Assistant Headteacher (SEN).
- 12.2. The scheduled review date for this policy is February 2022.

Annex A: Model process for developing individual health care plans



Annex B: (DfE Guidance)

When deciding what information should be recorded on individual healthcare plans, 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 e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs, e.g. 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, e.g. 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.

Annex C: Unacceptable practice

Governing Bodies should ensure that the school's policy is explicit about what practice is not acceptable. Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, 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, 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, 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, e.g. by requiring parents to accompany the child.