



**SMITHDON HIGH SCHOOL
POLICY ON
PUPILS WITH MEDICAL NEEDS**

**Re-adopted by Local Governing Body
March 2017**

Introduction

School Context

The staff at Smithdon High School are committed to providing pupils with a high quality education whatever their health need, disability or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEN are not discriminated against or treated less favourably than other pupils.

Principles

This policy and any ensuing procedures and practice are based on the following principles:

- All children and young people are entitled to a high quality education.
- Disruption to the education of children with health needs should be minimised.
- If children can be in school they should be in school. Children's diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all children to attend school.
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child.
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires.
- Children and young people with health needs will be treated as individuals and offered the level and type of support which is most appropriate for their circumstances. Staff should strive to be responsive to the needs of individuals.

As a school we will not:

- 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.
- Send them to the school office unaccompanied or with someone unsuitable if they become ill.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments.
- 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.

- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, for example by requiring parents to accompany their child.

Definition of health needs

For the purpose of this policy, pupils with health needs may be:

- Pupils with **chronic or short term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day.
- **Sick children**, including those who are physically ill or injured or are recovering from medical interventions.
- Children with **mental or emotional health problems**.

This policy does not cover self-limiting infectious diseases of childhood, such as measles. Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

Roles and Responsibilities

All staff have a responsibility to ensure that all pupils have equal access to the opportunities which will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as additional support and training needs.

Designated school medical needs officer:

The member of staff responsible for ensuring that pupils with health needs have proper access to education is Mrs S Dixon, Assistant Headteacher. She will be the person with whom parents or carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be her responsibility to pass on information to the relevant members of staff within the school. This person will liaise with other agencies and professionals, as well as parents or carers, to ensure good communication and effective sharing of information. This will enhance pupils' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement.

Parents/carers and pupils:

Parents hold key information and knowledge and have a crucial role to play. Both parents and pupils will be involved in the process of making decisions. Parents are expected to keep the school informed of any changes in their children's condition or to the treatment their children are receiving, including changes in medication. Parents will be kept informed regarding arrangements in school and contacts made with external agencies.

School staff:

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. Staff must familiarise themselves with the medical needs of the pupils they work with. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, precautions to take and how to react in an emergency.

The Headteacher:

The Headteacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of a child's condition. He will also ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The Headteacher has overall responsibility for the development of individual healthcare plans. He will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. He will contact the school nursing service in the case of any child who has a medical condition which may require support at school, but who has not yet been brought to the attention of the school nurse.

The Governing body:

The governing body is responsible for making arrangements to support pupils with medical conditions in school, including ensuring that this policy is developed and implemented. They will ensure that all pupils with medical conditions at this school are supported to enable the fullest participation possible in all aspects of school life. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

School health teams:

School health teams are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They may support staff in implementing a child's individual healthcare plan and provide advice and liaison.

Other healthcare professionals:

GP's and Paediatricians should notify the school nurse when a child has been identified as having a medical condition which will require support at school. They may provide advice on developing healthcare plans.

Staff training and support

In carrying out their role to support pupils with medical conditions, school staff will receive appropriate training and support. Training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions and to fulfil the requirements set out in individual healthcare plans.

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

This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting pupils with medical conditions and to make all staff aware of their role in implementing this policy. Information on how the school supports children with health needs is included in our induction procedure for all new staff.

Procedures

Notification

Information regarding medical needs or SEN is requested on admission to the school. Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever possible, meetings with the parents or carers and other professionals are held before the pupil attends school to ensure a smooth transition. When pupils enter the school, parents or carers are offered the opportunity to attend a personal interview with the school nurse. At this meeting parents can seek advice on the health of their child.

Information supplied by parents or carers is transferred to SIMS, which lists the children class by class. A summary of this information is kept inside the class attendance register so that it can be referred to easily. Support staff have summarised copies of the Medical Needs Register as they may be working with children from several different classes. Further details are given on a 'need to know' basis. Confidentiality is assured by all members of staff. The School Health Advisor has a termly meeting with the SENCO/Assistant Headteacher, at which the Medical Needs Register is reviewed and health matters discussed.

Any medical concerns the school has about a pupil will be raised with the parents or carers and discussed with the school nurse. Most parents or carers will wish to deal with medical matters themselves through their GP. In some instances the school, after consultation with the parent or carer, may consider a referral to the School Health Advisor.

Individual Healthcare Plans

Not all children with medical needs will require an individual healthcare plan. 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 will often be essential, such as in cases where conditions fluctuate or there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity in relation to what needs to be done, when and by whom.

Individual healthcare plans should capture the key information and actions required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

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. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved when appropriate.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. Plans are 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.

Where a child has SEN but does not have a statement or EHC plan, their special educational needs will 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 will 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), the school will work with the appropriate hospital school or the Medical Needs Team at The Rosebery School to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Home tuition

When pupils are too ill to attend on a full-time basis, the school will establish, where possible, the amount of time a pupil may be absent and identify ways in which the school can support the pupil in the short term (eg providing work to be done at home in the first instance). The school will make a referral to the Medical Needs Team at the Rosebery School Centre as soon as they become aware that a child is likely to be or has been absent for 15 school days. Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, The Short Stay School and the relevant medical professionals.

Pregnancy

Young women of compulsory school age who are pregnant are entitled to remain at school whenever and for as long as possible. The school will make reasonable adjustments to enable young pregnant women to remain in school. When there is medical evidence that continuing to attend school would be contrary to the wellbeing of the young woman or the unborn child, the school will make a referral for provision of home tuition. Following the birth of the baby, young mothers may benefit from home tuition for a temporary period before they return to school.

Medicines in school

Self-management by pupils

Wherever possible, children are allowed to carry their own medicines and relevant devices or are 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 will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will then be informed so that alternative options can be considered.

Managing medicines on school premises

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

No child under 16 will 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 will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

The school only accepts 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 inside an insulin pen or a pump, rather than in its original container.

All medicines are stored safely. Children are informed of where their medicines are at all times and are able to access them immediately. Where relevant, they know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away.

A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will also be informed.

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. Otherwise, the school will keep controlled drugs which have been prescribed for a pupil securely stored in a non-portable container to which only named staff have access. Controlled drugs will be easily accessible in an emergency. A record is 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 will do so in accordance with the prescriber's instructions. The school keeps 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 will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Emergency Situations

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school will be informed of 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 will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance

Day Trips, Residential Visits and Sporting Activities

Pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.

Liability and Indemnity

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the school's insurance policies.

Complaints

If parents or pupils are dissatisfied with the support provided, they should discuss their concerns directly with the school in the first instance. If for any reason this does not resolve the issue, they may make a formal complaint using the school's complaints procedure.