

# SCHOOL MEDICAL POLICY

Hookstone Chase has the responsibility to ensure that pupils who are absent from school with medical needs diagnosed by a medical officer, have the educational support they need to maintain their education. Good communication and co-operation between the school, home, medical professionals and the Local Authority are essential if good quality education is to be provided. The school's policy reflects the DfE's statutory guidance 'Ensuring a good education for children who cannot attend school because of health needs' (January 2013 updated May 2013), 'Supporting pupils at school with medical conditions' (September 2014), the report from Ofsted published in November 2013 'Pupils missing out on education' and the North Yorkshire Policy Statement.

## The key aims of the policy are:

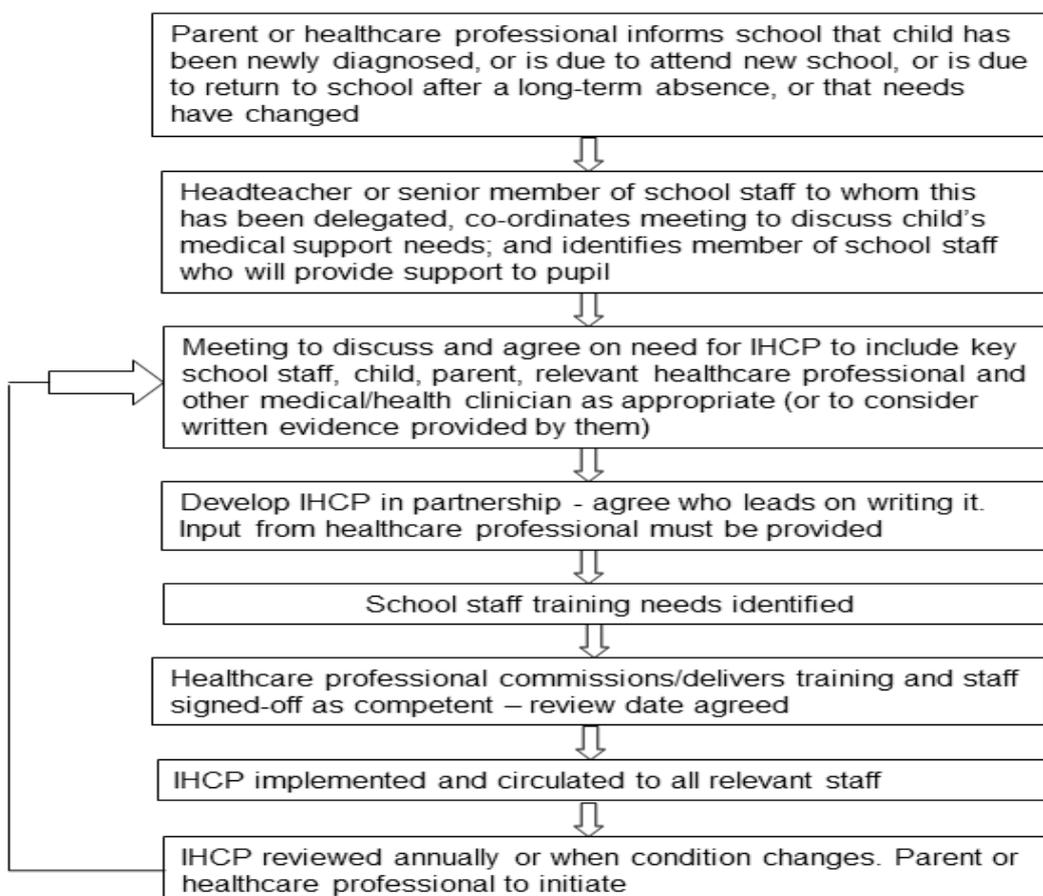
- To identify pupils' medical needs early and to ensure that prompt action is taken.
- To provide continuity of high quality education, so far as the medical condition or illness allows.
- To reduce the risk of lowering self-confidence and educational achievement
- To establish effective liaison and collaboration with all concerned in ensuring that pupils with medical needs have access to education.
- To ensure successful reintegration into school for pupils with long term or recurring illness or medical conditions.

## The Headteacher will:

- Ensure that there is effective communication with other parties.
- Attend, or ensure attendance at planning meetings and reviews.
- Maintain, or ensure that communication is maintained generally between the pupil and the school, especially with regard to activities and social events that may enable the pupil to keep in touch with peers.
- Be responsible for monitoring and developing Individual Healthcare Plans
- Liaise with the SENCo as to whether to proceed with an Education and Health Care Plan
- Monitor attendance of all pupils with medical conditions and for absences of 15 working days or less, that are not part of a pattern of a recurring illness, liaise with the pupil's parents to provide homework as soon as the pupil is able to cope with it and ensure continuity of learning.
- Liaise with the Prevent Service regarding all pupils expected to be absent from school for 15 working days or more (including time in hospital) and make a referral as soon as possible to the local behaviour and attendance Collaborative (secondary) or teacher in charge of the local EMS (SEBN) (primary) for support in making educational provision for the pupil.
- Co-ordinate with the PRS/EMS (SEBN) the education provision from the first day of absence for pupils who have disrupted patterns of attendance due to recurring illness or chronic conditions.
- Ensure that where a referral is made, access to the planning and assessments in all national curriculum subjects which the pupil is studying is made available to PRS/EMS (SEBN) staff within 5 working days and work programmes on a termly basis where appropriate.

- Liaise with the designated home/medical teacher regarding the action plan as agreed at planning and review meeting.
- Make available to the PRS/EMS (SEBN) staff Individual Education Plans, Personal Education Plans, Individual Health Care Plans and Risk Assessments where appropriate.
- Supply PRS/EMS (SEBN) hospital teachers with background information on the child or young person and liaise to ensure that work set at an appropriate level for long and recurring admissions to hospital.
- Organise part-time attendance at school in combination with alternative provision if appropriate
- Monitor provision, progress and reintegration arrangements.
- Ensure that pupils who are not able to attend school because of medical needs have access to public examinations.
- Ensure that the views of pupils and parents/carers are taken into account
- Ensure that arrangements are in place to comply with procedures set out in the SEN Code of Practice (2014) where applicable.
- Promote equality of opportunity for pupils with medical needs having due regard for their duties under the Equality Act 2010.
- Keep the child on the school roll
- Review this policy annually

**Procedure to be followed when notification is received that a pupil has a medical condition:**



## Staff Training

Any member of school staff providing support to a pupil with medical needs will receive suitable training from healthcare staff. This will be identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions will be included in meetings where this provision is discussed.

Training will be sufficient to ensure that staff are competent and have full confidence to support pupils with medical conditions. They will have an understanding of the specific medical condition they are being asked to deal with, their implications and preventative measures.

## The child's role in managing their own needs

Children in Key Stage 1 are not permitted to self-administer medication and parents are requested to make arrangements to administer outside of school hours or to come into school to administer medication to their child.

Children in Key Stage 2 are permitted to self-administer, with the approval and authority of parents. This should be reflected in individual healthcare plans and the relevant documentation completed and returned to the school Office.

If a child refuses to take medicine or carry out a necessary procedure, staff should follow the procedure agreed in the individual healthcare plan and parents should be informed so that alternatives may be considered.

## **Managing Medicines on School Premises and Record Keeping of Medicines administered**

Medicines must be held in the school office and administered in the presence of staff from the Office or a suitably trained member of staff.

- medicines should 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 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;
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- schools should 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;

- 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.

### **Risk assessments for School Visits, holidays and other school activities outside of the normal timetable**

Hookstone Chase ensures that arrangements are in place to ensure that all pupils with medical conditions are able to participate in school trips and visits or in sporting activities and that their medical condition does not preclude them from participating wherever possible. Teachers are aware of how the child's medical condition will impact on their participation but will endeavour to ensure sufficient flexibility to include all children making reasonable adjustments where necessary.

Hookstone Chase is an inclusive school and we pride ourselves in providing all our children with the same opportunities and experiences. Risk Assessments are always carried out to plan for any adjustments which may be necessary for children with medical conditions. All plans are discussed with parents and pupils, and will take heed of medical advice from the relevant Healthcare professionals as appropriate. This is all completed in accordance with Health and Safety Executive (HSE) guidance on school trips.

## Emergency procedures

**The Governing body ensures that the school's policy sets out what should happen in an emergency situation.** As part of general risk management processes, all schools have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips.

Where a child has an individual healthcare plan, this will define what constitutes an emergency and explain what to do for staff and other pupils.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany the child taken to hospital by ambulance.

## Unacceptable Practice

Whilst school staff are expected to use their discretion and judgement regarding each individual case with reference to a child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from accessing their inhalers and medication
- Assume every child with the same condition requires the same treatment
- Send children with medical conditions home frequently unless this is specified in their individual healthcare plan

- Prevent pupils from drinking, eating or talking toilet breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or make them feel obliged, to attend school to administer or provide medication, medical support or assist with toileting issues.
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips.

## Liability and Indemnity Procedures and Complaints

The Governing Body has the responsibility of ensuring appropriate levels of insurance which appropriately reflects the level of risk.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and diversity of cover required must be ascertained directly from the relevant insurers. Any requirement of the insurance, such as the need for staff to be trained, should be made clear and complied with.

### **Monitoring and reviewing arrangements by Headteacher and Governing Body/Management Committee**

## Roles and Responsibilities of all involved in school

**Governing bodies** – must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should 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.

**Headteachers** – should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case 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.

**School staff** – any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. 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. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. 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.

**Pupils** – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

**Parents** – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

**Miss V Watson, Headteacher**  
**February 2019**

# REFERRAL PROCESS

