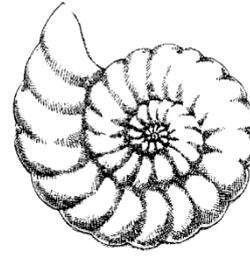




## Hovingham & St Hilda's CE (VC) Primary School's Federation



### **Access to Education for Children and Young People with Medical Needs**

Hovingham and St. Hilda's, Ampleforth CEVC Primary Schools have 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 or SENCO 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 teacher in charge of the local EMS (SEBN) (primary) for support in making educational provision for the pupil.
- Co-ordinate with the 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 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 EMS (SEBN) staff Individual Education Plans, Personal Education Plans, Individual Health Care Plans and Risk Assessments where appropriate.
- Supply 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**

(See Annex in DfE Statutory Guidance 'Supporting pupils at school with medical conditions' (September 2014)).

#### **Staff Training**

Any member of school staff providing support to a pupil with medical needs will receive suitable training. This will have been identified during the development or review of individual healthcare plans. The extent of training required will be assessed with reference to the existing knowledge and expertise of staff. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professional will normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. The schools will ensure this remains up-to-date.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Supply teachers will be briefed, both verbally and through notes in the class register, about any medical needs that children in the class have.

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

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans.

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 should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

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

- 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. Non-prescription medicines; e.g. paracetamol, antihistamine may be administered with written consent detailing dosage and frequency of administration.
- 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 should be informed.
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- the schools 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 will always be readily available to children and not locked away. This is particularly important to consider when outside of school premises, eg on school trips.
- the schools will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.
- school staff (but not supply 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 schools will 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.
- where specific training for the administration of medication is required e.g. Epipen, sufficient numbers of staff will receive training, so that an appropriately trained member of staff is always available.
- 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.

## **Record keeping**

Written records will be kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.

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

Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The schools will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

The schools will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. Staff will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. Please also see Health and Safety Executive (HSE) guidance on school trips.

## **Emergency procedures**

As part of general risk management processes, the 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 should 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 should know 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. The schools will ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

## **Unacceptable Practice**

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, 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.

### **Liability and Indemnity Procedures and Complaints**

The Governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. The schools' insurance arrangements which cover staff providing support to pupils with medical conditions are:-

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

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

### **Roles and Responsibilities of all involved in school**

Refer to the DfE Statutory Guidance 'Supporting pupils at school with medical conditions' (September 2014) for detail regarding the roles and responsibilities of:-

- **Governing Body**
- **Headteacher**
- **School Staff**
- **School Nurse**
- **Other Health Care professionals**
- **Pupils**
- **Parents**

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**Signed .....**