



# Auriol Junior School

## Children with Medical Needs Policy

To be read in conjunction with:

- SEN policy
- Drug & Alcohol Policy

We at Auriol Junior School believe that inclusion and equal opportunities for pupils with medical needs are an entitlement and that as a school we have the responsibility to create the conditions for each of our pupils to access their education (and in line with Section 100 of the Children and Families Act 2014). As far as the school staff and Governing Body are concerned we will make the necessary adjustments to the curriculum and make necessary environmental aspects and give desirable social support to minimise the potential barriers which may be created. We aim to create a school community which accepts others as they are and value each other.

### Definition of medical needs

Children may be afflicted with a variety of medical needs. These may include:

- Long term medical needs – cystic fibrosis, epilepsy, diabetes
- Recurring medical needs – CFS/ME, leukaemia
- Life threatening conditions – leukaemia, cystic fibrosis
- Operations, road accidents, sports injuries – resulting in a period of recuperation
- Mental health – mood disorders, depression, anxiety disorders, obsession compulsive disorders, eating disorders, self harming behaviour, ADHD, psychotic disorders, tic disorders (including Tourette's syndrome)
- Effects of treatment for diagnosed medical conditions: steroids, chemotherapy, medication affecting performance and behaviour, eg psychotropic medication
- Infectious diseases – tuberculosis
- Degenerative conditions where deterioration in eyesight or physical mobility are expected – Duchene Muscular Dystrophy
- Support with toileting

### Aims

It is the aim of Auriol Junior School to ensure that each child at school with medical conditions is properly supported so that they have full access to education, including school trips and physical education, and they can play a full and active role in school life, remain healthy and achieve their academic potential. They will have a broad and balanced curriculum that prepares pupils for the responsibilities and opportunities for adult life. We are committed to providing pupils with medical needs as much education as their incapacity allows while minimising the disruption to normal schooling.



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### Organisation

Provisions must be made, either full or part time, for those children who may not attend school due to their illness. We strive to:

- continue to provide a broad and balanced curriculum
- work in partnership with parents
- strive for individual flexible approaches as required by changing medical needs
- expect and achieve multi-agency co-operation
- utilise IT fully for pupil's academic and social links

### School's Responsibility

Our Governing Body must ensure that arrangements are in place at Auriol Junior School to support pupils at school with medical conditions. They will ensure that policies, plans, procedures and systems are properly and effectively implemented.

The person who has overall responsibility for policy implementation is Peta Fain, (Inclusion Manager). The Inclusion Manager will ensure that all staff who need to know are aware of the child's condition. They will also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans. This may involve recruiting a member of staff for this purpose.

They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

The person with responsibility for ensuring that sufficient staff are suitably trained and informed is Peta Fain.

School staff - any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines. Staff will not give prescription medicines or undertake health care procedures without appropriate training. School staff will receive sufficient and suitable training and achieve the necessary level of competency to fulfil the requirements as set out in individual healthcare plans, before they take on responsibility to support children with medical conditions.

The school's responsibilities also include:

- keeping the pupil with medical needs on roll and including the pupil when planning
- continuing the pupil's access to education by providing work and materials for periods of absence expected to be up to 15 days
- ensure that pupils who have an illness/diagnosis which indicates prolonged or recurring illnesses have access and can enjoy the same opportunities at school as any other child



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- Support reintegration back into school following long term absences so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend
- refer those pupils who have prolonged periods of time off school to the Education Welfare Officer (EWO), Education Other Than at School (EOTAS) or have direct contact with the home or hospital to ensure that education is continued
- produce a Personal Education Plan – Medical (PEP-M). This includes arranging, chairing and recording of planning meetings, re-integration meetings and SEN review meetings with the appropriate services
- listen to and value the view of parents and keep parents informed
- establish relationships with relevant local health services to receive and fully consider advice from healthcare professionals
- ensure that half termly plans, current attainment levels, PETs, PSPs (Pastoral Support Programme) are made available to the support services
- offer to loan appropriate resource materials, where possible, to hospital or home teaching staff
- show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.
- ensure that staff are properly trained to provide the support that pupils need.

### **When a school is notified about a child's medical condition:**

- Arrangements will be in place in time for the start of the relevant school term. When there is a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.
- Where diagnosis is unclear, some form of medical evidence and consultation with parents will guide what support is most appropriate

### **Individual Health Care Plans**

- The person responsible for developing health care plans are Peta Fain and Megan Colley in consultation with parents and relevant healthcare professionals
- In cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, or where medical conditions are long-term and complex, a health care plan will be used.
- The plan provides clarity about what needs to be done, when and by whom
- They will be easily accessible to all who need to refer to them, while preserving confidentiality
- Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively
- The Governing Body will ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be 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.



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### The child's role in managing their own medical 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.
- The child will be 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 should 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 will follow the procedure agreed in the individual healthcare plan.
- Parents will be informed so that alternative options can be considered.

### Children's Medicines

- The school has a policy of storing children's medicines centrally.
- The school 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.
- Asthma inhalers are kept in the medical room/office and should be clearly labelled with the child's name and dosage instructions.
- Exceptions to this policy will apply to asthmatics who will carry their inhalers with them after the school has received advice from their GP.
- Although the office will monitor their expiry dates it is the parents' responsibility to provide new inhalers as necessary.
- Staff are not obliged to administer any medicine to any child, and would be cautioned to take the advice of the SLT before doing so.
- 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 will be given prescription or non-prescription medicines without their parent's written consent
- A child will never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.
- If a child is on antibiotics but well enough to be at school it is preferable that a parent comes in to administer the dosage as required.
- If this is not possible the child may be administered the medication by a member of staff with written consent from the parents.
- Drugs such as Ritalin are stored in the Medical room/School Office and are taken by the child at the appropriate time.
- All staff have been trained in the use of Epipens and these are stored in clearly marked bags or boxes in areas where they can be quickly accessed.



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- Children requiring such medication should have Individual Healthcare Plan which their teachers should have been made aware of.
- 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

### **Day and Residential Trips**

- It is part of the school's equal opportunities policy that no child should miss out on day or residential trips because of conditions such as diabetes, epilepsy or allergy etc.
- We will make arrangements for the inclusion of pupils in activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- We 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.
- Teachers should only administer medicine to any child with written and signed permission of parents or guardians and detailed instructions on timing, dosage and any side effects.
- It is hoped that any diabetic child old enough to attend a residential trip may be able to self-administer their medicine; otherwise it may be possible for their parent to accompany the trip.
- If the parent feels a child may need travel sickness pills, hay fever medication or painkillers of any sort these should be in the original packaging, clearly marked with their child's name and written permission for its use.
- Any medicines should be kept on the teacher's person or in a locked box on a residential trip.

### **Emergency procedures**

- 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 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 school owns a defibrillator and members of the staff are trained to use it in when a child is in cardiac arrest

### **Unacceptable practice The school will not:**

- 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);



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- 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; but evidence will be required and school policy will be followed;
- 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
- 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

#### **Indemnity**

It is important that the school policy sets out the details of the school's insurance arrangements which cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support. Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures.

#### **Complaints**

- 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.

#### **Possible Services Involved**

- Education Welfare Officer
- Education Other Than At School
- CAMHS
- Education Psychology
- Social Services
- Health Services
- School Nurse
- School Doctor



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### Review

<b>Date approved by staff:</b>	Autumn Term 1 2018
<b>Date approved by the governing body:</b>	Autumn Term 1 2018
<b>Date to be reviewed:</b>	Autumn Term 1 2019
<b>Responsibility:</b>	Full Governing Body