



THE
PHILIP MORANT
SCHOOL AND COLLEGE

Medical Needs Policy

Review Period	1 year	Approval Date	17 th May 2017
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1. Executive Summary

- 1.1.1 Philip Morant School and College has a responsibility to ensure that students with medical conditions whether they are long-term (chronic) or short-term (acute) have access to high quality educational support to enable them to continue their education effectively. Good communication and co-operation between the school, home and other professionals is essential. A named person within the Senior Leadership Team is responsible for the effective implementation of this policy which is reviewed annually by school governors.
- 1.1.2 This policy is written in response to the guidance contained in the Department for Education's document "Supporting Pupils at school with Medical Needs" (December 2015).
- 1.1.3 Some children with medical conditions may be disabled. Where this is the case the school will comply with our 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. For children with SEN, this policy should be read in conjunction with the SEN Code of Practice (2014).

2. Aims of the Policy

2.1 The key aims of the policy are to:

- Ensure that students with medical conditions are properly supported so that they have full access to education, including school trips and physical education.
- To ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- Reduce the risk of lowering self-confidence and educational achievement
- Promote equal access to education for all students by making reasonable adjustments to buildings, the arrangements for teaching and learning and extra- curricular activities for students where appropriate.
- Establish effective liaison between the school, parents and relevant external health and social care professionals to support the educational provision for the student

3. Roles & Responsibilities (procedure to be followed when we are notified of a student with a medical condition)

- 3.1 Parents and carers are key partners in enabling the school to support their child's medical condition and should provide the school with sufficient and up-to-date information about

- their child's medical conditions before they are admitted to the school or as soon as the child develops a particular medical need.
- 3.2 In consultation with the student and family, advice and support will be sought from those health professionals involved in order to determine the level of support required in school.
 - 3.3 A meeting in school with a member of the Pastoral team will be arranged to discuss the support required, carry out a risk assessment and to ensure an individual healthcare plan is written. This is done in full consultation with the student, parent and relevant healthcare professional(s) and information is then made available confidentially to all staff.
 - 3.4 All teaching and support staff including supply or cover staff will be made confidentially aware of a student's current medical condition through the medical button on Sharepoint and staff notices.
 - 3.5 A member of the Pastoral team will ensure that sufficient school staff are suitably trained to ensure that the student's medical needs can be supported in school, including the administering of medicines, despite staff absence or turnover. Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.
 - 3.6 All students with medical needs are encouraged to take part in school visits and other school activities outside the normal timetable, including where possible, residential trips. This requires risk assessments to be completed during a meeting between parents, student, school staff and health professionals, if appropriate.
 - 3.7 Individual healthcare plans will be reviewed at least annually or updated following any reports or visits from health professionals, information from parents or the student or as a result of changes occurring within the school setting.
 - 3.8 If a student moves to/from another educational provider, we ensure that information regarding their medical condition and support is communicated with that agency following permission from parent/student.
 - 3.9 The Governing Body is responsible for ensuring that this policy is implemented and reviewed annually enabling those students with medical conditions to be supported in the fullest participation possible in all aspects of school life.
 - 3.10 The school's Principal is responsible for ensuring that this policy is effectively implemented by all concerned with the student. They have (or can delegate) the responsibility for contacting the school nursing service in the case of any student who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
 - 3.11 The school nurse (who is not based at the school but visits on a regular basis) is responsible (following parental consent) for notifying the school when a student has been identified as having a medical condition which requires support in school. They can support staff in school in the implementation of the individual healthcare plan, or by

providing advice and liaison on training if required. Support may also be obtained from the local community nursing team (e.g. diabetic nurse) if required.

- 3.12 Wherever possible and following consultation with parents/carers, students are encouraged to take responsibility for managing their own medicines and procedures. All medicines are stored securely in Student Services and their administration is recorded. Asthma inhalers, adrenaline pens (epipens) and blood sugar testing devices should be carried by the student with spare inhalers and epipens located at Student Services.
- 3.13 Pastoral staff will ensure that contact is maintained with students (and their families) who are away from school due to illness for a period of less than 15 working days, setting of work if the pupil is well enough, forwarding of newsletters etc, welcoming pupils back to school, ensuring that all staff are aware of the up to date medical situation of the pupil and ensuring that any adjustments to accommodation, curriculum are made, together with ongoing monitoring of the pupil's situation and needs whilst in school.
- 3.14 Pastoral staff will keep the Attendance Officer informed of all attendance issues regarding pupils where there may be medical needs, either physical or mental thereby ensuring that the school register is marked appropriately.

4. Students with long term (chronic) medical conditions

- 4.1 Students with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances.
- 4.2 It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that students feel safe.
- 4.3 In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term and frequent absences, including those for appointments connected with a pupil's medical condition, (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.
- 4.4 In some cases a flexible approach is required and may involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority through an application to North East Essex

Alternative Provision School (NEEAPS). Consideration may also be given to how children will be reintegrated back into school after periods of absence.

5. Staff training

- 5.1 All staff directly involved in supporting a student with medical needs will receive suitable, up-to-date training which is usually identified and delivered by a qualified health professional. This training will take place either on the school site or staff will travel to the local hospital to receive the training and will take place before the student's admission to school. Training will ensure that staff are competent and have the confidence in their ability to support students with medical needs. Epipen training takes place annually
- 5.2 Staff will not be required to give prescription medicines or undertake health care procedures without appropriate training (a first-aid certificate does not constitute appropriate training in supporting students with medical needs). Wherever possible and in the vast majority of cases, the students are encouraged to take responsibility for administering their own medication e.g. Insulin injections for diabetic students.
- 5.3 Whole school awareness training for staff takes place annually at the start of the academic year to ensure that staff are aware of those students with medical conditions and how they are supported within school. This training is delivered by a member of the Senior Leadership Team and is updated if needs change or if a new student with a medical condition is admitted to school. Parent/carer and student views together with advice from healthcare professionals are included in this training.

6. Managing medicines on school premises

- 6.1 All medicines required to be taken in school are labelled and stored securely in Student Services and written records of their administration is recorded by staff. Wherever clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. The school are unable to accept any medicines which are out-of-date. Prescribed medicines must be labelled, provided in the original container (apart from insulin which is usually provided inside an insulin pen or a pump) as dispensed by a pharmacist and include instructions for administration, dosage and storage.
- 6.2 Asthma inhalers, blood glucose testing meters and adrenaline pens should be carried by the student with spares located at Student Services. On school trips involving students with medical conditions, medicines and spare devices should be carried.
- 6.3 If no longer required or during extended school holidays medicines will be returned to parents/carers.

7. Emergency procedures

- 7.1 Students with individual healthcare plans will have details of what constitutes an emergency and how to deal with emergency situations specific to that child. Students

within school are trained to inform an adult if they think help is needed and school staff will call for support from Student Services who will summon the local emergency services if required.

8. Day trips, residential visits and sporting activities

8.1 All students with medical conditions at the school and college are encouraged to attend off site trips. School staff receive training and a risk assessment is completed prior to the event in consultation with the student and parents/carers.

8.2 To enable students to participate in sporting activities on the school site, it may be necessary to make reasonable adjustments and adopt a flexible approach in order that the student can participate in line with their own abilities and advice from medical professionals.

9. Unacceptable practice

9.1 Generally it is not 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.

10. Liability and indemnity

10.1 School insurance covers staff providing support to students with medical conditions and in cases where medication is administered to students. This is accessible to staff upon request from the Director of Finance.

11. Complaints procedure

11.1 If any parent/carer or student is dissatisfied with the support provided they should, in the first instance discuss this directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint as outlined in the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within the scope of sections 496/497 of the Education Act 1996 and after all other attempts at resolution have been exhausted. In addition, as an Academy, we would consider whether a breach of the terms of the Funding Agreement has occurred, or that we have failed to comply with any other legal obligation placed on us. Ultimately, parents/carers and students are able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds for doing so.

Model process for developing individual healthcare plans

