



SUPPORTING PUPILS WITH MEDICAL CONDITIONS

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STATUTORY DUTY

This policy is written as a response to the draft guidance from the DFE Feb 2014 'Supporting Pupils at School with Medical Conditions' and will be amended in the light of any changes in policy. This document – a mixture of statutory guidance and non-statutory advice – replaces Managing Medicines in Schools and Early Years Settings 2005. This policy does not relate to pupils in EYFS years as the Statutory Framework for EYFS is applied to this age range.

AIM

The aim is to ensure that children with medical conditions, in terms of both physical and mental health, are properly supported in schools so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

THE ROLE OF THE GOVERNING BODY

The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. No child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

In making their arrangements, the governing body should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. They will often be long-term, ongoing and complex, and some will be more obvious than others. The governing body should ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The governing body should ensure that their arrangements give parents confidence in the school's ability to support their child's medical needs effectively. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, increase their confidence and promote self-care.

There should be recognition that some medical conditions if not managed well can be fatal.

A child's health should not be put at unnecessary risk simply because they attend school. In addition, and in line with their safeguarding duties, the governing body should not place other pupils at risk or accept a child in school where it would be detrimental to the child and other students. The governing body must ensure that the arrangements put in place are sufficient to meet statutory responsibilities.

ETHOS

Because the incidence of pupils with medical problems at Greenside is high it is the norm rather than the exception and pupils will not be isolated from school activities as a result. It is important that we make a distinction between a child with medical problems and a child who is ill. A child with a medical condition attends school and their health is taken into account when planning activities.

Every effort is made to ensure that they miss as little school as possible. However when children are ill or unwell they should not attend school. If they are infections or have an illness that makes them distressed or in pain they should remain at home. The school nurse is not able to care for sick children. Children with or without health conditions can be ill at times.

Pupils who require short term medication such as antibiotics may return to school once they are well enough to do so and will have their medicine administered at school. Specific arrangements are made for any pupil who is not well enough to attend school for extended periods. This will include home tuition planned and delivered by the school.

PROCEDURES AND PRACTICE AT GREENSIDE

The vast majority of pupils at Greenside school have severe and profound and multiple learning difficulties (PMLD).

Many pupils with PMLD will have associated medical issues and many of the other pupils will also experience health related issues over and above that experienced by their mainstream peers. Some pupils will present emotional difficulties associated with a mental illness.

Greenside school has support from a team of up to 3 nurses, ensuring that there 2 on duty most days. Greenside also has trained First aiders and others trained in pediatric first aid.

The school has a consultant pediatrician. Every child will have at least an annual appointment with the relevant doctor and this will be increased if the need arises. The school attempts to minimize the time a child has to spend out of school for medical

appointments by arranging clinics in school where possible, for example with a dietician.

ADMINISTERING MEDICATION

The school nursing team is responsible for the administration of all medicines.

For trips out of school the nurse prepares any medication and ensures that the teacher is confident of administration. The teacher will give the medication observed by another member of staff and complete the medicine book on return to school.

No medicine can be administered without the written consent of the parent.

The school only accepts prescribed medicines which are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

Parents are asked to hand any medication to the taxi escort to bring in to school and hand to the teacher. It should not be sent in the child's bag. Class staff must take medicines immediately to the school nurse who signs it in and stores it at the appropriate temperature.

Pupils with learning difficulties are not considered able to manage their own medication.

All medicines are kept securely in the medical room.

When medicines are given they must be recorded. All recording is done according to the nursing service procedures. Records are checked by the nursing team manager for special schools.

EPILEPSY

Many pupils at Greenside have epilepsy and almost all of these pupils have medication to control their condition. This will take the form of regularly administered medicine and might also include emergency medication.

All medicine is stored securely at the correct temperature in the medical room. Emergency medication is kept in marked boxes together with instructions on when and how to administer and a pair of disposable gloves. These boxes are kept in named shoulder bags for each child.

The medication must always accompany the child on trips out of school. Each child must carry their own bag on their back or on their wheelchair, so that it remains with them at all times

In order that pupils do not miss out on school activities staff are trained in the administration of emergency medication and can do so if a child has a seizure when out of school.

EATING AND NUTRITION

The school is able to call on the services of a dietician for pupils where eating is a problem and they are in danger of becoming malnourished. This may be as a result of a physical problem or part of the sensory issues associated with autism.

Speech therapists attached to the school have qualifications in feeding and assesses pupils' eating to ensure that children who require assistance or support with their eating are supported to eat safely.

Many pupils at Greenside require gastrostomy feeds. These are delivered by the child's class staff who receive training from the school nurse. Staff receive training for each individual pupil they assist as every feed is different and generic training is not considered appropriate.

STAFF TRAINING

School staff are trained to give emergency epilepsy medication. *All* staff are trained in these procedures and this training is updated annually. However no member of staff would be required to give medication if they were not willing to do so. A list is maintained of staff who are willing to give medication.

Gastrostomy training is given to staff working with children who require this support. They are trained for individual children . The school nurse gives the training and maintains a register of trained staff.

HOMETOSCHOOLTRANSPORT

The majority of pupils attending Greenside are transported by Local Authority provided transport. Where pupils have medical conditions it is the responsibility of the parents to inform the taxi drivers and escorts of the relevant facts. It would be a breach of confidentiality for the school to do this. The school will make every effort to make sure that the parent has informed the taxi staff of any relevant issues.

The school will make sure that the LA is aware of the need for there to be specific training for particular health issues, particularly for pupils who may have seizures. We will ensure a protocol is in place and where it is deemed appropriate the school nurse will provide training.

Unless a transport team has received specific training in dealing with seizures the agreed protocol, in the case of a child having a seizure on the transport, is that the transport takes the child to the nearest point whether that be home or school.

In severe cases – and dependent on location – this could also include taking the child to

the Accident and Emergency department at the local hospital.

Appendix 1 –

OTHER SAFEGUARDING LEGISLATION

Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must in discharging their functions in relation to the conduct of the school promote the well-being of pupils at the school.

Section 175, of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 sets this out in relation to academy schools and alternative provision academies.

Section 3 of the Children Act 1989 provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education.

Section 3 of the NHS Act 2006 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it is responsible.

Section 3 of the NHS Act 2006 provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it is responsible.

Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows: They must not discriminate against, harass or victimise disabled children and young people; They must make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage.

