

Supporting Students with Medical Needs

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Aims of this policy:

- Up Holland High School is an inclusive community that aims to support and welcome students with medical conditions.
- Up Holland High School aims to provide all students with all medical conditions the same opportunities as others at school.

Section 100 of the Children and Families Act 2014 places a duty on proprietors of schools to make arrangements for supporting students at their school(s) with medical conditions. This policy supersedes all previous policies and has been updated fully taking account of DFE statutory guidance dated March 2015 for implementation with immediate effect.

This statutory guidance refers to 'appropriate authorities' and these being 'the proprietors' in the case of schools. For the purposes of Up Holland High School, 'appropriate authorities' will be deemed to be the school's governing body. The guidance applies to activities taking place offsite as part of 'normal educational activities'. Up Holland High School will regard all activities organised by the staff of the school, approved by the Educational Visits Co-ordinator of the school and including local and other sporting competitions and friendly matches/associations as being within the scope of this policy.

The policy must be read in conjunction with the following school documents:

- The Medicines Management Policy
- The School Visits Policy
- The Child Protection Policy National documents
- The SEN Code of Practice
- The Equalities Act 2010

Principles set out in the statutory guidance from government, 2015 states that:

'Students at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

Governing bodies must ensure that arrangements are in place in schools to support students at school with medical condition.

Governing bodies should ensure that school leaders consult health and social care professionals, students and parents to ensure that the needs of children with medical needs are effectively supported.

In order to comply with the statutory guidance, we have developed our own principles for supporting students with medical needs. These principles are listed below:

1. Students with medical needs will receive good quality support in school to enable them to be included in activities in school and organised by the school wherever possible, by the making of reasonable adjustments.
2. That such inclusion will be cognisant of academic, social and emotional needs and will promote the wellbeing of the child in broad terms.
3. That such inclusion will include individualised planning based on medical information, student preference, parental preference, appropriate professional consultation and staff availability. Additional individual focus plans will be prepared as needed e.g. to reintegrate after hospitalisation.
4. That there is a recognition of the concerns of parents which will be on a range from concern that the condition may deteriorate slightly during the school day, to the need arising for intervention in emergency circumstances.
5. Where a child is recognised as being disabled by his/her medical needs, the Governors will comply with their duties under the Equalities Act 2010
6. For Students with SEN, their medical needs will be supported in line with SEND Code of Practice, 2015

Identification of Students with Medical Needs:

Through an extensive transition process, school receives data from the previous school in relation to students with medical needs. Parents are also invited to meetings with primary schools to ensure that they are able to express their concerns relating to their child's condition. This process is the same for students who arrive mid-way through the year. For incidents when a child may develop symptoms relating to a medical need, staff ensure that there is an open line of communication with parents and families and will contact them to discuss their concerns. As a school, we will also work with families to support them through the investigation and diagnosis process.

The role of Governors

- a) To ensure that school policy and practice conforms to the statutes and statutory guidance and understand that policy and practice in relation to students with medical needs aligns with their wider safeguarding duties.
- b) Governors must ensure that the appropriate level of insurance is in place, appropriately reflecting the level of risk in relation to the students in school by number, age, DSEN, medical needs etc. This includes liability cover relating to the administration of medication.
- c) To oversee that appropriate arrangements are made for individual students which may include flexibility in school attendance and, where necessary, that appropriate access is organised with other education agencies for periods when the child cannot attend school
- d) To ensure that flexibility of in-class support is provided via the SENCo when needed.
- e) To ensure that all reasonable adjustments are made to enable students with medical conditions to take part in school trips and journeys and that risk assessments take into account individual medical needs.
- f) To ensure that staff are properly trained for any role which they may undertake in the support of students with medical needs and that arrangements are in place for staff who volunteer to provide intimate care to be chaperoned and receive professional supervision, upon request, after such care is provided.
- g) To ensure that parents and students are confident in the ability of the school to manage the medical needs of the student whilst in school or engaged in activities organised by the school.
- h) To ensure that there is an Admissions Policy in place which does not deny a child a school place based solely on medical condition when all other criteria for entry have been met in the same order and with the same weighing that they are applied to all prospective students (this includes at universal cohort transfer - Year 6/7 and mid-term admissions).
- i) Governors should ensure that a suitably experienced member of staff is the link with School Nursing for the development of individual health care plans in critical cases and that they are reviewed at least annually.
- j) The Governors are responsible for ensuring that there are comprehensive plans in place for dealing with medical emergencies in school.

- k) Governors should support school staff in organising transport for students with medical needs when necessary.
- l) Notwithstanding the above, Governors should ensure that the health and wellbeing of other children is not put in jeopardy e.g. by infectious diseases, poor management of bodily fluids.
- m) The Governors are responsible for stating how complaints in relation to the management of students with medical needs will be dealt with.

Principles in relation to short term/low level Medical Needs

- 1) The school will maintain a Medical Room with basic medication/dressings, a supply of cooled water and a place to sit or lie down.
- 2) The school will maintain a list of first aiders appropriate to the size of the school roll.
- 3) The school will ensure that staff are retrained before qualifications lapse.
- 4) All school trips and journeys are comprehensively and dynamically risk assessed and individual risk assessments are carried for all children with specific medical needs.

Individual Health Care Plans

- I. Individual Health Care Plans are developed by the SENCo and School Nurse in conjunction with the parent and, often, the child. For critical cases, the Leadership Group member with oversight can also be involved. The school is also committed to reasonably pursuing the need for a medical protocol even where communication with parent/carer may be difficult to establish.
- II. **The School has developed an Individual Health Care Plan proforma which captures the key information and necessary actions.** The Individual Health Care Plan includes these details, as required by statutory guidance:
 - the medical condition, its triggers, signs, symptoms and treatments;
 - the student's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crossed corridors, travel time between lessons;
 - specific support for the student's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
 - the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;

- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents for medication to be administered by a member of staff, or self-administered by the students during school hours;
- separate arrangements or procedures required for school trips or journeys or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including who to contact, and contingency arrangements. Some children may have an emergency health care plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

- III. Dependent on the complexity of the child's condition and the degree of support needed, there will be an agreement in the Individual Health Care Plan meeting as to which members of staff may or may not be informed of its content, outside of those named to provide care or support directly.
- IV. Individual Health Care Plans are completed prior to a student commencing school in Year 7 or on mid-term transfer and are updated regularly with new information and/or evaluation.
- V. Where a child is returning to school following a period of hospital or home education, the school will work with the other professionals involved to ensure that the Individual Health Care Plan identifies the support needed for the child to reintegrate successfully.
- VI. Where a child can administer his/her medication, this should be written into the Individual Health Care Plan, including plans for access and supervision.
- VII. The Individual Health Care Plan should include steps to be taken if a student refuses to take his/her medication at school at the prescribed times. It may be that the parent/carer or another competent, named family member should be called to school to take immediate responsibility for the child.

Educational Visits / Education Off-Site

- Risk assessments are carried out by the school prior to any out of school visits and medical conditions are considered during this process. Factors considered include: how all students will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

- Parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight stay. This requests up-to-date information about the student's current medical condition and how it is to be managed whilst away.
- Staffed educational visits and out of school hours activities are fully briefed on students' individual medical needs. They will have access to the Individual Healthcare Plan and any necessary medication/medical equipment for the duration of the visit.
- For all residential visits, a member of staff is appointed as the designated first aider and the appropriate first aid equipment will be taken on the trip.
- Risk assessments are carried out before students undertake a work experience or off-site educational placement. It is the school's responsibility to ensure that the placement is suitable and accessible for a student with medical needs. Permission is sought from the student and his/her parents before any medical information is shared with an employer or other education provider

Emergency procedures

1. If a child has an Individual Health Plan, the plan will have detailed emergency procedures on it.
2. Where an ambulance is called, a member of staff known to the child can travel with him/her to hospital if parent not present.
3. Clear and concise information is prepared to share with ambulance personnel on their arrival and is handed over in written form.

Complaints procedure

In the first instance, the parent/carer or other complainant should contact the Headteacher in writing, giving as much detail as possible regarding the nature of the complaint. This letter will be acknowledged within ten working days (including a timed plan for the gathering of evidence/data and when a full response may be expected). However, the full and final response to the complaint may take longer dependent on the complexity of the case.