



## Supporting Pupils with Medical Conditions Policy

*To be read in conjunction with the school's Curriculum Policy and Equality Scheme*

*This policy takes account of the regulations within the Children and Families' Act 2014 and the DfE's Supporting Pupils at School with Medical Conditions statutory guidance 2015.*

### **INTRODUCTION:**

More than 90% of the pupils in John Chilton School have medical conditions and in addition 85% have physical or severely physical disabilities that affect their health and wellbeing. The purpose of this policy is to set out the aims and arrangements implemented to ensure that pupils with medical conditions are properly supported in school both physically and mentally, so that they can play a full and active role in school life, remain as healthy as possible and achieve their academic potential.

The school ensures that it takes account of each individual's medical condition and makes the appropriate adaptations so that the pupil can be in school and participating in as full a curriculum as possible. For some pupils with extremely complex and debilitating conditions, it may encompass a shorter school day and palliative activities. It is also important that the pupils have access to the additional services in school that they need to manage and understand their condition. This may include additional specialist medical staffing that is assigned to an individual.

The school complies with all their duties under the Equality Act 2010 and the Children and Families' Act 2014, to ensure that pupils with medical conditions that are disabled have appropriate adjustments and adaptations to the curriculum and environment so that they can succeed.

In line with its safeguarding duties, the school carefully considers the condition of each prospective pupil and will not accept a pupil if doing so would be detrimental to the pupil and the other pupils in school.

### **ARRANGEMENTS FOR PUPILS WITH MEDICAL CONDITIONS:**

#### **Parental support:**

Parents are often concerned when their child is at school as children and young people with long term and complex medical conditions may need on-going support, medicines and care while at school. Some may even need interventions in emergency situations. Some pupils have progressive syndromes and the school can provide parents with the support needed in accepting and adapting to the changing needs of their child; giving advice about specialist services where necessary.

#### **Social and emotional implications:**

It is recognised by the school that there are social and emotional implications associated with medical conditions. The school is developing a set of information booklets that alert staff to the impact of the pupil's condition on communication, learning, social, emotional, physical and behavioural development. The school ensures that pupils are supported in understanding and managing their condition through physical and occupational therapies, circle time discussions, and specific 1:1 and small groups in:

- disability awareness
- social and emotional development
- social communication development
- art therapy

The school also employs a part time counsellor whom pupils can see for a set of individual sessions.

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**Educational implications:**

Often pupils with medical conditions and/or physical disabilities have many short term absences for medical appointments. It is not always possible to return to school afterwards and sometimes these last for more than one day. In addition, tests, illnesses and operations can lead to long term absences; this can affect a pupil's educational achievement and progress. Every attempt is made to support a pupil with work at home and internet links if the pupil is well enough and able to work from home. It is sometimes necessary to adjust a pupil's targets because of extended illness and absence. Sometimes, if the absence is extended over years it may be necessary for a pupil to repeat a school year in order to achieve their full potential.

**Additional services:**

The school provides a base for Primary Health Care Trust professionals and commissions therapy from independent providers, including physiotherapists, occupational and speech and language therapists. This enables essential therapies to be delivered in house across the school day. Wheelchair and mobility services come to school as much as possible to avoid pupils having additional time off from learning. There is a full time nurse and two healthcare assistants working daily in the school. This ensures that pupils can receive critical medication and emergency medication immediately, without being withdrawn from site. Speech and language therapists with dysphagia specialism assess and advise on pupils with eating and drinking difficulties, training staff to support high risk pupils safely.

The school employs two part time Moving and Handling specialists to ensure that staff are trained and supported in meeting the transfer and moving needs of the pupils, both in school and on trips and visits. They work in close collaboration with physiotherapists when a pupil has had major surgery to enable the pupil to return to school as soon as possible, even if in different equipment.

The school employs Assistive Technology (A/T) specialists and a Learning Mentor. The A/T specialists work closely with the therapists to develop bespoke communication and access equipment, resources and training for staff, to enable each pupil to access the curriculum and social settings. The Learning Mentor leads a team of trained support staff to support pupils who have challenging behaviour as part of their condition; and helps staff to make the appropriate adaptations to the environment in order for the pupil to succeed as well as supporting pupils in 1:1 or small group work.

**PROCEDURE TO BE FOLLOWED WHEN NOTIFICATION IS RECEIVED THAT A PUPIL HAS A MEDICAL CONDITION:**

1. Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long term absence, or that needs have changed.
2. Headteacher or senior member of school staff to whom this has been delegated, coordinates meeting to discuss child's medical support needs and identifies member of school staff who will provide support to pupil.
3. Meeting to discuss and agree on need for Individual Healthcare Plan (IHP) to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them).
4. Develop IHP in partnership – agree who leads on writing it. Input from healthcare professional must be provided.
5. School staff training needs to be identified.
6. Healthcare professional commissions/delivers training and staff signed off as competent – review date agreed.
7. IHP implemented and circulated to all relevant staff.

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8. IHP reviewed annually or when condition changes. Parent or healthcare professional to initiate (Return to procedure from number 3).

The Headteacher is responsible for ensuring that this policy is implemented and followed by all staff and health professionals. Through:

- Liaison with the Nursing team ensures that all conditions are managed within school and appropriate training is given to school staff concerning individual pupils.
- Negotiation and arrangements with the pupil's Local Authority and Primary Health Care Trust professionals to engage additional staffing for individuals with critical conditions
- First-aid training for a range of staff
- Regular briefings and notes to relevant staff to give information about a pupil's condition and the effects of this
- Information booklets written and available about conditions
- External professionals attending meetings to give vital information about conditions
- Liaising with parents about changes to their child's condition
- Risk assessments for trips and extra-curricular activities

#### **TRANSITION:**

Pupils who attend John Chilton School all have – or are in the process of assessment for- an Education Health and Care Plan, that details the medical, physical and learning needs of the pupil. In situations where there is a considerable health need the Headteacher will arrange a multi- agency meeting with the various health agencies to decide upon the best way of supporting the pupil in school. The pupil will start at school only when the appropriate arrangements have been finalised.

Transitions to and from the school are managed by the Leader of Phase and will include visits, parent meetings, liaison with previous schools and therapists involved. Paperwork is distributed to all relevant professionals and kept in the pupil's folder in the office.

#### **INDIVIDUAL HEALTHCARE PLANS:**

Individual Healthcare Plans are kept by the nurse at school and accurate and appropriate medical information is distributed to all staff. These are reviewed regularly and are adapted as the pupil's needs change. These plans detail the medication and procedures needed and the professionals involved. The nurse meets with the parents/carers annually to ensure that all details are still correct, and more often if necessary.

Parents give written permission for medication to be administered and procedures to be followed at school by the staff or the pupil themselves if possible. Special arrangements are made for trips and residential visits to ensure that a member of staff is proficient in administering medication or carrying out healthcare procedures and that this is recorded and signed on the appropriate forms.

Some pupils require medication from visiting specialist nurses, such as intravenous medication. This is arranged through the appropriate professionals and the school nursing staff.

Emergency contacts are kept and regularly updated. Information about how to manage an emergency situation for different individuals is kept by the health staff and given to relevant staff.

#### **ROLES AND RESPONSIBILITIES:**

Supporting a pupil with a medical condition at school is a collective responsibility; partnership between school staff, healthcare professionals, therapists, parents and pupils is critical. The collaborative working arrangements for John Chilton School are detailed below:

- **The Governing Board** is responsible for ensuring that the school policies and procedures take account of pupils' medical conditions and that they are supported to participate as fully as possible in all aspects of school life. The GB is responsible for ensuring that all voluntary staff that give

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medication or carry out healthcare procedures to pupils are competent to do so and have been trained by healthcare professionals to administer this safely.

- **The Headteacher and SLT** are responsible for ensuring that policies are developed and effectively implemented with partners. They ensure that all relevant staff are aware of the pupil's condition and the effects on participation in school. They ensure that there are sufficiently trained staff to manage the pupil's condition, recruiting a member of staff if necessary, or working with external agencies to enable the pupil to be supported at school.
- **School staff** are responsible, if they volunteer, for administering medication or carrying out healthcare procedures to pupils. Teachers are responsible for supporting the pupils in class and the wider school and that all relevant staff understand the needs of the pupil and the adaptations that need to be implemented for that pupil to participate in school life.
- **School nurse and healthcare staff** have the lead role in ensuring that the medical needs of each pupil are managed safely and supported in school. They liaise with lead clinicians regarding the pupil and their medical needs and pass this information onto relevant staff in school. They are responsible for training school staff to administer medication and emergency medication where appropriate and confirming that school staff are proficient to undertake healthcare procedures.
- **GPs and paediatricians** are responsible for notifying the school nurse if a pupil has a medical condition that will require support
- **Local Authorities** commission the school nurses and have a duty to promote cooperation between relevant partners. The LA should provide the relevant support, advice and guidance to school staff and fulfil the duties set down in the pupil's EHCP.
- **Providers of health services** will cooperate with schools that are supporting pupils with a medical condition, including appropriate communication, liaison with school nurses, and participation in locally developed outreach and training.
- **Social services** are involved on an individual need basis and provide care packages and support for families. Sometimes the pupil may be subject to a Child in Need, or Child Protection Plan in order to support their medical needs appropriately.
- **Pupils** are fully involved in discussions about their support needs, if able, and encouraged to contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- **Parents/carers** provide the school with sufficient up-to-date information about their child's condition and medical needs. The school sees the parents/carers as key partners and involves them in developing and reviewing the healthcare plan.

#### **STAFF SUPPORT: TRAINING, REVIEW AND ASSESSMENT:**

The nursing and healthcare staff take care of the majority of day to day and emergency medical needs for the pupils at school. Specialist staff are involved for individual pupils when their care involves full time monitoring due to life threatening conditions or regular specialist medication.

The nursing and healthcare staff are regularly trained by the Primary Health Care Trust professionals. School staff who volunteer to administer medication are trained by the appropriate authority to administer medication or undertake medical procedures for individuals, to enable a pupil to experience offsite or after school activities safely. No member of staff gives prescription medication or undertakes medical procedures without being appropriately trained and being confident in the procedures.

Staff competencies and training needs will be identified, reviewed and updated at appropriate intervals by all involved personnel including healthcare professionals.

#### **SUPPORTING PUPILS TO MANAGE THEIR OWN NEEDS AND MEDICINE:**

Wherever possible, pupils are supported in managing their own medical conditions and administering their own medication or carrying out healthcare procedures. This is in discussion with parents/carers and the relevant professionals.

Pupils are also supported in managing the social and emotional aspects of their condition and understanding the implications of a progressive condition.

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If a pupil is refusing to cooperate with taking medicine or a necessary procedure, then the agreed procedure in the healthcare plan should be followed. Parents and relevant professionals and agencies should be informed.

#### **PROCEDURES FOR MANAGING MEDICINES:**

The procedure for managing medicines is as follows:

- Medicines will be administered in school if it is detrimental to the pupil's health not to do so
- No pupil will be given non-prescription medicine without written parental consent
- Parents/carers will be informed if pain relief is administered in school. Pupils under the age of 16 will not be given any medicine which contain aspirin unless prescribed by a doctor
- The school will only accept prescribed medication that is in-date, labelled, provided in the original container as dispensed by the pharmacist; including instructions for administration, storage and dosage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pump or pen rather than its original container
- All medicines will be stored with the nurse and pupils will have appropriate access at any time. If a pupil is capable, they will be able to keep their own inhaler with them for emergencies. Epipens for nut allergies will be with the pupil at all times.
- If a pupil needs a controlled drug on a school trip or journey it will be administered by a member of staff who is trained and confident in giving it. A comprehensive record of this is kept.
- When no longer needed, medicines are disposed of by the nurse safely. Sharps boxes are always used for the disposal of needles and other sharps.

#### **RECORD KEEPING:**

Written records are kept of all medicines administered to pupils. Details of those pupils with medical conditions that could result in seizures (epilepsy, shunts, allergies) are disseminated and displayed across the school.

#### **EMERGENCY PROCEDURES:**

In an emergency situation staff follow the procedures in the individual healthcare plan. The ambulance service is called if necessary; a member of school staff will accompany the pupil to hospital until the parent/carer can be present.

#### **DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES:**

As far as possible, systems will be put in place for pupils with medical needs to be able to participate in swimming, school day and residential trips. This will include staff training and parental input where necessary. Unless a GP or consultant states that it is not possible, every attempt will be made to enable a pupil's participation in such activities.

Reasonable adjustments and risk assessments are taken before school visits and journeys take place.

#### **HOME-SCHOOL TRANSPORT:**

The Local Authority that runs individual home-school transport routes has the responsibility to train Passenger Assistants in coping in emergency situations with pupils with medical conditions. Some pupils have a healthcare assistant with them for transport; some come to school with their parents.

Older pupils are trained and assessed for their ability to independently travel to school. This takes account of their medical conditions and any changes in this can affect their independent traveller status.

#### **ACCEPTABLE PRACTICE:**

It is not acceptable:

- For pupils to be denied access to their inhalers or emergency medication
- To assume every pupil with the same condition requires the same treatment

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- To ignore the views of the pupil or their parents/carers
- To prevent a pupil with medical needs from attending school for the whole day, unless discussed with the parent/carer and whole attendance is detrimental to the pupil's wellbeing
- To send a pupil to the medical room unaccompanied if unwell
- To penalise pupils for poor attendance if related to their medical condition
- To prevent pupils from eating, drinking or going to the toilet if needed in order to manage their condition effectively
- To create barriers to a pupil participating in any part of school life including trips.

**LIABILITY AND INDEMNITY:**

The school has the appropriate level of indemnity insurance through the Local Authority. The healthcare staff working at the school are covered through the PCT insurance.

**COMPLAINTS:**

If a parent/carer has a complaint about the management of their child's medical condition at school they should in the first instance contact the school directly. If this does not resolve the issue they should make a formal complaint through the school's complaints procedure.

Making a complaint to the Department for Education should only occur when all other routes have been followed.

Reviewed: Aidan Meech January 2020