



# Godalming Junior School

This school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. If you have any concerns you should contact our Designated Child Protection Officers, Adam Samson, Jonathan Poole or Karen Sutton

## SUPPORTING CHILDREN WITH MEDICAL CONDITIONS POLICY

**This policy was reviewed: Spring 2020**

**This policy will be reviewed next: Spring 2021**

**This policy will be reviewed by: The Safeguarding Committee**

### Purpose

- The Children and Families Act 2014 includes a duty for schools to support children with medical conditions.
- Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEND Code of Practice will also apply.
- All children have a right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well.
- We recognise that medical conditions may impact social and emotional development as well as having educational implications.
- Our school will build relationships with healthcare
- This policy is underpinned by the schools commitment to the UN Convention on the Rights of the Child and the articles within with particular regard to Article 28 - *Every child has the right to an education.*

### Roles and Responsibilities

**The Local Authority is responsible for:**

- Promoting co-operation between relevant partners regarding supporting pupils with medical conditions
- Providing support, guidance and training to schools to ensure Individual Healthcare Plans are effectively delivered
- Working with schools to ensure pupils attend full time or make alternative arrangements for the education of pupils who need to be out of school for 15 days or more due to a health need and who would otherwise not receive a suitable education

**The Governing Body is responsible for:**

- Determining the school's general policy and ensuring that arrangements are in place to support children with medical conditions

**The Deputy Headteacher and SENDCo are responsible for:**

- Overseeing the management and provision of support for children with medical conditions
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver individual healthcare plans, including to cover absence and staff turnover
- Ensuring that school staff are appropriately insured and are aware that they are insured

**The Named Persons responsible for children with medical conditions are Mr Poole and Mrs Wilkinson**

These people are responsible for:

- Informing relevant staff of medical conditions
- Arranging training for identified staff
- Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information

- Assisting class teachers with risk assessment for school visits and other activities outside of the normal timetable
- Developing, monitoring and reviewing Individual Healthcare Plans
- Working together with parents, pupils, healthcare professionals and other agencies

**Teachers and Support Staff are responsible for:**

- The day to day management of the medical conditions of children they work with, in line with training received and as set out in IHPs
- Taking account of the needs of pupils with medical conditions in lessons
- Working with the named person/s, ensuring that risk assessments are carried out for school visits and other activities outside of the normal timetable
- Providing information about medical conditions to supply staff who will be covering their role where the need for supply staff is known in advance

**School nurses are responsible for:**

- Notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible this should be done before the child starts at our school.
- Providing support for staff on implementing a child’s individual healthcare plan and providing advice and liaison including with regard to training

**PROCEDURE WHEN NOTIFICATION IS RECEIVED THAT A PUPIL HAS A MEDICAL CONDITION**

- The named person will liaise with relevant individuals, including as appropriate parents/carers, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child
- Where appropriate, an Individual Healthcare Plan will be drawn up

**Individual Healthcare Plans (IHPs)**

- An IHP will be written for pupils with a medical condition that is long term and complex.
- It will clarify what needs to be done, when and by whom and include information about the child’s condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency.
- Where a child has an EHCP/Statement, the IHP will become linked to it.
- IHPs will be reviewed annually, or earlier if evidence is provided that a child’s needs have changed

**ADMINISTERING MEDICINES**

Procedures are followed, as outlined in the documents ‘dfe First Aid in Schools’ and ‘Young People’s Health and the Administration of Medicines.’

- Where possible, unless advised it would be detrimental to health, medicines should be taken in frequencies that allow the pupil to take them outside of school hours.
- Written consent from parents must be received before administering any medicine to a child at school
- Medicines will only be accepted for administration if they are:

Prescribed

In-date

Labelled

Provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

- Medicines are stored in medical boxes in the school office unless designated adults are responsible for them as part of an IHP.
- Pupils who are competent to manage their own health needs and medicines, after discussion with parents/carers, will be allowed to access their medicines and relevant devices for self-administration
- Written records will be kept of any medication administered to children.
- Staff will not force a pupil, if they refuse medication or to comply with their IHP, but parents/carer will be informed.
- Any leftover or outdated medicines will be returned to parents/carers

### **ACTION IN EMERGENCIES**

- Medical emergencies will be dealt with under the school's emergency procedures. Where a pupil has an IHP, relevant staff will be made aware of signs and symptoms and specific actions to be followed.
- Parents/ carers will be contacted as soon as possible to inform them of the situation
- A member of staff should stay with the pupil until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance.

### **ACTIVITIES BEYOND THE USUAL CURRICULUM**

- Reasonable adjustments will be made to enable pupils with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum
- When carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted where appropriate

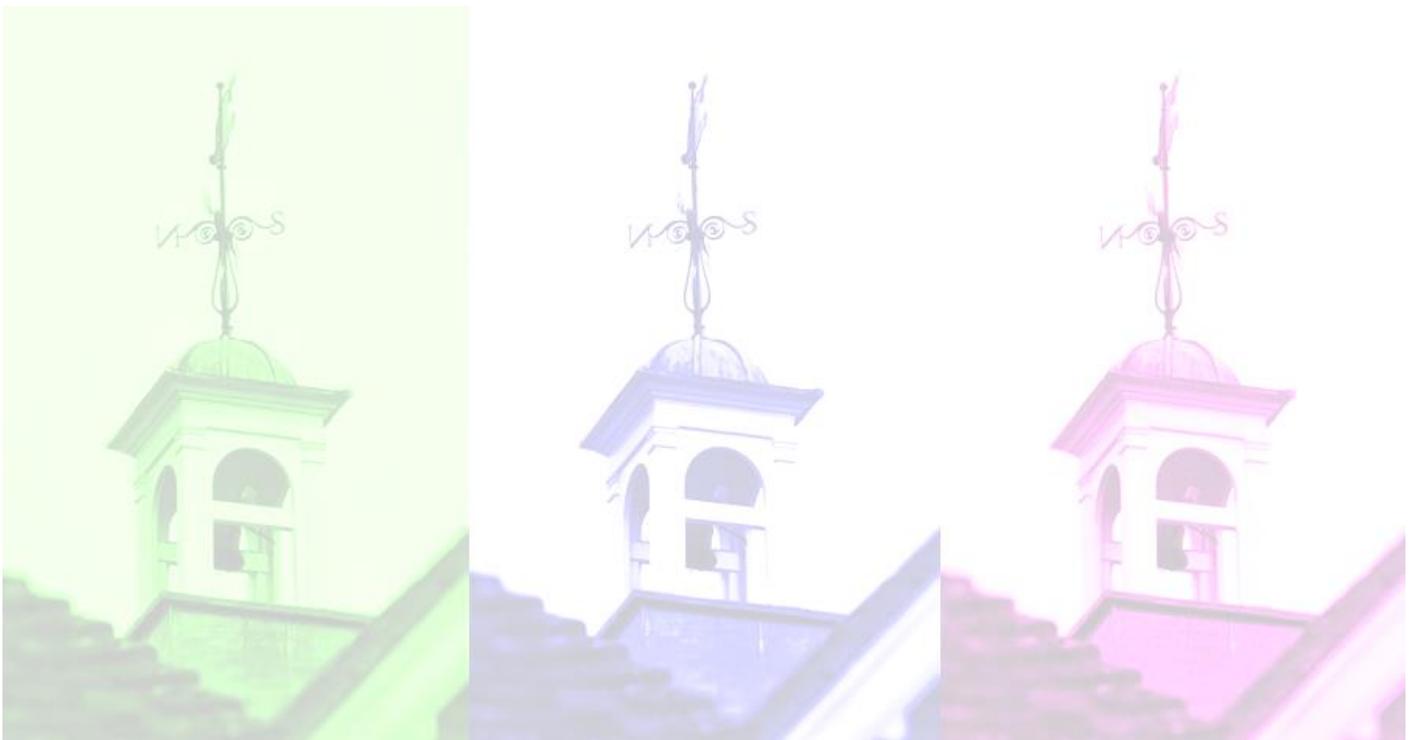
### **UNACCEPTABLE PRACTICE**

The following items are not generally acceptable practice with regard to children with medical conditions, although the school will use discretion to respond to each individual case in the most appropriate manner.

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assuming that every child with the same condition requires the same treatment
- ignoring the views of the child or their parents; or ignoring medical evidence or opinion
- sending pupils home frequently or preventing them from staying for normal school activities, unless this is specified in their individual healthcare plans
- sending them to the school office or medical room unaccompanied or with someone unsuitable, if they become ill (depending on severity)
- penalising children for their attendance record if their absences are related to their medical condition
- preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- requiring parents, or otherwise making them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues, when there are trained staff in place
- preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips

## COMPLAINTS

- An individual wishing to make a complaint regarding the school's actions in supporting a child with medical conditions, should discuss this with the school in the first instance
- If the issue is not resolved, then a formal complaint may be made, following the school complaints procedure which can be found on the school website



## PROCESS FOR DEVELOPING INDIVIDUAL HEALTHCARE PLANS

Parent or healthcare professional informs school that child has a medical condition or is due to return from long-term absence, or that needs have changed



Parent or healthcare professional informs school that child has a medical condition or is due to return from long-term absence, or that needs have changed



Headteacher, or senior member of school staff to whom this has been delegated, co-ordinates a meeting to discuss child's medical support needs and identifies member/s of school staff who will provide support to the pupil



Meeting held to discuss and agree need for IHP to include key staff, child, parents/carers, relevant healthcare professional and other medical/health clinicians as appropriate (or consider evidence provided by them)



Develop IHP in partnership- agree who leads on writing it. Input from healthcare professionals must be provided.



School staff training needs identified



Healthcare professional commissions/ delivers training and staff signed off as competent



IHP implemented and circulated to all relevant staff



IHP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate

