

Access to Education for Pupils with Medical Needs Policy

St Augustine's School, Scarborough

Document Status			
Date of Next Review	As required	Responsibility	Governing Body
Date of review completion	22 nd Novemeber 2017	 Signed	

St. Augustine's School is a voluntary-aided Catholic school serving a coastal area from Whitby to Bridlington and inland to Pickering. Through a holistic approach to education, and in a caring environment, it encourages the development of each pupil's full potential within the framework of the teaching of the Gospel and the Church.

St Augustine's RC School has the responsibility to ensure that pupils who are absent from school with medical needs diagnosed by a medical officer, have the educational support they need to maintain their education. Good communication and co-operation between the school, home, medical professionals and the Local Authority are essential if good quality education is to be provided. The school's policy reflects the DfE's statutory guidance 'Ensuring a good education for children who cannot attend school because of health needs' (January 2013 updated May 2013), 'Supporting pupils at school with medical conditions' (September 2014), the report from Ofsted published in November 2013 'Pupils missing out on education' and the North Yorkshire Policy Statement.

The key aims of the policy are:

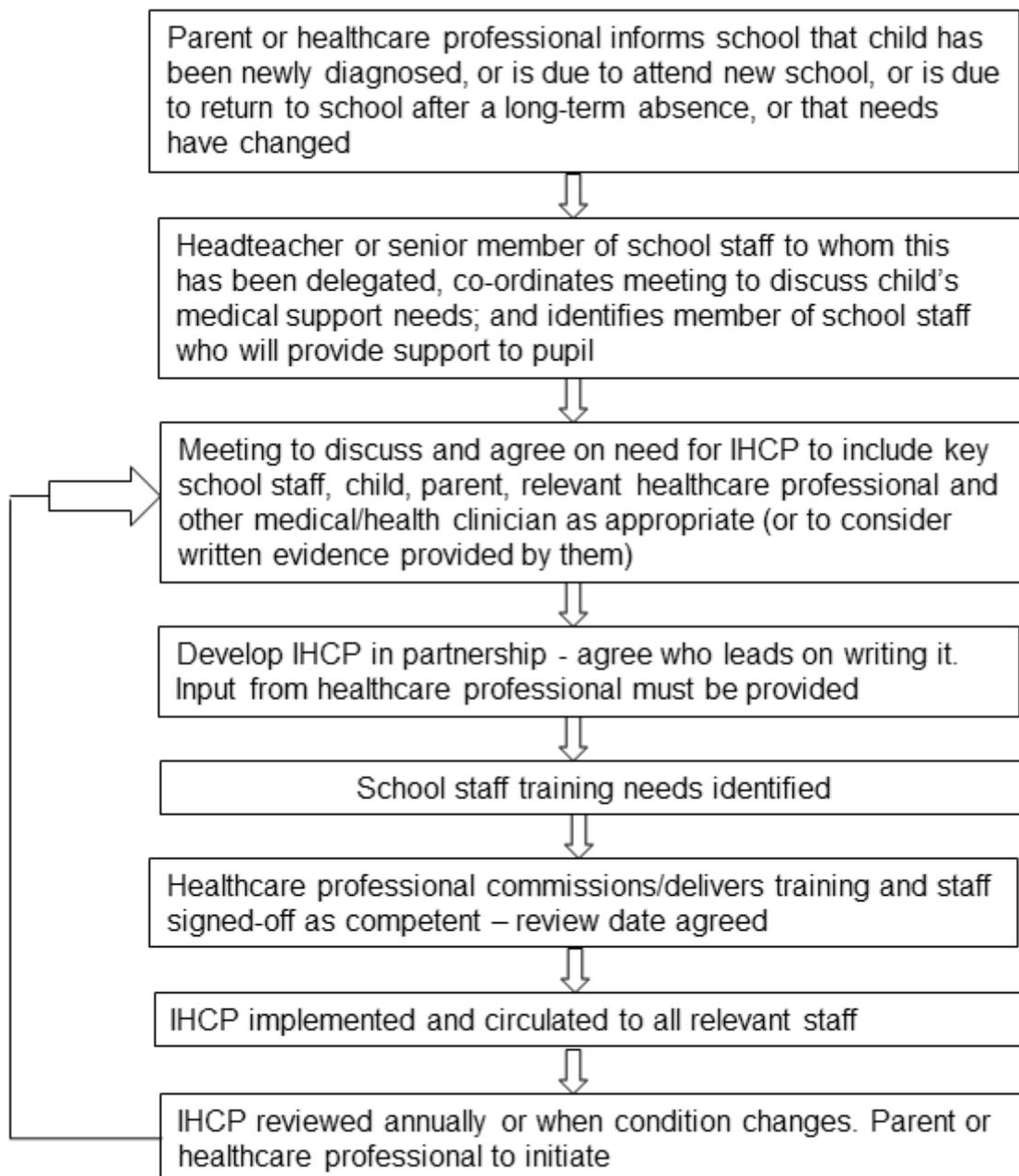
- To identify pupils' medical needs early and to ensure that prompt action is taken.
- To provide continuity of high quality education, so far as the medical condition or illness allows.
- To reduce the risk of lowering self-confidence and educational achievement
- To establish effective liaison and collaboration with all concerned in ensuring that pupils with medical needs have access to education.
- To ensure successful reintegration into school for pupils with long term or recurring illness or medical conditions.

A named person, the school Learning Manager, will:

- Ensure that there is effective communication with other parties.
- Attend, or ensure attendance at planning meetings and reviews.
- Maintain, or ensure that communication is maintained generally between the pupil and the school, especially with regard to activities and social events that may enable the pupil to keep in touch with peers.

- Be responsible for monitoring and developing Individual Healthcare Plans
- Liaise with the SENCo as to whether to proceed with an Education and Health Care Plan
- Monitor attendance of all pupils with medical conditions and for absences of 15 working days or less, that are not part of a pattern of a recurring illness, liaise with the pupil's parents to provide homework as soon as the pupil is able to cope with it and ensure continuity of learning.
- Liaise with the Prevent Service regarding all pupils expected to be absent from school for 15 working days or more (including time in hospital) and make a referral as soon as possible to the local behaviour and attendance Collaborative for support in making educational provision for the pupil.
- Co-ordinate with the PRS/EMS (SEBN) the education provision from the first day of absence for pupils who have disrupted patterns of attendance due to recurring illness or chronic conditions.
- Ensure that where a referral is made, access to the planning and assessments in all national curriculum subjects which the pupil is studying is made available to PRS/EMS (SEBN) staff within 5 working days and work programmes on a termly basis where appropriate.
- Liaise with the designated home/medical teacher regarding the action plan as agreed at planning and review meeting.
- Make available to the PRS/EMS (SEBN) staff Individual Education Plans, Personal Education Plans, Individual Health Care Plans and Risk Assessments where appropriate.
- Supply PRS/EMS (SEBN) hospital teachers with background information on the child or young person and liaise to ensure that work set at an appropriate level for long and recurring admissions to hospital.
- Organise part-time attendance at school in combination with alternative provision if appropriate
- Monitor provision, progress and reintegration arrangements.
- Ensure that pupils who are not able to attend school because of medical needs have access to public examinations.
- Ensure that the views of pupils and parents/carers are taken into account
- Ensure that arrangements are in place to comply with procedures set out in the SEN Code of Practice (2014) where applicable.
- Promote equality of opportunity for pupils with medical needs having due regard for their duties under the Equality Act 2010.
- Keep the child on the school roll
- Review this policy when changes have been made to the NYCC model policy

Procedure to be followed when notification is received that a pupil has a medical condition.



Staff Training including briefing for supply teachers

- To be reviewed annually by the Learning Manager in consultation with SLT.

The child's role in managing their own needs

- Pupils will be provided with the opportunity to attend planning meetings or be involved in making decisions and exercising choice both prior to absence through medical needs, when known and in preparation for return to school.
- If a pupil persistently refuses to access home tuition or attend group teaching sessions without valid medical reasons, provision may be temporarily suspended until a further planning meeting is held and medical advice sought. An officer in the Prevent Service will be invited to attend this meeting.
- Where competent, the pupil should manage their own medication in accordance with procedure agreed in IHCP.

Managing Medicines on School Premises

- The school will only administer medicine when it would be detrimental to a pupil's health or school attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- No child under 16 will be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- A pupil under 16 will not be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, will not be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be inside an insulin pen or a pump, rather than in its original container
- All medicines will be stored safely. Pupils should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be readily available to children and not locked away.
- A pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements will be agreed. The school will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access, but which are easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the

prescriber's instructions. The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted

- When no longer required, medicines will be returned to parents to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

Record Keeping of Medicines administered

- The school will ensure that written records are kept of all medicines administered to children. Parents should be informed if their child has been unwell at school.

Risk assessments for School Visits, holidays and other school activities outside of the normal timetable

- The school will actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Teachers should assess how a child's medical condition will impact on their participation, but show enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

Emergency procedures

- Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- If a pupil needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, the school does not regard it as generally 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;
- 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.

Liability and Indemnity Procedures and Complaints

- The school will ensure that it has appropriate insurance cover. This should provide liability cover relating to the administration of medication. The school is currently insured through NYCC. The NYCC Careplan pro forma will be used, which includes a consent form to be signed by parents. Copies of all careplans will be submitted to the insurer.
- The school will make details of insurance cover available to staff on request.
- Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Roles and Responsibilities of all involved in school.

Governing Bodies

- Must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Headteacher

- Should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child 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.

School Staff

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School Nurse

- Every school has access to school nursing services. They 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, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan

and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. See also paragraphs 23 to 31 below about training for school staff.

Other Health Care professionals

- Including GPs and paediatricians – should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes, epilepsy).

Pupils

- With medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents

- should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

REFERRAL PROCESS

