



**CULCHETH  
HIGH SCHOOL**

> THE BEST THAT WE CAN BE

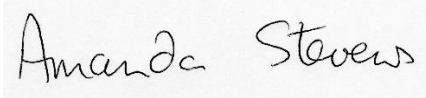
# Medical Needs Policy

**Reviewer: Warrington Local Authority**

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**RATIFIED BY: FINANCE AND RESOURCES COMMITTEE**

**ON:**

**Signed:** 

**Date: 11<sup>th</sup> June 2021**



**WARRINGTON**  
Borough Council

- > RESPECT
- > HONESTY
- > EXCELLENCE

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## 1. INTRODUCTION

Children and young people with temporary or recurring medical or mental health needs are valued as full and participating members of the school community. In September 2014 a new duty was introduced for governing bodies to make arrangements to support students at school with medical conditions, in terms of both physical and mental health, to enable them to play a full and active role in school life, remain healthy and achieve their academic potential.

The school's coordinator for children with medical needs will have overall responsibility for ensuring that this, and other policies and procedures, are regularly reviewed and fully implemented.

**At this school, the Coordinators for students with medical needs are:** Nicola Brearley, SENCO and Katie Petre-Hoyle, Finance and Business Manager.

## 2. DEFINITIONS

In Supporting Students with Medical Conditions in Schools, the Department for Education defines medical needs as both physical and/or mental health needs:

- Short-term conditions – these may affect a child/young person participating in school activities because they are on a course of medication or recovering from an illness, for example an infection, broken limb, etc.
- Long-term conditions - require extra care and support and may include conditions such as asthma, diabetes or epilepsy or other more complex conditions.

The Statutory Framework

- Section 19 of the Education Act 1996 – The Council is required to make arrangements for the provision of suitable education at school or otherwise.
- Section 20 of the Equality Act 2010 - All organisations, including schools, are required to make reasonable adjustments to enable disabled people to access education provision.
- Section 100 of the Children and Families Act 2014 - Requires governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting students at their school with medical conditions.

- Special educational needs and disability code of practice 2014 – Requires local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014.
- Education for children with health needs who cannot attend school 2013 - statutory guidance for local authorities so that children with ongoing health needs receive a suitable education.
- Supporting students at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies and management committees of PRUs to make arrangements for supporting students at their school with medical conditions.
- National Framework for children and young people's continuing care - guidance for clinical commissioning groups (CCGs) when assessing the needs of children and young people whose complex needs cannot be met by universal or specialist health services.

### **3. PROCEDURE TO BE FOLLOWED WHEN NOTIFICATION IS RECEIVED THAT A STUDENT HAS A MEDICAL CONDITION**

Parents are required to notify the child's school of any short or long term healthcare needs which will require additional support when they are in school.

Where a GP, paediatrician or other specialist healthcare professional identifies that child has a new health condition that will require support at school they are required to inform the School Nursing Team.

The School Nurse is required to notify the school about:

- Any child who has an existing health condition prior to them starting school
- Any child who has been identified as having new a health condition.

For children starting in September arrangements should be in place in time for the start of the school year. In other cases, such as a new diagnosis or children moving to Culcheth mid-term, this should normally take no more than two weeks.

A flow chart setting out the process that may be followed for identifying and agreeing the support a child needs is provided in Appendix 1.

### **4. INDIVIDUAL HEALTHCARE PLANS**

Individual Healthcare Plans (IHCP) can help to ensure that schools are able to effectively support students with medical conditions. They provide clarity about what needs to be done, when and by whom. They are likely to be helpful in the majority of cases, and

especially for long-term and complex medical conditions, although not all children will require one.

At Culcheth High School the Progress Leaders are responsible for drawing up IHCPs.

Plans will be reviewed at least termly or earlier if the child's needs change. They will be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan will be linked to the child's EHC plan where they have one.

When drawing up an IHCP the following will be considered:

- The medical condition, its triggers, signs, symptoms and treatments.
- The student's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues e.g. crowded 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 own medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, and expectations of their role, cover arrangements for when they are unavailable and confirmation of proficiency to provide support for the child's medical condition.
- Who in the school needs to be aware of the child's condition and the support required.
- Written permission from parents for medication to be administered by a member of staff, or self-administered by individual students during school hours.
- Separate arrangements or procedures required for school trips 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.
- What to do in an emergency, including whom to contact, and contingency arrangements. Other students in the school should know what to do, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

In the event of an emergency, the ambulance (or other emergency service) should be directed to: **Culcheth High School, Warrington Road, Culcheth WA3 5HH**

## **5. COLLABORATIVE WORKING ARRANGEMENTS**

Supporting a child with a medical condition during school hours is not the sole responsibility of the school. Partnership working between school staff, healthcare professionals, social care professionals, Warrington Borough Council officers and parents and students is critical.

### **The Governing body:**

- Ensure that arrangements are in place to support students 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 will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made
- 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, on-going and complex and some will be more obvious than others. The governing body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life
- Ensure that their arrangements give parents confidence in the school's ability to support their child's medical needs effectively. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, increase their confidence and promote self-care. in line with their safeguarding duties, not place other students at risk or accept a child in school where it would be detrimental to the child and others to do so
- Ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. 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 students with medical conditions are able to access information and other teaching support materials as needed.
- Ensure that written records are kept of all medicines administered to children.

### **The Headteacher & Co-ordinators for Students with Medical needs:**

- Ensure that policies are developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation.
- Ensure that all staff who need to know are aware of the child's condition.

- Ensure that sufficient trained staff are available to implement the policy and deliver against all IHCPs, including in contingency and emergency situations.
- Contact the School Nursing Team Trust 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.
- Work with Bridgewater Community Healthcare Trust and other healthcare professionals and consultants to put in place the care and support needed to manage the child's health and care needs whilst at school.
- Make sure that the school is appropriately insured and that staff are aware that they are insured to support students in this way.
- Oversee the development and implementation of all IHCPs.

#### **School staff:**

- Any member of school staff may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so.
- All staff will have received suitable training, and their competency will be assured, 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 student with a medical condition needs help.

#### **School Data Protection Officer:**

- Ensures that student medical data and associated IHCPs are recognised as Special Category Personal Data and managed in accordance with the provisions of the Data Protection Act 2018 as amended, providing training to relevant staff as appropriate.

#### **Students:**

- Often be best placed to provide information about how their medical condition affects them. They will 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. Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. Wherever possible, children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication, quickly and easily. Children who can take their medicines themselves or manage procedures may require a level of supervision.

**Parents:**

- Alert the school about their child's medical needs or changes to their needs. They will also be involved in the development and review of their child's individual healthcare plan. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

**Healthcare professionals:**

- Notify the school when a child has been identified as having a medical condition who will require support in school. Wherever possible, they will do this before the child starts at the school or at the earliest opportunity.
- Provide written information, advice and guidance to school staff about how best to manage the child's medical condition – this includes training and ongoing supervision where any nursing task has been delegated to the school.
- Support the development of the IHCP.
- Provide a risk assessment about the care management plan for the child, specifically where the provider has delegated a nursing task to be carried out. Any worker carrying out specific nursing tasks should also receive regular training and supervision.

The School Nurse does not have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but can support staff on implementing a child's individual healthcare plan (if required) and provide advice and guidance.

The School Nurse is able to provide support and training to school staff to administer the following medications:

- Epipen (for allergies)
- Buccal Midazolam (for epilepsy)
- Inhalers (for asthma).

At this school, the allocated school nurse is Anne Plant.

**GPs, paediatricians and other healthcare professionals:**

- May notify the school health advisor when a child has been identified as having a medical condition that will require support at school.



- They may provide advice on developing IHCPs.
- Specialist Nurses may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy or other health needs as appropriate).

### **Warrington Borough Council:**

- Promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation.
- Wherever possible, provide support, advice and guidance to ensure that the support specified within IHCP can be delivered effectively.
- Work with schools to support students with medical conditions to attend full time. Where students would not receive a suitable education in a mainstream school because of their health needs then the local authority has a duty to support schools in making other arrangements.

### **Clinical commissioning groups:**

- Make sure that services are responsive to children's needs and make arrangements to provide the services specified in any child's EHC Plan.
- Encourage health providers (commissioned by the CCG) to cooperate with schools supporting children with medical conditions.
- Foster good links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this).
- Make sure that children in schools who have long-term conditions and disabilities have access to clinical support. Children in special schools in particular may need care which falls outside the remit of the Council's commissioned school nurses. This will include support for conditions such as gastrostomy and tracheostomy care, or postural support. CCGs should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school.

## **5 STAFF TRAINING AND SUPPORT**

All staff including supply or temporary staff have access to the IHCPs via their work desktop with an up to date student list provided to staff directly.

All first aiders and relevant staff receive annual epipen training with the school nurse team. Any other training needs are identified via IHCPs.

## **6 MANAGING MEDICINES ON SCHOOL PREMISES**

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

No child under 16 should 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 (It is good practice for professionals to follow the criteria commonly known as the Fraser guidelines). 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.

No child under 16 will be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

The school will only accept prescribed medicines that are in-date, labelled (with the child's name and instructions for administration, dosage and storage) and provided in the original container as dispensed by a pharmacist. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

All medicines will be stored safely. Children will know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens will be readily available to children and not locked away.

A child 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.

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; and if medication is for any reason not given a record must be kept and the parent informed.

A record of all allergies of the child must be maintained and shared with staff including the kitchen.

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

## **7 LIABILITY AND INDEMNITY**

The Governing Body should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Before carrying out any medical procedure the school is responsible for checking with the insurers that they have adequate cover to provide the medical treatment and care.

- a) Each child who receives a medical procedure or intervention in school has a specific individual care plan signed off by the child's parents, the head teacher and the child's General Practitioner or supervising consultant.
- b) The care plan must include full details of the emergency procedures in the event of a medical emergency.
- c) The child's parents have provided written consent for a non-Medical or Healthcare practitioner to provide the medical procedure or intervention to their child.
- d) The employee who is providing the medical procedure or intervention has received full training from a registered Medical or Healthcare professional and has been signed off as fully competent in the procedure they are providing.
- e) The employee who is providing the medical procedure or intervention has provided written confirmation that they have read and understood the individual care plan.

## **8 SCHOOL VISITS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES**

Reasonable adjustments will be made to encourage students with medical conditions to participate in school trips and visits, or in sporting activities. Teachers will be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities. The schools will make arrangements for the inclusion of students in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

## **9 UNACCEPTABLE PRACTICE**

Although school staff should use their discretion and judge each case on its merits with reference to the child's IHCP, it is not generally acceptable practice to:

- Prevent children from easily accessing their medication and administering it when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities.
- Send an unwell child (with an IHCP) to the school office or medical room unaccompanied or with someone unsuitable (such as another child).
- Penalise children for their attendance record if their absences are related to their medical condition (such as hospital appointments).
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition.
- Require parents to attend school to administer medication, provide medical support, or toilet their child.
- Prevent children, or create unnecessary barriers, to children participating in any aspect of school life, including school trips.

## **10 COMPLAINTS**

Should parents be dissatisfied with the support provided to their child 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.

## **11 SUPPORTING STUDENTS THROUGH PERIODS OF ABSENCE FROM SCHOOL**

For some students, their health condition will require them to have an extended period of time out of school. The school will do all that it can to ensure that such children are supported through their period of absence from school and sensitively re-integrated once they are well enough to attend.

The school's coordinator for children with medical needs will take an active and continuing role in their educational, social and emotional progress. The school will at all times aim to work in partnership with parents to ensure the best possible outcomes and a return to school as soon as possible.

Some children with medical conditions may have a disability. Where this is the case, the governing body will comply with their duties under the Equality Act 2010. Some may also

have special educational needs (SEN) and a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

The school will continue to maintain a contact with a student who is unwell and not attending and will contribute to their academic and reintegration plans in order that they may enjoy a continuous level of education and support from the school during their period of absence. This may include providing other agencies with relevant information about the child, helping to maintain contact with parents, assisting with and guiding the work of the child, supporting the process of achieving public examinations or taking part in National Curriculum tests and providing emotional support at the level of teacher and peer involvement.

The school will do all that it can to maintain links with appropriate agencies and the Local Authority. Reintegration back into school will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

### **Warrington Borough Council**

Warrington Borough Council will support the school in its work to reintegrate students into full time education at the earliest possible opportunity. In the greatest number of cases this means a return to mainstream education.

The Council's Policy outlines the responsibilities for schools, local authority and health service. This should be read in conjunction with the school's policy.

Where a child's health condition requires an extended period of absence or repeated absences for the same condition, the school is required to notify the Council.

These students may be:

- a) Children who have been deemed by a medical practitioner as being too ill to attend the school for more than 15 days or who have conditions which lead to recurrent absences from school which becomes significant in the longer term.
- b) Students with mental health problems who are unable to attend school.

## **APPENDIX 1: INDIVIDUAL HEALTHCARE PLAN IMPLEMENTATION PROCEDURE**

