

The Endeavour School



Policy to Support Pupils at School with a Medical Condition

The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that as individuals they can play a full and active role in school life, remain healthy and achieve their potential. Arrangements are in place to support pupils with medical conditions as individuals, enabling each child to access and enjoy the same opportunities as any other child with full access to education, including school trips and physical education. Appropriate training will be given to staff to deal with and understand the range of medical conditions encountered.

This policy is reviewed regularly and is available to parents, staff and any other interested parties.

The Headteacher has overall responsibility for policy implementation, including ensuring that:

- sufficient staff are suitably trained;
- all relevant staff will be made aware of the child's condition;
- risk assessments are undertaken for school visits, holidays and other school activities outside of the normal timetable;
- individual health care plans are monitored.

Admission

On admission to the school, details of any medical conditions and history are requested in writing from the parent/carer and any other reports are provided as part of the transition arrangements. Appropriate staff training, if not already in place, is planned at the earliest opportunity. In the event of a new diagnosis after admission, information is gathered from all relevant sources to enable the best management of the condition in school through appropriate training and support.

Information regarding medical conditions is retained securely and is only shared with those who need the information.

Routine Medication in School

All communication regarding medication should be addressed to the Headteacher.

If a child needs to bring medication to school, this should only be a sufficient quantity to last no more than two weeks, i.e. not a full bottle of tablets. Immediately on arrival at school, this should be handed to the school office, together with written consent/instructions from a parent/carer detailing the child's name, the date, the name of the medication, the reason the medicine is prescribed, the exact dosage, how and when the medicine is to be given, the expiry date of the medication and any other special instructions.

If the child has a condition that may require an occasional dose of medication to be administered in school, the above guidelines should be followed, but only providing a sufficient dose for one day. All medications are carefully labelled and securely stored.

Roles and Responsibilities

Staff, parents, pupils, health and social care professionals will keep each other informed of a pupil's condition and review the care required regularly. Updates will be shared with others as required. Medical updates and reports will be uploaded to the individual pupil's record on the school network. It is imperative that the school is informed immediately in writing of any alteration to instructions that have been received with regard to the child's medical condition and treatment. The governing body will monitor the implementation of this policy.

Training and Support

Appropriate training and resources are made available. This may be in whole staff training sessions on general topics, e.g. asthma, epilepsy, or in small groups, e.g. diabetes. Sufficient staff will be trained to allow for cover of absent staff. This will ensure that staff are competent before they take on responsibility to support children.

If a child suffers from asthma and uses an inhaler, the child should carry one inhaler on their person at all times whilst in school and know how to use it. In addition, we need to keep a spare inhaler locked in the school medical cupboard for emergencies.

If a child suffers an allergy which may require the use of an epipen, we need to hold two epipens locked in the school medical cupboard for emergency use.

Therapists may be requested to work with a child in school to improve their condition.

First Aid

First Aid may be given in school by qualified members of staff. However, this must be restricted to emergency cases only and in the event of a child being unwell in school, the child's parent will be contacted so that appropriate action may be taken. In some instances, an ambulance will be called and if the parent/carer is not able to come to school a member of staff will accompany the child to hospital and stay with the child until the parent/carer arrives. Latest details of any known medical conditions, care plans and contact details will also be taken with the child to hospital. For this reason it is imperative that school holds current details – any changes should be notified to the school as soon as possible.

Keeping Medications Secure

All medications are stored in a locked cupboard in the medical room. The key is in the office. Only authorised, trained staff may access and administer medications. A written record of each instance of medication being administered is kept in the medical cupboard.

Individual Health Care Plans

IHCPs are produced if a child has a long term diagnosis which requires support while at school. This will involve all relevant parties and be signed by the Headteacher and the

parent/carer. IHCPs are reviewed annually by the health care professional (usually school nurse), school staff and parent/carer. The process is as on Annex A as attached.

Attendance/Absence

It is understood that some medical conditions will impact on attendance, requiring a higher than average number of hospital appointments and treatments which may lead to lengthy absences. Contact will be maintained and where appropriate support in education will be available during these times.

Day Trips, Residential Visits and Sporting Activities

Pupils are encouraged to be fully involved in visits, safely and inclusively, with the appropriate support being given for any medical conditions. The risk assessment will address any access difficulties which may arise. Medications needed while on the visit will be collected and administered by a named member of staff who will take responsibility for keeping them secure while off premises. That person will also have written details of any medical requirements/conditions each child may have.

Home to School Transport

The local authority allocates contracts to home to school transporters. They are responsible for ensuring that transport personnel have the necessary training to deal with the medical conditions experienced by any of the children they carry.

Liability and Indemnity

The school buys into comprehensive public and employer insurance cover through Essex County Council, which includes medical malpractice insurance and meets the requirements for all appropriately trained staff providing support to pupils with medical conditions. Copies of the current insurance certificates are on display in the school office.

Complaints

Any concerns or complaints will be dealt with in accordance with the school's Complaints Policy.

This policy was reviewed at a meeting of the Curriculum Committee on 11 February 2015 and recommended to the full governing body for adoption.

Signed A M Pepper
Chair of Curriculum Committee

Date 11.02.15

This policy was reviewed and adopted at a meeting of the full governing body on 18 March 2015.

Signed D G White
Chair of Governing Body

Date 18.03.15

Annex A – Process for Developing Individual Healthcare Plans

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.



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



* Meeting to discuss and agree on need for IHCP 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).



Develop IHCP in partnership – agree who leads on writing it. Input from healthcare professional must be provided.



School staff training needs identified.



Healthcare professional commissions/delivers training and staff signed off as competent – review date agreed.



IHCP implemented and circulated to all relevant staff.



IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate. Return to * above to follow process.