



# CHURCH COWLEY ST. JAMES C of E PRIMARY SCHOOL

Bartholomew Road, Cowley, Oxford, OX4 3QH

Website: [www.churchcowleystjames.org](http://www.churchcowleystjames.org)

Telephone: 01865 778484

Fax: 01865 774915

E-mail: [office.3210@church-cowley-st-james.oxon.sch.uk](mailto:office.3210@church-cowley-st-james.oxon.sch.uk)

Head Teacher: Steve Dew

## Supporting Children with Medical Needs Policy

Church Cowley St James C of E Primary School adopted the attached model policy at the Full Governing Body Meeting of January 2020. It is a school policy.

The Supporting Children with Medical Needs Policy was produced by Church Cowley St James Primary School. The Governing Body will review this policy every year.

Reviewed: November 2019

Approved: January 2020

Signed:  Chair of Governors

Next Review: January 2020



*Church Cowley St James Church of England Primary School will make every effort to provide effective support and care for children with medical needs, in line with Section 100 of the Children and Families Act 2014. We aim to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. This policy has been written with due regard to the DfE statutory guidance "Supporting pupils at school with medical conditions" (December 2015.)*

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

### **Definition of Medical Needs**

For the purpose of this policy, pupils with medical needs are:

**Chronic:** for example, musculoskeletal problems, cancer, asthma, epilepsy, diabetes, Crohn's disease, heart problems and pupils with mental health problems, such as anxieties, depression and/or school phobia. If chronic illnesses are not managed well by pupils and those who help care for them, including schools, this can have a detrimental effect on pupils' emotional development as well as their health and safety, physical and mental well-being and their ability to participate and achieve well academically. These children are likely to be covered by Section 6 of the Equality Act.

**Short-term:** for example, pupils recovering from an operation, broken limb, or who have been prescribed medication by a doctor but who are deemed well enough to be in school.

Children with diagnosed mental health issues are also covered by this policy.

### **Responsibilities**

The **governing body** will:

- Take an overview of this policy and review it bi-annually, or when necessary as a result of changes to legislation or guidance received.
- Monitor its effectiveness annually.
- Ensure that liability cover includes appropriate professional indemnity for healthcare plans and for the administration of medication by school staff.

The **Designated Medical Lead** will:

- Ensure that staff receive sufficient training, including relevant teachers, teaching assistants and a number of non-class based staff (e.g. office staff, Headteacher) to ensure that there is sufficient cover in the case of absence.
- Ensure that information regarding medical needs is available to class teachers and supply teachers.
- Liaise with external agencies (e.g. school nurse, parents) where appropriate.
- Establish and monitor individual health care plans.
- Oversee the implementation of this policy

The **School staff** will:

- Follow guidance which has been received to ensure that children are effectively supported.
- Include, where appropriate, the needs of relevant children in any risk assessments which are undertaken; when taking children off-site, ensure that medication etc. is carried
- Liaise with the Designated Medical Lead and external agencies where appropriate.

- Be aware that children with medical conditions may need different routines and not prevent them from e.g. eating/drinking/toilet breaks which are necessary in line with the plan.
- Include, where appropriate, the needs of relevant children in any risk assessments which are undertaken; when taking children off-site, ensure that medication etc. is carried
- Liaise with the Designated Medical Lead and external agencies where appropriate.

**Parents will:**

- Inform school of any medical conditions suffered by their child;
- Keep the school updated on any changes to these medical conditions;
- Provide appropriate medication to allow the school to support their child's medical needs and ensure this is in date;
- Always bring medicines to the office and sign the appropriate permission forms;
- Adhere to guidance provided with regards to reducing the risk of communicable diseases (e.g. chicken pox or diarrhoea & vomiting);
- Administer the appropriate medicine i.e. travel sickness tablets, or provide travel bands (or similar) before the child arrives at school.

**Pupils who are competent to administer their own medicines will:**

- Be encouraged to take responsibility for managing their own medicines and procedures. A member of staff will oversee these procedures after discussion with parents.

**Individual Health Care Plans**

Not all children with medical needs will require an individual health care plan (DfE guidance 2015.) Plans should be used where a child requires adaptations to provision on a day-to-day-basis. Where needs are temporary or specific (e.g. to a school trip), they will be noted within risk assessments. We recognise that not every child with the same condition will require the same treatment.

When creating an individual health care plan (see Appendix 1, Template A), we will consider:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons
- Specific support for the pupil'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 medication, this should be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the child's condition and the support required; where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil 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
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan

## **Administration of Medication**

A Health Care plan should reflect who will administer medication to children. It should be noted that school staff do not have a contractual obligation to administer medication and that this is a voluntary activity on their part. We will not, however, require parents to attend school to administer medication etc. The designated medical lead will ensure that staff receive appropriate training, including from medical professionals where appropriate. Some children may be able to administer and take responsibility for their own medication, under the supervision of school staff.

Medicines should 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 (Appendix 1, Template B). We will 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. We will also accept over the counter medicines provided that they are in date, labelled, provided in the original container include instructions for the administration, doseage and storage. We will never accept loose or decanted medicine. The exception to this is insulin which must still be in date, but will generally be stored inside an insulin pen or a pump, rather than in its original container.

Medicines will be stored in a locked cupboard in the Inclusion office, except where they are carried by the child or their teacher for emergencies (e.g. asthma inhalers, blood glucose testing meters, adrenaline pens). On trips, group leaders are responsible for carrying medicines.

Staff administering medicines should do so in accordance with the prescriber's instructions. 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. Staff will return to parents any out of date medications or remaining medicines at the end of a course of treatment.

The school will not accept items of medication in unlabelled containers or boxes. Parents will deliver and collect all medication to school through Reception (school office), who will then take responsibility of informing the relevant class teacher and handing the medication over. NO medicines will be delivered or returned to pupils or placed in pupils' bags.

## **Emergency Procedures**

Where a child has an individual healthcare plan, we 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 may need to know what to do in general terms, such as informing a teacher immediately if they think help is needed.

We will ensure that children are accompanied to the school office when a medical condition places them at risk. If a child 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.

## **Participation in Trips, Physical Education, and Other Areas of the Curriculum**

We will ensure that children with medical needs are fully included in school trips, visits and sporting activities. Children will be encouraged to participate according to their own abilities and with any reasonable adjustments, except where evidence from a clinician such as a GP states that this is not possible. As part of the risk assessment process, teachers will consider how activities may need to be adjusted. Children with medical conditions should not be sent home

frequently or denied participation in normal school activities, except where this is specified in individual healthcare plans.

### **Attendance**

Attendance at school is important and all children should strive to reach at least 96.8% attendance. However, where rewards are used for attendance, we will not penalise children if their absences relate to medical conditions which are covered by individual health care plans.

Where a child is likely to be absent from school for a long period as a result of a medical condition, the school will liaise with other agencies to organise and support home tuition, attendance at hospital school etc. In this instance, the case will also be discussed with Oxfordshire's Attendance and Engagement team.

### **Monitoring Medical Needs and Evaluating Effectiveness**

- The Headteacher, Assistant Head Teacher (Inclusion) and Designated Medical Lead will report to governors three times per year on the progress of and key issues surrounding medical needs across the school
- This policy will be reviewed bi-annually, with opportunities for consultation with staff, pupils, parents and governors

**Appendix : Procedures for when a child is identified as having a medical need**

