

# SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

## Lewannick, Boyton and Callington Primary Schools

This policy was adopted on	24 <sup>th</sup> April 2022
This policy is to be reviewed on	April 2025
Category	Statutory
Applies to	Each school, TDAT
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### 1) DUCHY ACADEMY TRUST ETHOS:

**Boyton, Callington, and Lewannick** schools are committed to ensuring that pupils attending school who have medical conditions and needs should be properly supported so they have full access to education, including school trips and physical education. As a MAT we will work to ensure that arrangements are in place to support students in school with medical conditions and that school leaders consult with health and social care professionals, parents, and pupils themselves where appropriate, to ensure that the needs of children with medical conditions are properly understood and effectively supported.

### 2) PURPOSE:

The Board of Trustees will act in accordance with **section 100 of the Children and Families Act 2014** and the Department for Education: **Supporting Students with Medical Conditions December 2015**. 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 so that they can play a full and active role in school life, remain healthy, and achieve their full potential.**

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. Pupils with long-term and complex medical conditions may require ongoing support, medicines, or care while at school to help them manage their condition and keep them well. Others may require monitoring, and interventions in emergency circumstances. A pupil's health needs may change over time in ways that cannot be predicted, sometimes resulting in extended absences. It is important that **parents feel confident that there is effective support in our schools for their child's medical condition and that all pupils feel safe.**

In making decisions about the support they provide, each school has established relationships with relevant local health services to help them. The schools will **receive and fully consider advice from healthcare professionals** as well as **listening to and valuing the views of parents and the children themselves.**

**Our schools also consider the emotional implications associated with medical conditions.** Long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers, and affect their general wellbeing and emotional health. Reintegration back into school should be **properly supported** so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. This also applies to short-term and frequent absences, including those for medical appointments.

**Some children with medical conditions may be considered disabled under the definitions set out in the Equality Act 2010.** Where this is the case, the Trust will comply with its duties and responsibilities under the Act. Some students may also have special educational needs and may have an **Education, Health and Care Plan (EHCP)** which brings together health and social care needs as well as their special education provisions. Reference should be made to the school's *Special Educational Needs and Disability (SEND) Policy*.

The schools recognise that there is a need **to treat all children, whatever their age, gender, disability, religion, ethnicity, or sexual orientation with respect and dignity. The child's welfare is of PARAMOUNT IMPORTANCE and the support given by the schools should be positive.** It is **ESSENTIAL** that every child is treated as an individual, and that support is given **gently and sensitively**.

The Board of Trustees is committed to ensuring that all staff responsible for the support of students with medical conditions will undertake their duties in a professional manner at all times, It is acknowledged that these adults are in a position of great trust. All staff undertaking this support must be given appropriate training (including in Child Protection, and Health and Safety Training as appropriate) and are fully aware of best practice.

Members of staff must be given a **choice** as to whether they are prepared to provide support to children. The religious views, cultural values, and beliefs of staff should be considered, particularly as they might affect certain practices or determine the gender of the carer.

Staff will work in close partnership with parents/carers and other professionals to **share information** to provide **continuity of care**. They must also be aware that they have a professional responsibility to share information with other agencies to **safeguard children**. Staff must be aware that they cannot promise confidentiality to a child which may compromise the safety or wellbeing of that child or other children.

Where children with complex/long-term health conditions have a EHCP in place, the plan should, where relevant, consider the principles and best [practice guidance in this policy.

### 3) Definition:

a) **Notification:** Parents of all children in our schools are asked if their child has any medical conditions on enrolment in school and **MUST** let the school know immediately if their child's needs change.

b) **Administration and management of medicines:** All medication should be brought to the main reception with a signed parental consent form, and all medication will be returned to the parent to take home at the end of the course according to the date shown on the form.

Each school keeps an accurate record of all medication administered, including dose, time, date, and supervising staff. The school will ensure that there is more than one member of staff who has been trained to administer the medication and meet the care needs of an individual student.

The school will NOT GIVE MEDICATION TO A CHILD WITHOUT A PARENT'S WRITTEN CONSENT.

For students with individual health care plans, the schools will make sure that all staff understand what constitutes an emergency for an individual child, and make sure that emergency medication is readily available wherever the child is in the school or on off-site visits and is not locked away.

The schools will make sure medication is stored safely if it is in date and labelled and in its original container wherever possible. The exception to this is insulin, which must be in date but may be supplied in an injector pen or pump.

Parents are asked to collect all medications or equipment at the end of each term, and to provide new and in-date medications at the start of each term.

The schools will dispose of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with Local Authority procedures.

- c) Medical and Treatment Procedures:** Children who are disabled or with certain conditions may require assistance with invasive and non-invasive medical procedures such as the administration of rectal medication or managing the bags of catheters or colostomy. These procedures can be discussed with parents/carers, documented in the EHCP, and will only be carried out by staff who have been trained to do so, and who are covered by insurance to do so.

It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

Any members of staff who **administer first aid should be appropriately trained**. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity, However the severity of the situation will be the first aider's first assessment.

**Physiotherapy** should usually be carried out by a trained physiotherapist. **IF** it is agreed in the EHCP that a member of school staff should undertake part of this regime (such as assisting a child with exercises) then the required technique must be demonstrated by the physiotherapist personally, written guidance given, and updated regularly. The physiotherapist should observe the member of staff applying the technique. Under **NO CIRCUMSTANCES** should school staff devise or carry out their own exercises or physiotherapy programmes.

Any concerns about a regime or failure of equipment should be reported to the physiotherapist.

**Massage:** is now commonly used with students who have complex needs and/or medical needs to develop sensory awareness, tolerance to touch, and as a means of relaxation. It

is recommended that massage undertaken by school staff should be confined to parts of the body such as hands, feet and face in order to safeguard both the adults and the child. Any adult undertaking massage for children must be suitably qualified and/or demonstrate an appropriate level of competence.

**Care plans should include specific information for those supporting children with bespoke medical needs.**

**d) The named person in school with responsibility for the Medical Conditions Policy and its implementation is:**

**Boyton:** Tamsyn Kinver (SENCO) Jane Gilman (Class teacher of EYFS), and Katherine Davies (Head of school)

**Callington:** Bernie Purnell (HLTA and named first aider) Debbie Spurr (Family Support Worker)

**Lewannick:** Sally Cook (Head of School)

**e) Staff Training and Support:**

The schools make sure all staff are aware of their Duty of Care to children in the event of an emergency, and how to access support in an emergency situation.

Staff are aware of the medical conditions that affect children in their school and receive training on the impact of these medical conditions on the children. Staff providing specific support to students with medical conditions understand and are trained in what to do in an emergency.

The schools understand that not all children with the same medical condition have the same needs.

The schools will make sure that a trained member of staff is available to accompany a child with a medical condition on an off-site visit, including overnight stays, wherever possible.

The schools will make sure that all staff providing support to a child have received suitable training and ongoing support to make sure they have the confidence to provide the necessary support and that they fulfil the requirements set out in the child's EHCP. This should be provided by the specialist nurse/school nurse/ other suitably qualified healthcare professional who will confirm their competence, and the schools will keep an up-to-date record of all training undertaken and by whom.

**f) Cover arrangements:**

The schools will make sure there is more than one member of staff who has been trained to administer medication or meet the care needs of an individual child. The school will ensure that there are enough staff trained to cover any absences, staff turnover, or other contingencies. The Board of Trustees will make sure there is the appropriate level of insurance and liability cover in place.

**g) Supply Teachers:**

All school staff, including temporary or supply staff, are aware of the medical conditions at their school and understand their Duty of Care to children in an emergency.

- h) Risk Assessment for visits and activities outside of school:** Each school will make sure children with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other student, and that **appropriate adjustments and extra support are provided.**

TDAT is committed to providing a physical environment accessible to children with medical conditions, and also to an accessible physical environment for out-of-school activities. The schools understand the importance of all children taking part on physical activities, and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all children, including out-of-school clubs and team sports.

The schools will make sure children with medical conditions have the appropriate medication/food with them during physical activity.

Each school will make sure a **Risk Assessment is carried out before any out-of-school visit, and that needs of students with medical conditions are considered in this process** with plans put in place for any additional medication, equipment, or support that may be required. Staff will meet with parents of children with EHCPs ahead of trips in order to know how to manage medication/equipment for that child. Any medication courses that parents identify as needing support will be stored, administered, and recorded during the duration of the trip.

The schools are committed to **identifying and reducing triggers for medical conditions in school and on visits out-of-school.** Staff have been given training and written information on medical conditions which includes avoiding or reducing exposure to common triggers. Children's EHCPs should detail student's medical triggers and how to make sure a child can remain as safe as possible throughout the school day both in and out of school taking into account these medical needs.

Schools will **review all medical emergencies to see how they could have been avoided and to see how policy should change in light of these reviews.**

Schools will make sure the needs of children with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

- i) School emergency procedures:**  
Schools ensure all staff are aware of their Duty of Care to all children in the event of an emergency and all staff know how to access support in an emergency situation.

Staff who provide specific support to students with medical conditions in school understand and are trained in what to do in an emergency.

- j) Complaints:**

If there are issues involving a student with medical needs, the schools encourage these to be resolved by immediately speaking to the named staff listed above or to the Head of School. If a formal approach is still felt to be necessary please see the *TDAT Complaints Policy*.

4) **Roles and Responsibilities:**

**Each school undertakes to work in partnership with all parties including parents/carers, all school staff, employers and healthcare professionals, Trustees and local governors and especially with the children to ensure that the policy is planned, implemented and maintained successfully.**

This policy clearly identifies the **roles and responsibilities of all those involved in the arrangements to support students in school with medical conditions.**

- i) **Parents/carers:** Parents/carers should make sure they provide their child's school with up-to-date information about their child's medical needs. Parents/carers are **key partners** 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 that they have agreed to as part of this implementation e.g., to provide medications and ensure they or another nominated adult are contactable at all times.
- ii) **The child with a medical condition:** may be able to provide important information about how their condition affects them. Where appropriate, a child should be involved in discussions about their medical support needs and contribute as much as possible to the development of their healthcare plans.
- iii) **Other children in school:** Other children will be encouraged to be sensitive to the needs of those with medical conditions.
- iv) **Governing body/Board of Trustees: Has a legal responsibility and accountability for fulfilling its statutory duty.**

The Board of Trustees will ensure that arrangements put in place to support children with medical conditions will allow children to access and enjoy the same opportunities in school as any other child.

The Board of Trustees will ensure that arrangements put in place are sufficient to meet their statutory responsibilities, and will ensure that policies, plans, procedures, and systems are properly and effectively implemented.

The Board of Trustees will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support students with medical conditions.

v) **Headteachers:**

Arrangements to support children with medical conditions in school will be conferred to the Headteachers of each school. They will ensure that their school's policy is

developed and effectively implemented with partners, including ensuring that **all staff are aware of the policy for supporting students with medical conditions and understanding of their roles in its implementation.**

Headteachers will also ensure that all staff who need to know are aware of each child's condition, and that sufficient trained numbers of staff are available to implement the policy and deliver EHCPs and individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

Headteachers also have overall responsibility for the development of individual healthcare plans.

Headteachers should also make sure that school staff are appropriately insured and are aware that they are insured to support students in this way.

Headteachers 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.

**vi) School Staff:**

**Any member of school staff may be asked to provide support to children with medical conditions, including administering medications, although they cannot be required to do so.** While this is not part of a teacher's professional duties, they should take into account the *needs of children with medical conditions whom they teach.*

School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility to support students with medical conditions.

Any member of school staff should know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

**vii) Healthcare professionals:**

**School Nursing Service:** is responsible for notifying the school when a student has a medical condition that will require the support of the school- where possible this should be before the child starts the school. They do not have an extensive role in ensuring children are supported but may support staff on implementing a child's individual healthcare plan, and provide advice and liaison, for example about training.

School nurses can liaise with lead clinicians on appropriate support for a child and associated staff training needs.

**GPs and Paediatricians:** should notify the School Nursing Service when a student is identified as having a medical condition that will require support in school. They may provide advice on developing individual healthcare plans.

Specialist local health teams may support schools for students with particular conditions such as asthma, diabetes, or epilepsy.

**Providers of Health Services:**

Can provide valuable support, information, advice and guidance to staff to support children with medical conditions in our schools. They should co-operate with the schools when they are supporting children with medical conditions including appropriate communication, liaison with school nurses and other healthcare professionals, as well as participating in locally developed outreach and training.

**viii) Local Authority and Clinical Commissioning Groups:**

Cornwall County Council are commissioners for school nurses for maintained schools and Academies. Under **Section 10 of the Children's Act 2004** they have a duty to **promote cooperation between all partners (listed above) with a view to improving the wellbeing of children with regard to their physical and mental health, education, and recreation.**

The Local Authority and Clinical Commissioning Groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children with SEND under **Section 26 of the Children and Families Act 2014.**

The Local Authority should provide support, advice, and guidance including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

The Local Authority should work with the schools to support children with medical conditions to attend full-time. Where children would not receive a suitable education in mainstream school because of their health needs the LA has a duty to make other arrangements. Statutory guidance for the LA sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs. These days may be consecutive OR across the school year.

CCGs commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs and that health services are able to cooperate with schools supporting children with medical conditions. They have a reciprocal duty under **Section 10 of the Children's Act 2004** and must make joint commissioning arrangements for education, health and care provision for children with SEND (as described above for LAs).

CCGs should be responsive to the LA and school seeking to strengthen links between health services and each school and should consider how to encourage health services to provide support and advice.

The local Health and Wellbeing Board will also provide a forum for LAs and CCGs to consider with other partners how to strengthen links between education, health and care settings.



Since **2013**, LAs have been responsible for commissioning public health services for school-aged children, including school nursing. CCGs should be aware this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility.

**5) Unacceptable Practices:**

**Staff in schools know it is not acceptable practice to**

- Prevent children from having access to inhalers, EpiPens, or necessary medication when and where necessary.
- Must NOT assume every child with the same condition requires the same treatment
- Ignore the views of the child, or their parents/carers or ignore medical advice or opinion although this may be challenged.
- Send children with medical conditions home frequently for reasons associated with their medical condition, or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plan
- If the student becomes ill, send them to the school office unaccompanied or with someone unsuitable
- Penalise children for their attendance record if their absences are related to their medical condition e.g., hospital appointments
- Prevent children from drinking, eating, or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers to attend school to administer medication or provide medical support to their child including for 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 e.g., by requiring parents to accompany their child.