

# CARDINAL POLE CATHOLIC SCHOOL



## Supporting Students with Medical Needs Policy

Approved by  
Governors

Signed:

A rectangular box containing a handwritten signature in black ink.

Date:

07/02/24

Review due date (1 year):

January 2025

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## 1. Mission Statement

Cardinal Pole Catholic School is a community of **service** guiding young people on a path to **opportunity, aspiration** and **reward**, founded on Catholic values.

## 2. Scope of the Policy

This Policy applies to students with medical needs, their parents and all staff.

This Policy should be read in conjunction with the following:

- Accessibility Policy
- Equality Policy
- Admissions Policy
- Special Educational Needs Disabilities Policy
- Educational Visits Policy
- Health & Safety Policy
- Behaviour Policy
- First Aid Policy

## 3. Supporting Pupils Within The School Community

Children and young people with temporary or recurring medical or mental health needs are valued as full and participating members of the school community. Section 100 of the Children & Families Act 2014 places a duty on Governing Bodies to make arrangements to support pupils 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 co-ordinator 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 Cardinal Pole Catholic School, the co-ordinator for children with medical needs is the **Student Welfare Officer. Mr O'Donoghue is the Safeguarding Lead**, who has overall responsibility for the health, safety and welfare of all students including those with medical needs. **Mrs Toma** has oversight of reasonable adjustments for all the students with a medical diagnosis.

### **Key Requirements/ Legal Duties**

1. The guidance set out in this Policy is based on the document 'Supporting students at school with medical needs: Statutory guidance for Governing Bodies of maintained schools and proprietors of academies in England' February (2014) which sets out the legal framework for mainstream schools and LAs in supporting students with medical needs.
2. Some children and young people with medical conditions may be disabled. Where this is the case the Equality Act 2010 provides the legal framework.
3. Some may also have special educational needs or disabilities (SEND), an Education, Health and Care plan (EHCP) which brings together health and social care needs, as well as their special educational provision. For students with SEND, this guidance should be read in conjunction with the school's SEND Policy and the Special Educational Needs and Disability Code of Practice: 0 to 25 years (2015)

4. The Schools Admissions Code 2012 makes clear that 'no child with a medical condition should be denied admission or prevented from taking up a place in the school because arrangements for their medical condition have not been made.'
5. Adhere to Health and Safety legislation and school policies including risk assessments.

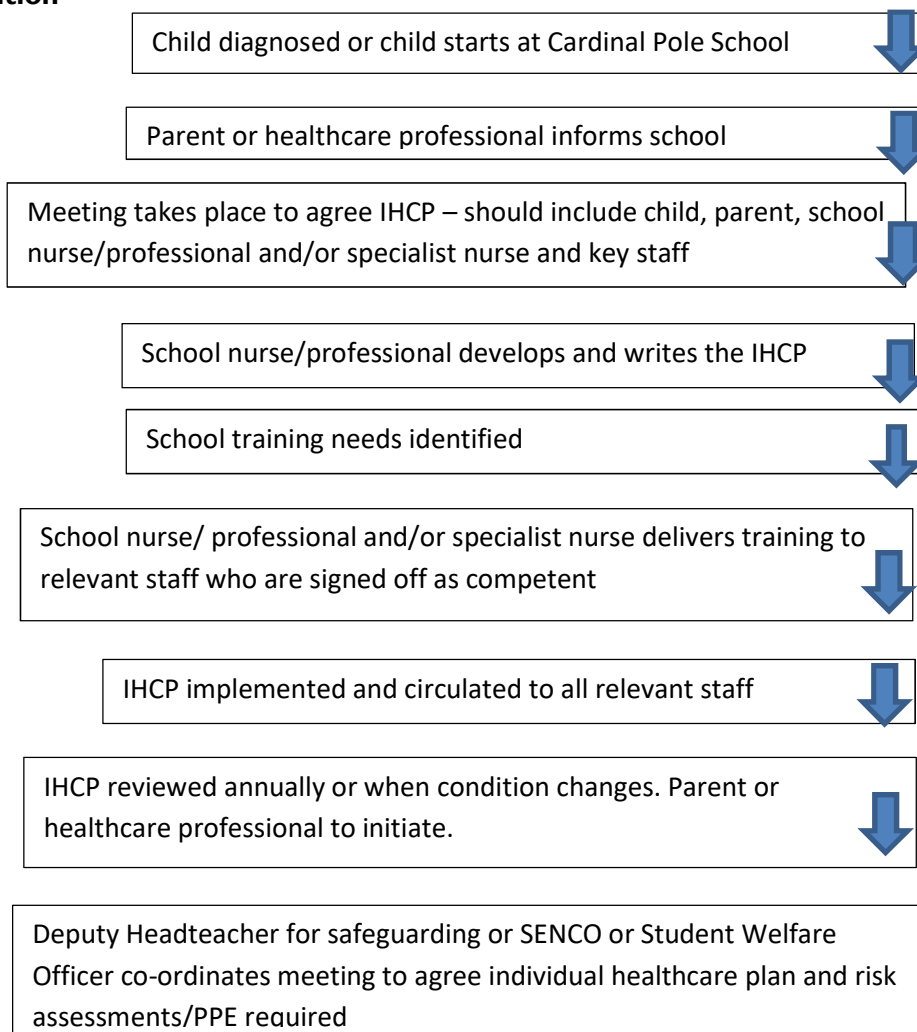
### **Key Principles**

1. Cardinal Pole School is committed to ensuring that students with medical conditions are properly supported in the school so that they can:
  - Play a full and active role in school life.
  - Access and enjoy the same opportunities at the school as any other student, including school trips and physical education.
  - Remain healthy and safe.
  - Achieve their academic potential.

The school does not seek to prevent or create unnecessary barriers to students participating in any aspect of school life, including school trips, balanced by risk assessments.

2. The school is committed to working in partnership with health and social care professionals, students and parents to ensure that the needs of young people with medical conditions are effectively supported.
3. The school's medical arrangements will support students with medical needs by focussing on the needs of each individual student and how their medical condition impacts on their school life. It is unacceptable practice to assume that every young person with the same condition requires the same treatment.
4. The school and its staff will make reasonable adjustments in consultation with parents to ensure that young people with a disability, medical need or SEND are not discriminated against or treated less favourably than other students.
5. A student's health should not be put at unnecessary risk simply because they attend the school. In addition, and in line with our safeguarding duties we will not place other students at risk or accept a student in the school or in related activities where it would be detrimental to the young person and others to do so.
6. We will adhere to arrangements to permit students to drink, eat or taking toilet or other breaks in order to manage their medical condition effectively.

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



For students new to the school under normal secondary transfer, we aim for arrangements to be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or students moving to a new school mid-term, this should normally take no more than two weeks.

A flow chart setting out the process that the school will follow for identifying and agreeing the support a child with medical needs:

If a student becomes unwell at the school:

- Students who become unwell at the school are to be supervised at all times.
- They must not be sent to the school office or medical room unaccompanied

#### **Managing Medicines On School Premises:**

- Medicines will only be administered at the school when it would be detrimental to a young person's health or school attendance not to do so.
- Arrangements for administration of medication needs to be pre-agreed.
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent. For post 16 in exceptional circumstances where the medicine has been prescribed to the young person without the knowledge of the parents. Every effort will be made to encourage the young person to involve their parents while respecting their right to confidentiality.

- Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect Individual Health Care Plans at all times) from a healthcare professional.
- After discussion with parents, young people who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This is accepted good practice. Wherever possible, students will be allowed to carry their own medicines and relevant devices or will be able to access their medicines for self-medication, quickly and easily. Young people who can take their medicines themselves or manage procedures may require a level of supervision from school staff.
- It is unacceptable practice to prevent young people from easily accessing their inhalers and medication and administering their medication when and where necessary.
- A medication parental consent form is obtained for use of a general inhaler and general epipen either in school or on school trips.
- If it is not appropriate for a student to self-manage, then relevant staff should administer medicines and manage procedures for them.
- A student under 16 will never be given medicine containing aspirin unless prescribed by a doctor.
- Medication, e.g. for pain relief, will not be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.
- School staff should not administer non-prescription medicines. If members of staff have concerns regarding a student's welfare, they should notify the parents through appropriate channels, who may decide to refer the matter to the student's G.P. However there may be rare occasions when, due to an accident or other rare event, it appears that administering a non-prescribed medication is in the best interest of the young person. If so, the following guidelines should be followed:
  - The Headteacher or day to day delegated lead must provide written authorisation.
  - This should only be done at the prior and written request of the parent.
  - The parent must provide the medication and details of the timing of the last/next dose of medication.
  - Staff must inform parents in writing on the day the medication is taken, detailing time and quantity taken.
  - The administration of the medication must be recorded on an appropriate form on each occasion.
  - A member of staff may administer a controlled drug to a student for whom it has been prescribed providing they have received specialist training/instruction.

## **5. Individual Healthcare Plan (IHCP)**

IHCP can help to ensure that schools effectively support pupils 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 Cardinal Pole Catholic School the person responsible for drawing up IHCPs will be the allocated school nurse.

Plans will be reviewed at least annually 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 statement or 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 pupil's resulting needs, including medication (its side-effects and its storage);
- Specific support for the pupil's educational, social and emotional needs;
- The level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies;
- Who will provide this support and how;
- Who in the school needs to be aware of the child's condition and the support required, the designated individuals to be entrusted with information about the child's condition, including, where necessary, peers;
- Written permission from parents for medication to be administered by a member of staff, or self-administered by individual pupils during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable and risk assessments;
- What to do in an emergency, including whom to contact, and contingency arrangements.

**In the event of an emergency, the ambulance (or other emergency service) should be directed to:** Cardinal Pole Catholic School, 205 Morning Lane, London E9 6LG

- Where the student has a special educational need, the Individual Healthcare Plan will be linked to their EHC plan where they have one.
- The plans will record the following information:
  - 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 such as crowded corridors, travel time between lessons.
  - Specific and professional advice on what and what not to do.
  - 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 students will be able to take responsibility for their own health needs), including in emergencies if a student is self-managing their own 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 young person's medical condition from a healthcare professional.
  - Who in the school needs to be aware of the student's condition and the support required.
  - Written permission from parents and the Headteacher 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 journeys or other school activities outside of the normal school timetable that will ensure the student can participate e.g. risk assessments.
  - Where confidentiality issues are raised by the parent/young person, the designated individuals to be entrusted with information about the young person's condition.
  - A Risk Assessment to ensure that the young person participates safely in educational activities.
  - What to do in an emergency, including who to contact, and contingency arrangements, including a Personal Emergency Evacuation Plan (PEEP).
  - Contact details of relevant individuals and agencies.
  - The role of the school and outside staff.

## 6. Procedures

**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 available to schools inside an insulin pen or a pump, rather than in its original container.
- Where students have more than one prescribed medicine, each should be in a separate container.
- It is the responsibility of parents to supply written information about the medication their child needs to take in the school or related educational activities as well as any changes to the prescription or its administration or to the support required.

Parents or a suitably qualified health professional should provide in writing the following details as a minimum:

- Name and strength of medication dosage.
- Time, frequency and method of administration.
- Length of treatment.
- Date of issue.
- Expiry date.
- Possible side-effects.
- Storage details.

**A young person 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 young person for use is an offence.**

### **Storage of Medicines**

- All medicines should be stored safely.
- Students should know where their medicines are at all times and are able to access them immediately.
- Where relevant, students are informed who holds the key to the storage facility.
- Relevant staff should know where to obtain keys to the medicine cabinet or refrigerator for emergency purposes.
- Non-health care staff should not transfer medicines from their original container under any circumstances.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens are always readily available to students and not locked away, including during school journeys.
- Prescribed controlled drugs (such as Ritalin-Methylphenidate) are securely stored in a non-portable container and only named staff have access to them. Controlled drugs should be easily accessible in an emergency. A record should be kept.

### **Record Keeping**

- The school keeps a record of all medicines administered to individual students, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the school is noted.

Each time staff administer or supervise the taking of medication they should:

- Complete and sign record cards/sheets.
- Ensure that the student has actually taken the medication.



- When medicines are returned, or handed over to a parent or professional, this should be recorded appropriately: The young person's name, the name of the medication, its form, the amount left and the signatures of the member of staff and parent / professional receiving the medication should be logged.

### **Hygiene/Infection Control**

- All staff should be aware of basic hygiene precautions for avoiding infection, such as washing and drying hands before and after the administration of medication.
- Staff should have access to protective, disposable gloves and take extra care when dealing with spillages of blood or other bodily fluids and when disposing of dressings or equipment.
- Where needles are used, a sharps container and adequate arrangements for collection and incineration should be in place.

### **Disposal of Medication**

- Medicines should not be flushed down the sink or the toilet.
- School staff should not dispose of medication. This is the responsibility of parents. When no longer required, medicines should be returned to the parent to arrange for safe disposal. This should be done at least at the end of every term with advice sought from the local pharmacist as to disposal of uncollected medicines.
- Sharps boxes should always be used for the disposal of needles. These can be obtained by parents on prescription from the young person's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

### **Refusal To Take Medication**

- If a student refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the Individual Health Care Plan. Parents should be informed.
- In the event that the parents are not contactable, a named health professional known to the child should be contacted and in the event that the refusal has a detrimental impact as identified in the Individual Health Care Plan emergency procedures, such as calling 999, should be implemented.
- All the above steps and actions should be recorded.

### **Educational Visits and Sporting Activities**

The school actively supports students with medical conditions participating in school journeys and visits. We routinely make arrangements for the inclusion of students with medical needs in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

Appropriate advice will be sought to ensure the health and safety of students with medical needs. This will include all participants in the drawing up of the Individual Health Care Plan as well as the teacher/member of staff in charge of the specific activity. In some instances it may be necessary to undertake a risk assessment or to take additional safety measures, particularly for outdoor visits or activities.

Staff on school trips will be made fully aware of the medical needs of students, the procedures for administration of medication and any relevant emergency procedures.

Wherever possible these situations will be anticipated and included in the student's Individual Health Care Plan.

At all times the school will ensure that the health and safety of students and staff takes precedence over any other consideration.

The moving and handling of children and young people is not part of any teacher's job or professional obligations and should only be undertaken when a risk assessment has taken place and training has been given. However, teachers should recognise the possible existence of emergency situations in which the moving and handling of students for life-threatening and potentially dangerous reasons might be necessary as part of the teacher's general duty of care.

### **Sporting Activities**

The school will ensure that the necessary adjustments will be made for students with medical conditions to participate in the PE curriculum or sports activities. Some young people may need to take precautionary measures before or during exercise and may need to have immediate access to their medication.

Staff supervising sporting activities will be aware of the relevant medical conditions, medication requirements and emergency procedures through access to their Individual Health Care Plan.

Restrictions on physical activity and implications of involvement in physical activities will be recorded in the Individual Health Care Plan.

Risk assessments will be carried out to determine whether the student can safely participate in physical activities and specialist equipment will be provided where this is deemed reasonable. Designated members of staff assisting the student will be trained in safe manual handling.

## **7. Supporting Pupils Through Periods Of Absence From School**

For some pupils, 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 aiming to work in partnership with parents. Where a child's health condition requires an extended period of absence from school, the school may need to seek the assistance of the **Educational Welfare Officer at Hackney Education or the Medical Needs Team.**

Staff at the service will support pupils who are temporarily unable to attend classes on a full time basis. These pupils 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) Pupils with mental health problems who are unable to attend school.

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

### **Transport To And From The School**

- The school and/or parents should alert the local authority, if it is felt a student with medical needs, a disability or SEND requires or may require supervision on home/school transport.

The local authority will work with the school to provide the necessary transport and appropriately trained escorts where they are considered necessary. Where pupils have life threatening conditions, individual transport health care plans will need input from the school and the responsible medical practitioner.

- Schools should make every effort to provide relevant information they hold regarding pupils' transport needs to the Local Authority Passenger Transport Team so that risks to pupils are minimised during home to school transport.
- Some pupils are at risk of severe allergic reactions. These risks can be minimised by not allowing anyone to eat on vehicles and ensuring details of any allergy are made apparent to the Passenger Transport Team before transport begins.
- It should be ensured each vehicle used for home to school transport has some form of communication by which to summon help in an emergency.

### **Medical Needs Team**

There may be instances where a student's medical needs require alternative provision such as Home Tuition.

Parents will be kept informed about arrangements in the school and about contacts made with outside agencies.

Parents and students will be consulted before referral to the Home Tuition Service which is a service of the local authority and who will:

- Provide tuition for students with medical needs unable to attend the school for more than 15 working days.
- Provide tuition for students unable to attend due to specific bail conditions.
- Liaise with the school to ensure continuity of education whilst the student is unable to attend and to support the individual's return to the school.

### **Absence As A Result Of A Medical Condition**

Long-term absences due to health problems affect children's educational attainment, impacts on their ability to integrate with their peers and affects their general wellbeing and emotional health.

- All parents are expected to inform the school on the first day that their child is absent. If an absence lasts for a full week or longer, parents are requested to produce a medical certificate.
- In cases where students are absent for periods less than 15 working days, parents will follow the normal arrangements for informing the school. If the length of the period of absence can be anticipated, then it may be appropriate for the school to provide the student with a pack of work to do at home.
- Where an absence exceeds 15 working days, the school will inform the Education Welfare Service. An Education Welfare Officer will help to resolve any difficulties, and advise and inform parents of the legal responsibilities of everyone involved.
- It is essential that parents inform the school at the earliest opportunity if it is anticipated that an absence will be long-term (exceeding 15 working days).
- Parents will need to provide the school with a letter from a GP or consultant containing details of the medical condition or intervention and information about the estimated period of absence. The school will also contact the Home Tuition Service.
- If a student is to be admitted to hospital for a period longer than 5 working days, then the school will contact the Hospital School so as to ensure continuity of education.

- When an absence of more than 15 working days can be predicted, arrangements for continuing the student's education will be coordinated by SENDCO.
- After speaking to the parents, they will contact the Hospital School and/or Home Tuition Service. They will then communicate the necessary information that will enable appropriate provision to be organised.

Information sent will generally include:

- Curriculum targets and relevant coursework.
- A copy of any SEND plan and where appropriate Individual Health Care Plan.
- Relevant information from the latest Annual Review if the student has an EHCP.
- In cases where a child has recurrent or regular treatment and is away from the School for a number of shorter periods the SENDCO will alert the Home Tuition Service.
- The school, with parents' cooperation, will maintain contact with students unable to attend.
- The school will continue to liaise with any outside agency so as to monitor the progress of students unable to attend. In cases of extended absence the SENDCO will arrange for a review of provision so as to best meet the student's needs.
- Students will not be penalised for their attendance record if their absences are related to their medical condition.

### **Reintegration Following Absence For Medical Treatment**

As with the notification of absence, it is very important that parents give the school as much notice as possible about a student's date of return.

The school will, through SENDCO, ensure that a reintegration plan is prepared in advance of the student's return. This plan will set down any new procedures that need to be followed and will ensure that any additional equipment is in place. Particular attention will be given to matters such as handling and lifting and support staff will be given appropriate training.

It is essential that all agencies involved with the student contribute to the drawing up of the plan. In some cases it will be necessary to have outside professionals on site when the child first returns.

For some students, reintegration will be a gradual process. Where mobility and independence are reduced, or where additional medical procedures are involved, a preliminary visit will help to establish whether there are any health and safety issues that need to be addressed before reintegration.

In the event that a student has significant medical needs for the foreseeable future, it may be necessary to consider making a request for statutory assessment under the SEND Code of Practice.

### **Risk Assessments**

Where the disability or medical condition of a student entails specific risks to the individual, a Risk Assessment will be prepared. In most instances it is anticipated that this will be attached to the Individual Health Care Plan.

### **Emergency Procedures**

All school staff should know how to call the emergency services. They should also know who the first-aiders are and the named person who has responsibility for carrying out emergency procedures. Any student taken to hospital by ambulance should be accompanied by a member of staff, who should remain until a parent arrives.

Normally staff should not take students to hospital in their own car. However, in an emergency it may be the only course of action. Another member of staff should accompany the driver. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Where a student has an Individual Health Care Plan, this should 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 students in the school should know what to do, such as informing a teacher immediately if they think help is needed.

## **8. Collaborative Working Arrangements**

Supporting a child with a medical condition is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals, and where appropriate, social care professionals, local authorities and parents and pupils is critical.

The school understands that supporting a student with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, Health Care professionals, and parents and students is critical.

The collaborative arrangements between all those involved is set out below, showing how they will cooperate to ensure that the needs of students with medical conditions are met effectively.

### **Parents Are Responsible For:**

<b>We use the term ‘parents’ to signify parents and/or carers, i.e. all those who have parental responsibility for a child or young person.</b>
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- Notifying the school that their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child’s medical needs including letting the school know in writing of any changes to the prescription, its administration or to the support required.
- Liaising with the PSM and SENDCo to agree the school’s role in helping to meet their child’s medical needs.
- Contributing to the development and review of their child’s Individual Health Care Plan with other relevant professionals.
- Carrying out any actions they have agreed to as part of its implementation, e.g. providing medicines and equipment or ensuring they or another nominated adult are contactable at all times.
- Ensuring their child is well enough to attend the school.
- Informing the school on the first day that their child is absent
- Providing a medical certificate in all cases where absence exceeds one week.
- Where possible arranging with their doctor for medication to be administered outside of school hours.
- Supplying written information about the medication their child needs to take in the school.
- Where possible, arranging for a separate supply of medication for use in the school.
- The disposal of medication.
- It only requires one parent to agree to or request that medicines are administered.
- Where parents have difficulty supporting or understanding their child’s medical conditions, the school will liaise and refer to the appropriate agency.
- It is very important for the school to have sufficient information about the medical condition of any child with a long-term medical need at the earliest point possible. Parents have a duty to contribute such information at the formulation of a child’s Individual Health Care Plan.

### **Students Are Responsible For:**

- Managing their own health needs and medicines, where they are judged competent to do so and parents agree, students carry their own medicine.
- Being fully involved in discussions about their medical support needs and contributing as much as possible to the development of, and comply with, their Individual Health Care Plan.
- Following school policies, routines and expectations.

### **The Governing Body Is Responsible For Ensuring That:**

- Policies for supporting students with medical conditions in the school are developed and implemented.
- Arrangements to support students with medical conditions are in place.
- A student with medical conditions is supported to enable as full participation as possible in all aspects of school life.
- The roles and responsibilities of all those involved in the arrangements they make to support students at the school with medical conditions are made clear.
- The appropriate level of insurance is in place.

### **The Headteacher Is Responsible For:**

- Working with the Governing Body, partners and agencies to develop the School's policy.
- Ensuring that all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation.
- Ensuring that sufficient trained staff are available to implement the policy and deliver against all Individual Health Care Plans.
- identifying named staff to support medical needs (including the administration of medicines) and ensuring they receive proper support and training.
- Ensuring that insurance fully covers staff acting within the scope of their employment duties.
- Ensuring appropriate systems for information sharing, including confidentiality, are in place and followed.
- Ensuring staff and parents are aware of the school's policy and procedures.
- Liaising with the Consultant in Communicable Disease Control following the outbreak of an infectious disease.
- Ensuring that emergency procedures are in place.

### **SENDSCO Is Responsible For:**

- Ensuring that this policy is effectively implemented.
- Making staff aware of the policy and their responsibilities within it.
- Updating the School Health Profile.
- Liaising with the Home Tuition Service and the Hospital School, depending on the circumstances, to ensure continuity of education.
- Liaising with outside providers to monitor the progress of students receiving education elsewhere.

### **SLT Overseeing Medical Needs Is Responsible For:**

- Developing detailed documented procedures.
- Ensuring that the procedures are in place and followed.
- Ensuring medication is stored safely.
- Ensuring that all staff who need to know are aware of the child's condition.
- Organising appropriate training for staff who support children with medical needs.

- Ensuring that risk assessments for school visits and other school activities outside of the normal timetable are in place.
- Informing the Education Welfare Service of the prolonged absence of a student due to medical issues.
- Agreeing with parents what support the school can provide.
- Seeking agreement with parents concerning sharing information about their child's medical condition/health with other staff members.

**Student Welfare Officer Is Responsible For:**

- Maintaining a record of students' medical needs on the school's database.
- Providing an Individual Health Care Plan (IHCP) for any student requiring it.
- Informing parents of any concerns they have about a student's medical condition.
- Making day to day decisions about the administration of medication.
- Liaising with the SENCO to seek an Education Health and Care assessment under the SEN Code of Practice where it is clear that the student will have significant and chronic medical needs in the future.
- Monitoring of Individual Health Care Plans.
- Informing all staff of relevant students' conditions.
- Alerting the Local Authority's Home Tuition Coordinator where a child is absent for regular or recurrent treatment.
- Contacting the school nursing service in the case of any child who has a medical condition that may require support at the school but who has not yet been brought to the attention of the school nurse.

**Teaching Staff:**

- Administering medicines is not part of teachers' professional duties but all teachers should take into account the needs of students with medical conditions that they teach.
- Heads of Year are responsible for providing work for the student to do at home where a longer period of absence is anticipated.

**Support Staff:**

- Any member of the school's support staff may volunteer or 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 who take on responsibility for supporting children with medical conditions have received suitable training and are competent before they take on this role.

Designated First Aiders are responsible for providing First Aid assistance whenever necessary.

**The school Nurse Is Responsible For:**

**At Cardinal Pole Catholic School, the allocated school nurse/qualified healthcare professional and Safeguarding Nurse is Syndie Itela.**

- Notifying the school when a young person has been identified as having a medical condition and will require support
- Having the lead role in ensuring that students with medical conditions are properly supported in the school, including supporting staff on implementing an Individual Health Care plan.

- Liaising with lead clinicians on appropriate support for the young person and associated staff training needs.
- Working with SENDCO to determine the training needs of school staff and agree who would be best placed to provide the training.
- Confirming that school staff are proficient to undertake healthcare procedures and administer medicines.
- Staff training and support.
- The school nurse will normally lead on identifying with other health specialists, and agreeing with the school, the type and level of training required, and putting this in place.
- There will be regular whole school awareness training so that all staff are aware of the school's policy for supporting students with medical conditions and their role in implementing that policy. Induction arrangements for new staff should be included in this regular training.
- In the event of the school choosing to arrange their own training, the school nurse will liaise with those providing training and ensure that training remains up-to-date.
- Training will be of sufficient depth to ensure that staff are competent and have confidence in their ability to support students with medical conditions, and to fulfil the requirements as set out in Individual Health Care Plans.

They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.

The school nurse or other suitably qualified healthcare professional will confirm that staff are proficient before providing support to a specific child.

- **The school, through its Governing Body, fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, staff have been provided with adequate training and are following these guidelines.**

#### **GPs, Paediatricians and Other Healthcare Professionals:**

- Will notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing healthcare plans.
- Provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy or other health needs as appropriate).

#### **Local Authorities will:**

- Promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and the 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, including suitable training for school staff through the School Nursing Service, to ensure that the support specified within individual healthcare plans can be delivered effectively;
- Work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs then the local authority has a duty to make other arrangements.



### **Providers of Health Services Will:**

- Co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses, and participation in locally developed outreach and training.

### **Clinical Commissioning Groups Will:**

- Ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions.

## **9. Liability and Indemnity**

### **Governing Bodies of maintained schools and management committees of PRUs should:**

- The school has suitable liability and indemnity policies in place.
- Individual cover may need to be arranged for health care procedures associated with more complex conditions. In this case, there may be some requirement by the insurance company for staff to be trained.

## **10. Day Trips, Residential Visits and Sporting Activities**

- Reasonable adjustments will be made to encourage pupils with medical conditions to participate in school trips and visits, or in sporting activities, following the advice of the school nurse, the child's GP and other agencies.

## **11. Unacceptable Practice**

School staff will use their discretion and judge each case on its merits with reference to the child's individual healthcare plan. We will not:

- Prevent children from easily accessing their inhalers and medication;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents;
- Send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch;
- If the child becomes ill, send them to the school office or medical room unaccompanied
- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments and these are evidences;
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to, providing that this is in order to manage their medical condition effectively.
- Require parents to attend school to administer medication or provide medical support unless there are grounds that this is a reasonable adjustment to enable a student to continue to attend school.
- Prevent or create unnecessary barriers to children participating in school life.

## 12. 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 doesn't resolve the issue, they may make a formal complaint via the school's complaints procedure.

This policy will be reviewed regularly and will be accessible to parents/carers via the school website.

## 13. Reviewing this Policy

In keeping with 'Supporting students at school with medical needs: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England' February (2014) the Governing Body will review this policy regularly.

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

## 14. Supporting Students with Medical Needs

Risk assessments will be actioned as necessary on return of students with medical EHCP e.g. face screens to be provided for Hearing Impairment.

Guidance from resources is followed. SENDCO keeps under review and will amend our approach as necessary.

The RCPCH has published advice [see link above] about who should return to school: if child has a health condition managed by GP only (e.g. mild asthma) you are ok to school. If the child has a condition managed by hospital – still probably ok to go to school but may need input from hospital doctors to help decide.

### England

Advice about returning to school in England:

- Clinically extremely vulnerable children to remain shielded and not to return to school, even if their year group has.
- Clinically vulnerable children who are only under the care of primary care are overwhelmingly likely to benefit from returning to school when their year group does.
- Clinically vulnerable children, who are under secondary or specialist care for an underlying health condition are, on the balance of probabilities, more likely to benefit from returning to school when their year group does so. These families may need a conversation with their treating teams to balance the potential risks and any familial anxiety.
- All other children should attend school when their year group returns.