

Boltons C of E Primary School

SUPPORTING CHILDREN AT SCHOOL WITH MEDICAL CONDITIONS

Section 100 of the Children and Families Act 2014 places a duty on Governing Bodies of maintained schools to make arrangements for supporting pupils at school with medical conditions. In meeting this duty the Governing Body of Boltons School has given regard to guidance which comes into force on September 2014. The Governing Body are responsible for ensuring that arrangements are in place to effectively support pupils with medical conditions and that these are implemented and monitored.

BROAD AIM

Our aim is that every child should have access to an appropriate education that gives opportunities to achieve and maintain an acceptable level of learning regardless of any difference, and that all pupils should continue to have access to as much education as their medical condition allows to enable them to maintain an acceptable level of learning. We believe the education of pupils with medical needs is a partnership between the school, governing body, individual pupils, their parents and relevant healthcare professionals.

CO-ORDINATOR

Mrs Pitcher, the Head teacher, is responsible for co-ordinating provision for pupils with a medical condition. It will be her duty to maintain close contact with pupils, parents, staff, governors and other involved agencies. She is responsible for ensuring that sufficient numbers of staff are suitably trained and informed and that healthcare plans are drawn up and reviewed regularly. She is also responsible for ensuring that any medication is stored securely.

PROCEDURES/PROTOCOLS

When a pupil has a recognised medical condition healthcare professionals and/or parents should inform the school immediately.

The head teacher will identify a competent member of staff who will provide support and the Head will co-ordinate meetings with all relevant bodies to discuss and develop, in partnership, an Individual Healthcare Plan (IHCP).

Individual Health Care Plans will contain key information and actions that are necessary to fully support a child. They will also outline what constitutes an emergency and what procedures to follow in such an instance.

Individual Health Care Plans will be readily available to parents and school staff.

The Head teacher is responsible for ensuring that training needs are identified and that suitable training is provided.

The Governing Body is responsible for ensuring that IHCPs are implemented and reviewed at least annually.

The Head teacher is responsible for ensuring that IHCPs are circulated to all relevant staff.

Administration of medication by staff is on a voluntary basis and any staff doing so would receive appropriate training to carry out their duties.

IHCPs will be reviewed with relevant parties at least annually.

MANAGEMENT/ADMINISTRATION OF MEDICINE

The school will only administer prescribed medicine on the advice of a qualified medical practitioner and with written parental consent.

Non-prescription medicine will not be given in school hours by staff. The only exceptions would be for travel sickness medication on residential visits or when it would be detrimental to a child's health not to do so. (Staff will not administer aspirin or ibuprofen to any child). Some medication, such as eye drops for hay fever, may be self-administered by pupils under adult supervision.

Medicine in school must be clearly labelled, in date and in the original container.

School stores medicine safely in the staffroom fridge or in the office and children are made aware of this.

Asthma inhalers are clearly labelled and are stored in the staffroom; pupils have access to these whenever they are required.

When staff administer medicine, they check the written instructions and ensure that the correct child receives the correct dose; a medical recording sheet is completed.

If pupils refuse to take medication the staff will not force them to do so, but:

- The school will inform the parents/guardians as a matter of urgency.
- If necessary the school will call the emergency services.

Any concerns staff have about drug administration will be addressed directly to the medical personnel and NOT via the parents.

SCHOOL TRIPS

Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures.

Appropriate additional supervision to accompany that particular child will be made.

Should concerns arise about whether the child can be safely provided for, help and advice will be sought from the Health and Safety Team or the School Medical Service.

Medication and notes will be held by the trip leader.

On residential trips children with asthma keep inhalers with them at all times; on day trips the member of staff in charge is responsible for inhalers.

DISPOSAL OF MEDICINES

The school will **not** dispose of medicine.

It is the responsibility of parents to collect any surplus medicine at the end of the day.

EMERGENCY PROCEDURES

Emergency situations will be different for individuals and Individual Health Care Plans will reflect this.

- All staff know how to and are informed at what point to call the emergency services.

- Parents/guardian contact numbers are kept up to date and accessible.
- A pupil taken to hospital by ambulance will be accompanied by a member of staff who will remain with them until the parent/guardian arrives.
- If a pupil is taken by car, two members of staff MUST accompany the child.

EDUCATIONAL PROVISION

The school will, once a child's medical condition has been made known to us, match the curriculum to the needs and abilities of the individual concerned.

In accordance with guidance the school will notify the LA if a pupil is, or is likely to be, away from school due to a medical condition if this is likely to impact on educational progress.

The school will liaise with parents, pupils and other outside agencies to ensure continuity of learning and will provide details about an individual's capabilities and progress to other appropriate educational providers, if necessary.

For those pupils with chronic illness who regularly miss school the school will ensure that appropriate programmes of work are provided and that parents and pupils are regularly kept informed about events in school beyond the curriculum.

The school will encourage and facilitate peer liaison.

If deemed necessary the school will consider whether an assessment of Special Educational Needs is necessary for pupils with a medical need.

School will monitor a child's progress throughout and when appropriate will help with the child's re-integration back into the school setting.

PUPILS UNABLE TO ATTEND SCHOOL

For absences of between 5 and 15 days, and dependent on the medical need, school staff in consultation with pupils and parents will provide a programme of work that matches work being studied in school by peers. For absences of less than 5 days the school will provide work upon parental request. For longer term absences the school would work with parents and any relevant healthcare professionals (including the Home School Tuition Service) to provide education in accordance with need and ability.

When return to school is deemed appropriate, after a long term absence, the named teacher will liaise with all agencies and a suitable re-integration programme, matched to the child's needs will be implemented, including a reduced timetable if necessary.

Throughout an absence staff will maintain regular contact either through home visits, telephone contact or by inviting parents into school. Whenever possible school will also ensure that the child has some form of contact with his/her peers. School is also aware that although children with medical conditions may not be able to attend school

full time they may be able to socialise and so we will ensure that children and parents are aware of and are invited to any social events etc.

If parents are unhappy with the support provided they should contact the school directly. If any issue remains unresolved then a complaint can be made in line with the school's complaints procedure.

Established June 2000

Reviewed annually in June

June 2009 – No changes

June 2010 – No changes

June 2011 – No changes

June 2012 – Minor Changes

June 2013 – No changes

June 2014- Rewritten June 2014

June 2015 – No changes

June 2016 – Minor change