



## Physis Heathgates Academy

### Supporting Children with Medical Needs Policy

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**Postholder responsible:** Cheryl Matthews

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## 1. Legislation and guidance

Section 100 of the Children & Families Act places a duty on schools to make arrangements for supporting children with medical conditions, and in doing so must have regard for the Department for Education's Supporting Children at School with Medical Conditions (DfE, 2014) statutory guidance: this policy outlines Physis Heathgates Academy approach to meeting the requirements of this guidance.

This policy should be read in conjunction with Physis Heathgates Academy SEND policy.

## 2. Key principles

There are four key principles underpinning our policy, in line with the DfE guidance:

- Children and young people with medical conditions should be properly supported so that they can have full access to education, including school trips and physical education.
- Our focus is on each child and young person as an individual, and how their medical needs and unique situation affect their access, participation, and enjoyment of school life.
- Arrangements must be in place in school to support children and young people with medical conditions, including the appropriate use of risk assessments and development and implementation of healthcare plans.
- Meeting the needs of children and young people with medical conditions can only be done to the highest standards when the child or young person, the parent/carer and relevant health and social care practitioners are fully included in supporting children and young people with medical needs.

As such, children and young people with medical needs have the same right of admission to school as other children and young people and cannot be refused admission or excluded from school on medical grounds alone. However, in line with safeguarding duties, the Headteacher and governing body ensures that children's and young people's health is not put at risk (e.g., from infectious diseases). We do not therefore permit entry to school where it is detrimental to the health of that child or young person or others to do so. The prime responsibility for a child or young person's health always lies with the parent/carer who is responsible for the child or young person's medication and should supply the school with information regarding the management of the child or young person's condition such that the school fully meets their needs. As part of our commitment to the child and young people's inclusion in supporting themselves, we also encourage self-administration of medicine wherever possible.

*Refer to Appendix - Exclusion Table from Public Health England.*

## 3. Procedures

Once Physis Heathgates Academy are aware that a child or young person with medical needs will begin attending the SENDCo will then ensure that all of the relevant staff are notified and begin the process of planning for the child or young person's safe admission to the school.

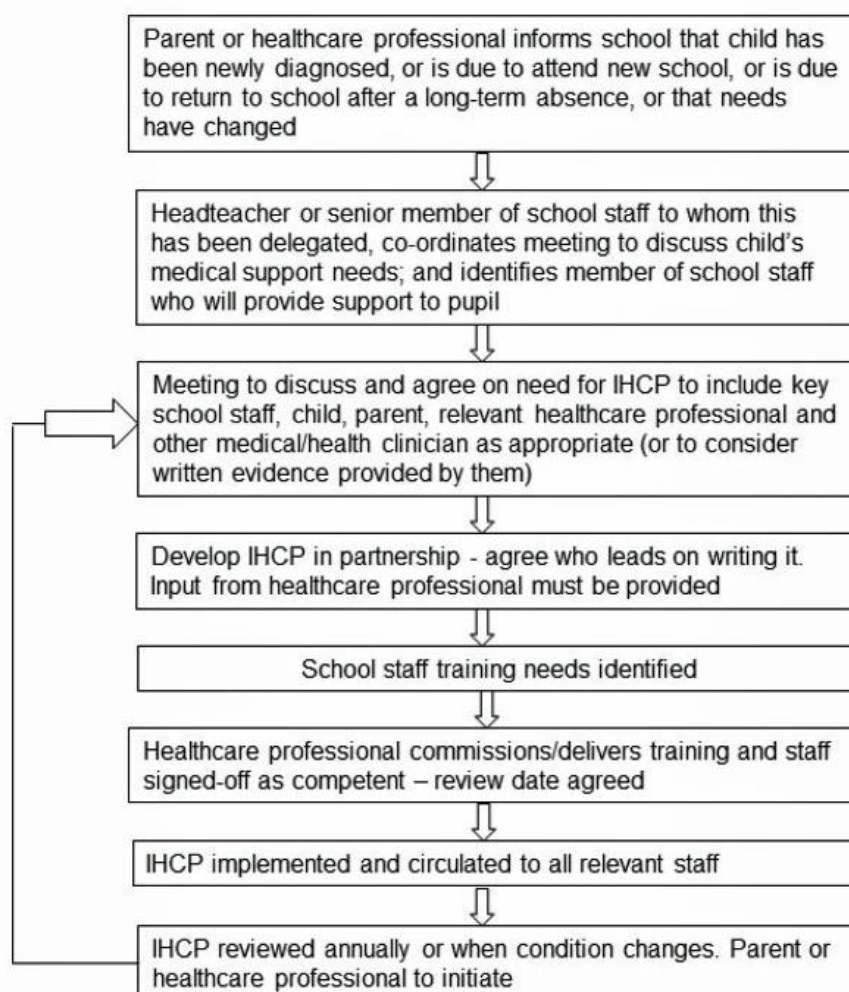
Arrangements to support them are ideally in place before they start, or no later than two weeks after their admission (dependent on new diagnoses emerging or starting whilst the child or young person is at Physis Heathgates Academy).

When a formal diagnosis has not yet been made, or where there is a difference of opinion, the school makes a judgement about what support to provide based on the available evidence – usually form of medical evidence and consultation with parent/carers and social workers (where applicable).

#### 4. Individual healthcare plans

Individual healthcare plans provide clarity about what needs to be done, when and by whom. Where children and young people with medical needs attending Physis Heathgates Academy require an individual healthcare plan (IHCP), this will be agreed, based on evidence, by the parent/carer, social worker, school, and appropriate healthcare professional. When a healthcare plan is inappropriate or disproportionate, a final decision will be taken by the Headteacher. Decisions to not make a healthcare plan are recorded appropriate on the student’s file.

A model for developing individual healthcare plans is outline in the figure below.



Further information about the plans is outlined below.

Plans are:

- developed with the child or young person's best interests in mind
- based on an assessment and management of any potential risk to the child or young person's education, health, and social well-being
- easily accessible to all who need to refer to them while preserving confidentiality
- capture key information and actions required to support the child or young person effectively
- drawn up in partnership by parents/carers, their social workers (where applicable), the school, and the relevant healthcare professionals who can best advise on a child or young person's unique needs
- include the child or young person as much as possible
- reviewed at least annually or earlier if evidence is presented that the child or young person's needs have changed.

Plans also outline our provision for transition if a child or young person is returning to school after a long period of absence.

Staff involved in drawing up healthcare plans are aware that the following records may be useful to include, depending on the child or young person's unique needs:

- the medical condition – triggers, signs, symptoms, and treatment
- the resulting needs for the child or young person including medication (dose, side effects and storage), other treatments, times, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements, and environmental issues
- specific support for the child or young person's educational, social, and emotional needs
- level of support needed, including in emergencies – if a child or young person is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- who provide the support, their training needs, expectations of their role and cover when they are absent
- who in the school needs to be aware of the child or young person's needs
- arrangements for written permission from parents/carers, social worker (where applicable) and the Headteacher for medication to be administered by a member of staff or self-administered during school hours
- separate arrangements or procedures required for school trips/school journey (e.g., risk assessments)
- where confidentiality issues are raised by the child or young person or parent/carer and social worker (where applicable), the designated individuals to be entrusted with information about the child or young person's condition
- what to do in an emergency (e.g., who to contact).

## 5. Students with SEND and medical needs

Some children and young people with medical needs also have SEND. If a child or young person with SEND also has a medical need, and has an Education, Health, and Care Plan (EHCP), **their individual healthcare plan is part of that EHCP**. For children and young people who have SEND and a medical need but no EHCP, their individual healthcare plan includes reference to their Special Educational Need or Disability.

## 6. Roles and responsibilities

Any member of the school staff may be asked to provide support to children and young people with medical conditions, including administering of medicines, although they cannot be required to do so. **Any member of staff must know what to do and respond accordingly when they become aware that a child or young person with a medical condition needs help.**

The named person with overall responsibility for policy implementation is Craig Seretny (Headteacher). Specific tasks within the policy are delegated to Cheryl Matthews (SENDCo). The school administrator acts as the Medication Officer.

Details of roles and responsibilities:

Role	Responsible for:
<b>Parent/carers and social workers</b>	<ul style="list-style-type: none"> <li>• providing the school with sufficient and up-to-date information about their child or young person's medical needs</li> <li>• participating in the development and review of their child or young person's individual healthcare plan</li> <li>• carrying out any actions they have agreed to as part of the plan's implementation (e.g., provide medicines)</li> <li>• ensuring that written records are kept of all medicines administered</li> <li>• ensuring they or another nominated adult is always contactable</li> </ul>
<b>Governing body</b>	<ul style="list-style-type: none"> <li>• making arrangements to support children and young people with medical conditions in school, including making sure that this policy is in place</li> <li>• ensuring sufficient staff have received suitable training are competent before they take on responsibility to support children and young people with medical conditions</li> <li>• ensuring that the school's procedures are explicit about what practice is not acceptable</li> <li>• making sure it is clear how complaints may be made and will be handled concerning the support provided to children and young people with medical conditions</li> <li>• ensuring the school's policy clearly identifies the roles and responsibilities of those involved in the arrangements they make to support children and young people at school with medical conditions</li> </ul>

<b>Headteacher</b>	<ul style="list-style-type: none"> <li>• promoting this policy with the whole staff team, parents/carers and interested members of the community</li> <li>• ensuring the continuing professional development and training needs of all staff are met, including the whole school staff regarding this policy generally, the First Aiders trained by the school as well as individual members of staff with responsibility for individual children or young people</li> <li>• Cover arrangements to ensure availability of staff to meet individual children and young people’s needs</li> <li>• Monitoring the provision of individual healthcare plans for those children and young people who require one.</li> </ul>
<b>SENDCo</b>	<ul style="list-style-type: none"> <li>• taking an operational overview and monitoring role in relation to this policy and school-wide practice in meeting the needs of children and young people with medical needs</li> <li>• ensuring all relevant staff are made aware of individual children and young people’s condition, and that confidentiality is respected</li> <li>• briefing supply teachers or other cover staff who are engaged to meet the needs of individual children and young people with medical needs</li> <li>• ensuring staff who provide support to this group of children or young people can access information/support materials as needed</li> <li>• overall school liaison with healthcare professionals, including jointly monitoring the plans put in place for each child or young people</li> <li>• ensuring all children and young people with medical needs have a healthcare plan, that it is kept up-to-date and is shared with all the individuals who need to know about it</li> <li>• the related duties outlined in the allergies section.</li> </ul>
<b>Teachers</b>	<ul style="list-style-type: none"> <li>• supporting the child or young person as much as possible in self-managing their own condition</li> <li>• risk assessment for school visits, school journey and other school activities outside of the normal timetable</li> <li>• implementing their actions identified in individual healthcare plans</li> <li>• ensuring that the rest of the children and young people in the class know what to do in case of an emergency (i.e., to tell an adult)</li> <li>• notifying the SENDCo if there are issues or concerns with a child or young person’s healthcare plan</li> <li>• ensuring asthma pumps and medication stored at the school are in date and have up-to-date plans in place to be stored with them</li> </ul>
<b>Medication officer</b>	<ul style="list-style-type: none"> <li>• sending termly student detail reports to parents/carers for update</li> </ul>

	<ul style="list-style-type: none"> <li>• sending termly student detail reports to teachers for update</li> <li>• gaining permission from parents/carers and social workers (where applicable) of children or young people with asthma to administer an emergency asthma pump if required</li> <li>• ensuring that an epi-pen is kept in school (in the school office)</li> <li>• liaising with the SENDCo to ensure that care plans for children and young people with conditions that are potential emergencies are up to date and displayed in the staff room and school office</li> </ul>
<b>All staff</b>	Teachers and other school staff in charge of children and young people have a duty of act in <i>loco parentis</i> and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need a administer medicine.

## 7. Links to achievement and social and emotional wellbeing

There are often social and emotional implications associated with medical conditions. Children and young people may be self-conscious about their condition, and some may become anxious or depressed. Long-term absences due to health problems may affect attainment, impact on their ability to sustain friendships and affect their wellbeing and emotional health. We work closely with the child or young people, their parent/carer, and other practitioners such as Physis Clinical Services to ensure that the impact of their medical needs on their achievement and social and emotional well-being is minimised.

## 8. Procedures for managing medicines

Medicines are only to be administered at school when it would be detrimental to a child or young person's health or school attendance not to do so. No child or young person is given prescription or non-prescription medicines **without their parent/carers and social worker's (where applicable) written consent** or given medicine containing aspirin unless prescribed by a doctor. Medication, e.g., for pain relief, is never administered without first checking maximum dosages and when the previous dose was taken.

The following procedures are also followed:

- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- we 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 only exception to this is insulin which must still be in date, but will generally be available to us inside an insulin pen or a pump, rather than in its original container)
- all medicines are stored safely. Children and young people know where their medicines are at all times and are able to access them immediately. Medicines and

devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and young people and are not locked away and are accessible on school trips.

- a child or 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 child or young person for use is an offence**. Otherwise, we keep controlled drugs that have been prescribed for a child or young person securely stored in a non-portable container and only named staff have access. A record is kept of any doses used and the amount of the controlled drug held in school.
- staff may administer a controlled drug to the child or young person for whom it has been prescribed, doing so in accordance with the prescriber's instructions. We keep a record of all medicines administered to individual children and young people, stating what, how and how much was administered, when and by whom. An appropriate adult will sign the medicine log when the medicine has been administered. Any side effects of the medication are also noted.
- when no longer required, medicines are returned to the parent/carer to arrange for safe disposal. Sharps boxes are to be used for the disposal of needles and other sharps.

## 9. Emergency procedures

Where a child or young person has an individual healthcare plan, this defines what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other children and young people in the school know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child or young person needs to be taken to hospital, staff with the child until the parent/carer arrives or accompanies a child or young person taken to hospital by ambulance.

## 10. Extra-curricular activities

At Physis Heathgates Academy we are fully committed to actively supporting children and young people with medical needs to participate in the full life of the school (including trips and visits) and to not prevent them from doing so. Healthcare plans endeavour to make teachers aware of how a child or young person's medical condition will impact on their participation, but there is flexibility for all children and young people to participate according to their own abilities and with reasonable adjustments (unless evidence from a medical professional state that this is not possible).

Risk assessments are carried out so that planning arrangements take account of any steps needed to ensure that children and young people with medical conditions are included. This includes consultation with the child or young person, the parents/carer and any relevant external agency involved in the care of the child or young person. The school staff also refer to the Health and Safety Executive guidance on school trips when making a risk assessment.

## 11. Unacceptable practice

It is **not acceptable practice** (unless there is evidence included in the child or young person's individual healthcare plan from a medical professional) to:



- prevent children and young people from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child and young person with the same condition requires the same treatment
- ignore the views of the child or young person or their parents/carers; or ignore medical evidence or opinion, (although this may be challenged)
- send children or young people with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the child or young person becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children or young people for their attendance record if their absences are related to their medical condition
- prevent children or young people from drinking, eating, or taking toilet or other breaks whenever they need to in **order to manage their medical condition effectively**
- require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child or young person, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child or young person's medical needs
- prevent children or young people from participating or create unnecessary barriers to them participating in any aspect of school.

## 12. Support for children with allergies and medical conditions

For any child or young person who has a food allergy and or medical need, the following procedures must be applied. Staff with responsibility for receiving the information about a child or young person's medical needs must ensure that all staff are made aware of the allergy or medical condition immediately. If applicable, an Epi-pen must be requested from the parent/carer and asthma pumps must be stored in the school office. Other medication should also be kept in the school office. This information must be included on the child or young person's school records.

- The SENDCo must ensure that all children and young people with conditions that are potential emergencies have health care plans in place.
- The teachers must have access to a full dietary and medical needs report and must ensure that the details of these are considered before activities and trips.

Staff will be trained on how to use an Epi-pen. The school administrator keeps a list of the staff trained and their training.

## 13. Training

Training to support the school in meeting the needs of children and young people with medical conditions is provided on a regular basis, and from a range of practitioners (e.g., the administration of Epi-pens). This includes whole school awareness training, induction training for new members of staff and individually identified members of staff. On the basis of need identified and the implications for school staff, we work to:

- identify who the key people in school who require training/support are
- ascertain what their training needs are and who can provide the training
- ensure that the right staff access this training as swiftly as possible, and that it is implemented appropriately
- regularly review whether the child or staff training needs have changed, and act to address this.

Staff must not give prescription medication or undertake health care procedures without appropriate training.

#### **14. Complaints**

Should children, young people or parents/carers be dissatisfied with the support provided, they should discuss their concerns directly with the key teacher. If for whatever reason this does not resolve the issue, they should discuss their outstanding concerns with the SENDCo. If the outcome of this is not satisfactory and parents/carers remain concerned they may make a formal complaint via the school's complains procedure.

#### **15. Monitoring**

This policy will be reviewed annually, by the Headteacher or other appropriate member of the school's senior leadership team. The policy will also be approved by the school's Governing body.

## 16. Appendix

Public Health England (2021) Health Protection in Schools and other Childcare Facilities – Chapter 3: Prevention and Control’

Exclusion table:

Infection	Exclusion period	Comments
Athletes foot	None	Athlete’s foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment.
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT (Health Protection Team).
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms	See section in Chapter 9
Diphtheria*	Exclusion is essential. Always consult with your local HPT.	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT.
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	Treatment recommended only when live lice seen.
Hepatitis A*	Exclude until seven days after onset of jaundice (of 7 days after symptom onset if no jaundice)	If an outbreak of hepatitis A, your local HPT will advise on control measures.
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice.
Impetigo	Until lesions are crusted/healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.

Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all students and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Your local HPT will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Your local HPT will advise on any action needed.
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information.
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Promote MMR for all students and staff.
Ringworm	Not usually required	Treatment is needed.
Rubella (German measles)	Four days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Promote MMR for all students and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local HPT.
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek/Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment.

Tuberculosis (TB)	Always consult your local HPT <b>before</b> disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.

\*denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).

[Public Health England \(2021\) 'Health protection in schools and other childcare facilities'](#).

## Monitoring

	Signature	Date
<b>Policy Reviewed By:</b>		
<b>Next Review Date:</b>		
<b>Interim Review Comments:</b>		
<b>Policy Reviewed By:</b>		
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