



MEDICAL CONDITIONS POLICY

Introduction

This Policy fulfils the requirements of Section 100 of the Children and Families Act 2014 which places a duty on the governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting students at their school with medical conditions.

Principles

Students at Sackville School with medical conditions, in terms of both physical and mental health, will be properly supported so that they have full access to education, including school trips and physical education.

Sackville School's Governing Body will ensure that arrangements are in place in the school to support students with medical conditions.

Sackville School's Governing Body will ensure that school staff consult health and social care professionals, students and parents to ensure that the needs of children with medical conditions are effectively supported.

At Sackville School we recognise that parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because students with long-term and complex medical conditions may require on-going 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. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that Sackville will provide effective support for their child's medical condition and that students feel safe. In making decisions about the support they provide, Sackville has established relationships with relevant local health services to help. It is crucial that Sackville receives and fully considers advice from healthcare professionals and listen to and value the views of parents and students.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders

such as anxiety or depression around their medical condition. In particular, 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. Short term and frequent absences, including those for appointments connected with a student's medical condition, (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be disabled. Where this is the case Governing Body complies with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN code of practice.

Procedure to be followed when notification is received that a student has a medical condition

Y6 to Y7 transition - the Transition Manager is responsible for coordinating all Y7 transition provision.

The Transition Manager will send out medical questionnaires to all new admissions families who then complete these and return them to the school at a Transition interview to be held every June.

The Welfare Assistant collates this information in liaison with the Year 7 Pastoral Support Assistant and disseminates the information to all relevant staff.

The Welfare Assistant works with the Intervention Manager to identify those in need of an Individual Healthcare Plan or has an existing Plan.

In-year casual admissions – the Senior Leader with year group responsibility coordinates all in-year casual admissions.

They pass on all relevant medical information to the Welfare Assistant and Intervention Manager who decide on the level of support needed.

The school aims to match the level of any support the student has been receiving in their previous school and/or will adapt its support based on written evidence.

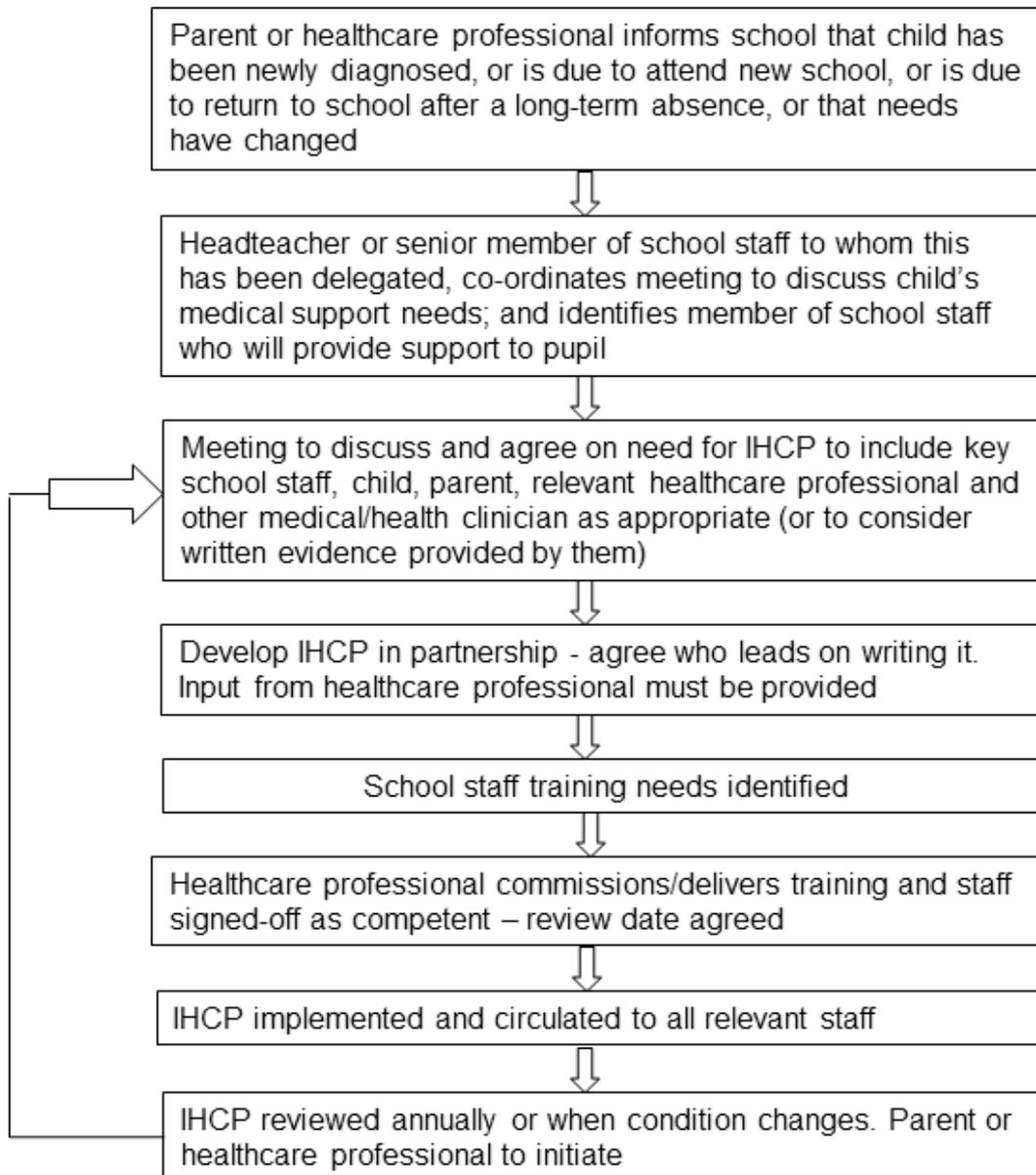
The Intervention Manager will then co-ordinate any Individual Healthcare Plan.

The Intervention Manager, working with the Welfare Officer has responsibility for liaising with students who cannot attend school because of their medical needs.

Individual Healthcare Plans (IHCPs)

The co-ordination of all Individual Healthcare Plans at Sackville is the responsibility of the Intervention Manager.

Process for developing Individual Healthcare Plans



The criteria for the need for an IHCP at Sackville School is based on an assessment that if left unsupported, the student's medical condition would prevent them accessing the curriculum and all aspects of school life.

The school takes responsibility for writing the Plans.

Roles and responsibilities

Governing Body - makes arrangements to support students with medical conditions in school, including making sure that this policy is implemented.

The Governing Body should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

Headteacher - ensures that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.

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

The Headteacher has overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support students in this way. They 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.

School staff - any member of school staff may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of students with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

School nurses - the school has access to the school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at Sackville. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – for example there are good models of local specialist nursing teams offering training to local school

staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals, including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes).

Students – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other students will need to be taught to be sensitive to the needs of those with medical conditions.

Parents – should provide the school with sufficient and up-to-date information about their child’s medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved 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 they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

The West Sussex Local Authority – is the commissioner of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and 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. 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 Sackville to support students with medical conditions to attend full time. Where students would not receive a suitable education in a mainstream school because of their health needs, the Local Authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Providers of health services - should co-operate with schools that are supporting children with a medical condition, including appropriate

communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at Sackville.

Clinical commissioning groups (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 co-operate with schools supporting children with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

Staff training and support

Staff training is overseen by the Deputy Headteacher (Teaching and Learning, monitoring and development).

Training needs are identified through the teachers' Appraisal system and for support staff through their Review and Development meetings.

All staff are entitled to external and internal training so that they may discharge their roles, support students with medical conditions and develop their knowledge and skills.

Staff training needs are identified on their Appraisal/Review documents. Training courses should be discussed with their line management and then be approved by the Deputy Head. Further training will be provided for those staff supporting students with medical conditions after Individual Healthcare Plans are completed.

Staff must complete an evaluation of the training with reference to how it will impact on their role and how the information they have been given will be disseminated. This evaluation will be passed to the Deputy Head.

Staff training is evaluated at least annually in the Appraisal/Review Meetings.

Any member of school staff providing support to a student with medical needs will receive suitable training. This will be identified during the development or review of individual healthcare plans.

Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to students with medical conditions should be included in meetings where this is discussed.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Whole staff awareness training of medical issues is covered in INSET days and as part of the new staff Induction programme and NQT professional studies sessions overseen by the Professional Tutor.

The child's role in managing their own medical needs

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily.

Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision.

If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

If a child 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 healthcare plan. Parents should be informed so that alternative options can be considered.

Managing medicines on school premises

See separate Policy and Guidance on Managing Medicines.

Record keeping

It is the responsibility of the Welfare Assistant to log all medicines administered in school and all accidents and illnesses that are dealt with. The log will be kept in the Medical Room.

The Welfare Assistant is responsible for disseminating all medical information on students to the relevant staff. The Welfare Assistant is responsible for ensuring all medical information is kept up to date.

Senior Leaders, Pastoral Team Leaders, SEND staff, Tutors and Pastoral Support Assistants may liaise with parents on medical issues when necessary and access the medical logs, liaising with the Welfare Assistant.

Emergency procedures

See separate School Emergency Situation Policy.

Day trips, residential visits and sporting activities

See separate Trips and Visits Policy.

Unacceptable practice

Although Sackville staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children 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 becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments;
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;

- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Liability and indemnity

West Sussex County Council's (and therefore the school's) public liability policy covers all staff that have had the appropriate training to administer medicine/first aid. The range of treatments/procedures is limited under the policy because the Council does not hold medical malpractice insurance.

Please see below for the Medical Treatment Audit which provides a checklist from the County's insurers so it is clear what the types of procedures that may or may not be covered by the policy.

Any procedures that staff may be asked to administer that do not fall into these categories should be referred to the insurers, via the Council's Senior Insurance Assistant for approval.

The Council's Senior Insurance Assistant contact details are:

Sharon Andrews, Legal Services, West Sussex County Council, Room 236, County Hall, Chichester PO19 1RQ

Tel: 0330 2222 723 email: sharon.andrews@westsussex.gov.uk

In the event of a medical emergency where a member of staff acts in a third party's best interests which later results in a claim, the Council's insurance fund will cover any claim that may arise, if those actions fell outside of the procedures covered by the insurance policy.

This would apply whether in school or off-site. The insurers expect that all schools adhere to policy and national guidelines and risk assess as necessary.

Medical Treatment/Procedure	Insured	Comments
Acupuncture	No	
Anal Plugs	No	
Apnea Monitoring	Yes	Via a monitoring machine only
Bathing	Yes	With training and in accordance with guidelines
Blood Samples	Yes	With training and in accordance with guidelines
Buccal Medazolam	Yes	Following written guidelines
Bladder Wash Out	No	
Catheters (No cover for tube insertion)	Yes	Following written guidelines for changing of bags/cleaning of tubes
Colostomy/Stoma care	Yes	Following written guidelines for changing of bags/cleaning of tubes
Chest drainage exercise	Yes	Following written healthcare plan provided under direction of a medical practitioner
Dressings	Yes	Following written healthcare plan
Defibrillators/First Aid only	Yes	Following written instructions and appropriate documented training
Denture cleansing	Yes	Following appropriate training
Ear Syringe	No	
Ear/Nose Drops	Yes	Following written guidelines
Enema suppositories	No	
Eye Care	Yes	Following written guidelines for persons unable to close eyes
First Aid	Yes	Should be qualified first aiders
Gastronomy Tube - Peg (no cover for tube	Yes	Following written guidelines for feeding

insertion)		and cleaning only
Hearing Aids	Yes	To assist in fitting/replacing following written guidelines
Inhalers/Nebulisers	Yes	Both mechanical and held following written guidelines
Injections	Yes	Only for administering pre-packaged doses on a regular basis, pre-prescribed by a medical practitioner and following written guidelines
Medipens	Yes	Following written guidelines with a pre-assembled epipen
Mouth Toilet	Yes	
Naso-gastric Tube Feeding (No cover for insertion/reinsertion)	Yes	For feeding/cleaning only and following written guidelines
Occupational Therapy	No	
Oral Medication	Yes	Following written guidelines and subject to being pre-prescribed by a medical practitioner
Oxygen - administration of	Yes	For assisting the user, ie: applying a mask
Pessaries	No	
Reiki	Yes	
Physiotherapy	No	
Pressure Bandages	Yes	Following written guidelines
Rectal Medazalam in pre-packaged dose	Yes	Following written guidelines and 2 members of staff must be present
Rectal Diazepam in pre-packaged dose	Yes	Following written guidelines and 2 members of staff must be present
Rectal Paraldehyde	No	
Splints	Yes	As directed by a medical practitioner
Suction Machine	No	

Syringe Drivers - programming of	No	
Suppositories	No	Other than rectal diazepam or medazalam
Swabs - External	Yes	Following written guidelines
Swabs - Internal	No	Other than oral, following written guidelines
Toe Nail Cutting	Yes	Following written guidelines
Tracheostomy	No	Cover is only available for cleaning around the edges of the tubes, following written guidelines
Ventilators	Yes	Following written guidelines

Complaints

Should parents or students be dissatisfied with the support provided they should discuss their concerns directly with the school.

If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. (See Complaints Policy).

Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

N Feist

Autumn 2015.

Reviewed Summer 2017. Review Autumn 2019.