PORTICO
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Supporting Children with Medical Needs Policy

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Person Responsible: Mark Aggus

1. Introduction

The Children and Families Act 2014 places a duty on the trustees and Senior Leadership Team to make arrangements for supporting pupils at the school with medical conditions. Pupils with medical conditions cannot be denied admission or excluded from school on medical grounds alone unless accepting a child in school would be detrimental to the health of that child or others.

Some children with medical conditions may be disabled. Where this is the case trustees must comply 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. For children with SEN, this guidance should be read in conjunction with the SEN Code of Practice.

The aim of this document is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role and achieve their potential.

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

Inclusion

All children deserve to thrive academically and socially. At West Leigh Junior School we adapt our curriculum to ensure it is accessible to meet different needs and high expectations are maintained for all. Inclusion runs through everything we do; it is not a bolt on. We are a community school which strongly believes that we have a duty to provide for the varying needs of our children in order to ensure that they are ready for the next stage of education and beyond.

We have high expectations of all our pupils. We firmly believe that with high quality teaching and effective engagement from parents every child can meet their academic potential. We are also passionate about the children's social and emotional development and believe that all children should be offered opportunities to ensure that they leave our school with high aspirations for their future.

We believe that all our children have an equal entitlement, and should have an equal opportunity to be supported and challenged to maximise their potential, therefore our curriculum is bespoke and allows children to make progress in a variety of ways.

Every child within our school can thrive and we do everything we can to make sure that happens. That means we:

- provide lessons that meet the needs of every child;
- make reasonable adjustments to lessons and our school environment;
- provide staff training to expand our expertise.

We think about both the long term and the short term. Our ambitions for our children include for them to:

- have personal, spiritual, moral and cultural awareness to learn and achieve;
- have good friendships and relationships;
- live a healthy and independent life;
- be successful in work;
- feel safe and secure.

2. Legislation and statutory guidance

This policy complies with statutory safeguarding guidance.

3. Policy implementation

The overall responsibility for the successful administering and implementation of this policy lies with the office manager and additional office staff. They are responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absence or staff turnover to ensure that someone is always available. Our Pupil and Parent Support Worker is responsible for the monitoring of Individual Healthcare Plans.

All staff will be expected to show a commitment and awareness of children's medical conditions. New members of staff will be inducted into the arrangements.

4. Pupils with medical conditions

Pupils 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.

Children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. Reintegration back into school will be properly supported so that pupils with medical conditions will fully engage with learning and not fall behind.

5. Roles and responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Collaborative working arrangements and working in partnership will ensure that the needs of pupils with medical conditions are met effectively.

i. The trustees will ensure that the school develops and implements a policy for supporting pupils with medical conditions. It will ensure that sufficient staff have received suitable

training and are competent before they take on the responsibility to support children with medical conditions. It will ensure that the appropriate level of insurance is in place to cover staff providing support to pupils with medical conditions.

ii. The principal will ensure that the school's policy is developed and effectively implemented with partners. He will ensure that all staff are aware of the policy and understand their role in its implementation. He will make sure that sufficient numbers of staff are available to implement the policy and deliver against all Individual Healthcare Plans, including in emergency and contingency situations. The principal has the overall responsibility for the development of Individual Healthcare Plans. He will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The principal will contact the school nursing service in the case of any child who has a medical condition that may require support at school.

iii. School staff may be asked to provide support to pupils 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 pupils with medical conditions that they teach. Any member of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

iv. School nurses are responsible for notifying the school when a child has been identified as having a medical condition which will require support at school. School nurses may support staff on implementing a child's Individual Healthcare Plan and provide advice and liaison.

v. Other healthcare professionals, including GPs and paediatricians 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.

vi. Pupils will be fully involved in discussions about their medical support needs and will contribute as much as possible to the development of their individual healthcare plan since they know best how their condition affects them. Other pupils in the school will be sensitive to the needs of those with medical conditions.

vii. Parents/carers will provide the school with up-to-date information about their child's medical needs. They will be involved in the development and review of their child's individual

healthcare plan. They will carry out any action they have agreed to as part of its implementation and ensure they or another nominated adult are contactable at all times.

viii. Local authorities should work with schools to support pupils with medical conditions to attend full time.

ix. Health services can provide valuable support, information, advice and guidance to schools and their staff to support children with medical conditions at school.

x. Clinical commissioning groups (CCGs) 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.

xi. Ofsted – Inspectors consider the needs of pupils with chronic or long-term medical conditions and also those of disabled children and pupils with SEN. The school will demonstrate that the policy dealing with medical needs is implemented effectively.

2. Procedures to be followed when notification is received that a pupil has a medical condition

The school will follow the correct procedures, as detailed below, when it is notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change and arrangements for any staff training or support.

For pupils starting at the school, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be made about what support to provide based on available evidence which would normally involve some form of medical evidence and consultation with parents/carers.

The school will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The school will consider what reasonable adjustments it might make to enable pupils with medical needs to participate in school trips and visits or in sporting activities.

3. Individual healthcare plans

Not all children will require an Individual Healthcare Plan. The school, healthcare professional and parent will agree when a healthcare plan would be appropriate, based on evidence. If consensus cannot be reached, the principal will take the final decision. A flow chart for identifying and agreeing the support a child needs and developing an Individual Healthcare Plan can be found at Annex A. Individual Healthcare Plans will often be essential in cases where conditions fluctuate or where there

is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex.

Individual Healthcare Plans will be accessible to all who need to refer to them, while preserving confidentiality. The plans capture the key information and actions that are required to support the child effectively. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their Individual Healthcare plan. Where a child has a special educational need identified in a statement or EHC plan, the Individual Healthcare Plan should be linked to or become part of that statement or EHC plan.

Individual Healthcare Plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents and a relevant healthcare professional who can best advise on the needs of the child. Pupils will also be involved, whenever appropriate. Partners will agree who will take the lead in writing the plan however it is the responsibility of the school to ensure it is finalised and implemented.

The school will review plans at least annually or earlier if evidence is presented that the child's needs have changed. A care plan will be provided by a paediatrician or nurse specialist who is responsible for the child.

4. Staff training and support

Any member of school staff providing support to a pupil with medical needs will receive suitable training. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training.

Healthcare professionals, including the school nurse can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The school will make arrangements for whole school awareness training so that all staff, including new staff, are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. This training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. Parents can also contribute by providing specific advice.

5. The child's role in managing their own medical needs

Some children are competent to manage their own health needs and medicines. The school, after discussion with parents, will encourage such children to take responsibility for managing their own medicines and procedures. This will also be reflected within Individual Healthcare Plans.

Wherever possible and if appropriate, children will be allowed to carry their own medicines and relevant devices. Children should be able to access their medicines for self-medication quickly and easily. Those children who take their medicines themselves or manage their own procedures may require an appropriate level of supervision.

If a child refuses to take medicine or carry out a necessary procedure then they should not be forced by staff. The procedure agreed in the Individual Healthcare Plan should be followed and parents informed so that alternative options can be considered.

6. Managing medicines on the school premises

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

- No child under 16 will be given prescription or non-prescription medicines without their parents' written or verbal consent.

- A child under 16 will not be given medicines containing aspirin unless prescribed by a doctor.

- The school will only accept prescribed medicines that have been handed to a member of the office staff by either a parent or authorised adult and the relevant consent form completed for administration. The medication must be in date, labelled, provided by a pharmacist and include instructions for administration, dosage and storage. **No medication will be accepted in envelopes or in a container labelled with only the child's name.**

- Medication that is prescribed by a doctor, for example an antibiotic, which requires administering three times a day can be given either side of the school day at home. The exception to this if the GP has prescribed medication to be administered four times a day or the child goes to after school care, in which case the school will administer this prescribed medicine.

- Non prescribed pain relief medication such as Calpol will be administered in school only if it is absolutely necessary and must be handed to a member of the office staff in its original bottle by the parent or authorised adult and the relevant consent form completed for administration.

- Asthma inhalers kept in school must be handed to a member of the office staff by either a parent or authorised adult and the relevant consent form must be completed before the inhaler can be accepted. All inhalers must be in its original box, labelled as dispensed by a pharmacist and include instructions for administration and dosage.

- All medicines will be stored safely in the medical room. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility, who will be members of the office staff

- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. These will be stored in the medical room cupboards where both class teacher and child know how to access them

- During school trips, the member of staff in charge of first aid will carry all medical devices and medicines required

- (A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, however passing it on to another child for use is an offence. Monitoring arrangements may be necessary in such cases). The school will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency.

- Staff administering a controlled drug must do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects should also be noted. These procedures are outlined in Annex B

  Sharp boxes should always be used for the disposal of needles and other sharps. When no longer required, medicines should be returned to the parent to arrange for safe disposal.

7. Emergency procedures

As part of general risk management processes, the school has arrangements in place for dealing with emergencies. Pupils should know what to do in general terms, such as informing a teacher immediately if they think help is needed. A pupil taken to hospital by ambulance will be accompanied by a member of staff who will stay with the child until the parent arrives. Should any child have an individual healthcare plan this will also accompany the child.

8. Unacceptable practice

Each child's case will be judged on its own merit and with reference to the child's Individual Healthcare Plan, however 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 medical evidence or opinion (although this may be challenged) or 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, unless this is specified in the Individual Healthcare Plan
- if the child becomes ill send the child 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 e.g. hospital appointments (this is taken into account when calculating attendance awards)
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents or 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)
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trip, e.g. by requiring parents to accompany the child

9. Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If the issue is not resolved, a formal complaint via the school's complaint procedure should be made. After other attempts at resolution have been exhausted, a formal complaint can be made to the Department for Education only if it comes under the scope of section 496/497 of the Education Act 1996.

10. Intimate Care

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of children are safeguarded
- Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

10.1 Seeking Parental Permission

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents/carers afterwards.

10. 2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (when possible) and any relevant health professionals.

The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents/carers will be consulted.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

See Annex C for a blank template plan to see what this will cover.

10.3 Sharing information

The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant information regarding any intimate matters as needed.

10.4 Role of staff

Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description. This includes office staff, Pupil Parent Support Worker and 1:1 LSAs.

No other staff members can be required to provide intimate care.

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures

They will also be encouraged to seek further advice as needed.

10.5 Intimate care procedures

How procedures will happen

Two staff members will be present to carry out intimate care procedures, which will be carried out in the medical room.

When carrying out procedures, the school will provide staff with:

- protective gloves
- anti-bacterial hand wash
- cleaning supplies
- necessary materials – e.g. bins, cleaning wipes, cotton wool, etc.

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents/carers at the end of the day.

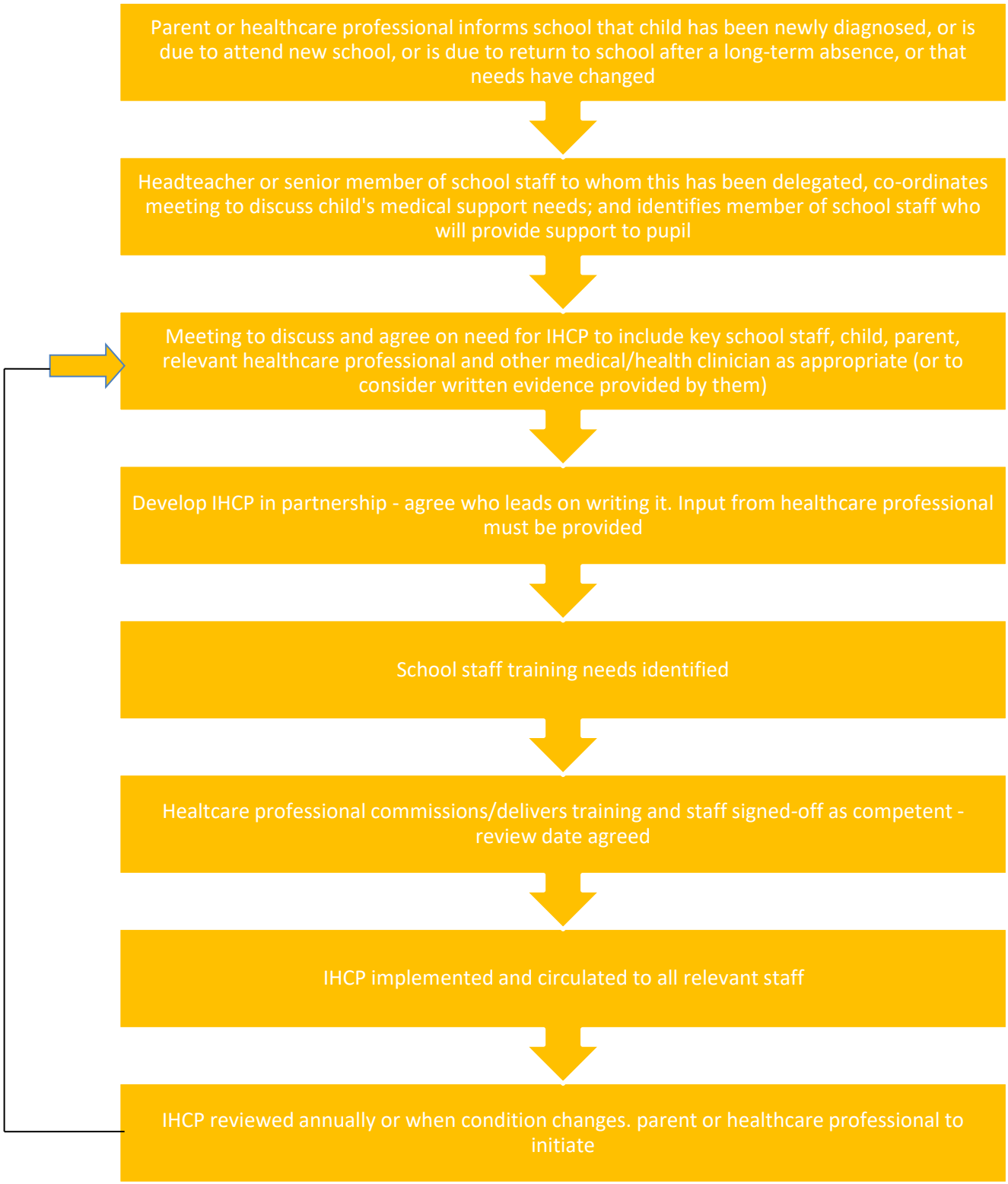
10.6 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the designated safeguarding lead.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

Annex A: Model process for developing Individual Healthcare Plan



Annex B: Record of Individual Medical Consent Form

WEST LEIGH JUNIOR SCHOOL

ADMINISTRATION OF MEDICATION CONSENT FORM

Childs Name: _____

Date of Birth: _____ **Address:**_____

_____

Name of Medication: _____ **Dosage:** _____

Time to be given in school: _____ **Allergies:** _____

Medical Condition that the medication is prescribed for: _____

Expiry date of Medication: _____

I confirm that I have handed into the school office an original pharmacy labelled medication prescribed for the above named child with the dosage that is to be given in school. I consent for the medication to be administered by an authorised member of staff. I am aware that this medication will not be given after the expiry date. I understand it is my child's responsibility to come along to the office and ask for the medication.

Signed by_____ **Parent/Guardian/Childminder** **Date:** _____

REGISTER OF MEDICATION ADMINISTERED

DATE	MEDICATION	AMOUNT GIVEN	TIME	ADMINISTERED BY	COMMENTS/SIDE EFFECTS

Annex C: Intimate Care Plan Template

PARENTS/CARERS	
Name of child	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
CHILD	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

Annex D: Parent/Carer Consent Form for Intimate Care Template

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carer	
Address	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	☐
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	☐
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	☐
I **do not** give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed). I understand that if the school cannot reach me or my emergency contact, if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.	☐
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	