



Policy for Children with Significant Medical Needs

1. Requirements

1.1 Change Record

Issue	Date	Author	Description
0.1	August 2017	P. Atkin	First draft
1.0	20 September 2017	P. Atkin	Ratification by Governors
1.1	20 September 2019	P. Atkin	Minor update
2.0	25 September 2019	P. Atkin	Ratified by Governors
2.1	4 February 2021	P. Atkin	Minor update
3.0	10 February 2021	P Atkin	Ratified by Governors

Note: All issues except those of the form 'X.0' are draft.

1.2 Equality Statement

In developing and reviewing this policy we have carefully considered its impact on equality and the possible implications for pupils with protected characteristics, as part of our commitment to meet the Public Sector Equality Duty (PSED) requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

1.3 Approval and Review

This policy was approved by the Governing Body on 10 February 2021. It is due for review in the Spring Term 2023.

2. Rationale

This policy was developed in response to the statutory guidance [Supporting Pupils at School with Medical Conditions](#) (December 2015).

It refers to children with significant medical needs attending, or intending to attend, Fowlmere Primary School. For the purposes of this policy, 'significant medical needs' refers to medical needs which require school staff to be involved with the day-to-day management of a child's medical condition, for example, in administering medication, carrying out physiotherapy or dealing with the manifestation of a condition, eg epileptic seizures.

Here, at Fowlmere Primary School, we recognise that many children are affected by medical conditions to a differing degree, either in the short-term, for example following an operation, or the long-term, eg children with epilepsy or diabetes, and we are committed to welcoming these children and supporting them to achieve their best.

Condition-specific information is given in the Appendices to this policy and these should be read in conjunction with the main content.

3. Admission or Onset: Making Preparations

3.1 Starting or Returning to School

When a child with significant medical needs is admitted to the school or significant medical needs are diagnosed in a pupil already at the school the following procedure will be followed:

- The Headteacher or Inclusion Lead will arrange a meeting with the child's parents, and where appropriate the pupil, to discuss the impact of the condition on their school life. This should include the implications for learning, playing and social development, and out of school activities. They will also discuss any special arrangements the pupil may require, eg extra time in exams.
- Contact will be made between the school and any appropriate medical staff (eg physiotherapist, epilepsy nurse) to offer advice, plan training and support both the school and the family through the admissions process. A healthcare plan will be put in place jointly between the family, school and medical professionals.
- The Headteacher will, along with the Inclusion Lead, consider which staff are best placed to provide support to the child in question, and what the training requirements will be.
- Consideration will be given as to whether assessment for an EHC Plan would be required.
- Where appropriate, and with the pupil's and parent's permission, the condition will be addressed as a whole-school issue through assemblies and in the teaching of PSHCE or citizenship lessons.
- Children in the same class will be given age-appropriate information on the conditions involved. This is particularly important where children may witness an event which may be frightening if they are not prepared (for example: an epileptic seizure). Medical staff may be invited to attend, or lead, such a discussion.

3.2 Timescales

Wherever possible, every effort will be made so that arrangements are in place by the time the child starts school, or within two weeks if the child is already on roll. However, if arrangements are not complete, or staff are unclear about procedures the school will consider delaying admission until such time as arrangements are satisfactory. Any delay is undesirable and will be reasonable and kept to a minimum.

4. Day-to-Day Management

4.1 Individual Healthcare Plans

The individual healthcare plan, drawn up at the admission/onset stage will form the basis of day-to-day management of the child's condition. It should detail what should happen, when and by whom. They may be straightforward, as in the case of asthma, or more complex, for example in the case of epilepsy, diabetes or anaphylaxis.

Typically, healthcare plans will contain some or all of the following information:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- specific support for the pupil'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 children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their 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 child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable
- who in the school needs to be aware of the child's condition and the support required

- arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan

4.2 Record Keeping

The Healthcare Plan will detail the specific records to be kept. However, as a minimum, records should show:

- a record of medication administered, where appropriate
- where procedures deviated from those agreed, for whatever reason
- any emergency or unusual events

Strategies for effective home-school communication will be agreed with the family.

Plans are records should be stored sensitively, accessible to those that need them, but not available to the extent that confidentiality is breached.

4.3 Healthcare Plan Review

Healthcare Plans should be reviewed at least annually, and at any point where a child's condition changes. The Inclusion Lead is responsible for ensure that reviews are completed in a timely manner.

Any member of staff, the parents or medical professionals may ask for the healthcare plan to be reviewed.

4.4 Medical Conditions and Special Education Needs

A child with a medical condition may, or may not, also have Special Educational Needs. The same criteria for assessing SEN, detailed in the school's SEN Policy, will be used where children have significant medical needs. It should not be assumed that, just because a child has a medical condition, they also have SEN.

Equally, the school may need additional resources to best meet the needs of a pupil with significant medical needs. The school will follow the guidance in the SEN Code of Practice in seeking EHC assessment if necessary, including the opportunity to make an immediate application in the most significant cases.

5. Accessibility and Equality

Fowlmere Primary School recognises the importance of having a school environment that supports the needs of all children. For example, making reasonable alterations to the school building to allow access, or making recovery space available for a pupil.

This policy applies equally within the school and at any outdoor activities organised by the school. This includes activities taking place off the school premises, and residential stays. Any concerns held by the pupil, parent or member of staff will be addressed at a meeting prior to the activity or stay taking place.

6. Roles and Responsibilities

6.1 The Governing Body

The Governing Body is responsible for making arrangements to support pupils with medical needs, including reviewing and monitoring the implementation of this policy. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibilities under this policy.

The named governor for SEN will provide the link between the school and the governing body in relation to this policy.

6.2 The Headteacher

The Headteacher is responsible for the effective day-to-day implementation of this policy. 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 should ensure 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 should:

- Arrange to meet with the family prior to admission, or a soon after onset as practicable
- Inform the School Nursing Team of the child's condition, if they are unaware (with parental consent)
- Develop, in conjunction with the family and medical professionals, the first healthcare plan
- Deploy staff effectively to meet the needs of the plan
- Ensure that staff are effectively trained, insured and competent to carry out the plan.
- Ensure that, with the agreement of the child and family, the child's needs are effectively communicated to staff and pupils, including making arrangements to inform supply staff as necessary.

6.3 SENCo

The SENCo should:

- Assist the Headteacher in drawing up the initial Healthcare Plan
- Monitor periodically the implementation of Healthcare Plans, reporting any issues to the Headteacher
- Ensure that Healthcare Plan reviews take place on time
- Monitor the impact of any health condition on the child's progress, well-being and inclusion, and report any issues to the headteacher

6.4 The Family

The family should:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's individual healthcare plan
- Carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times

6.5 Pupils

The child with significant medical needs 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 pupils should be sensitive to the needs of those with medical conditions.

6.6 Other School Staff

Any member of 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. 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 pupil with a medical condition needs help.

6.7 Healthcare Professionals

Healthcare professionals should:

- Notify the School Nursing team of any child who is identified as having a medical condition that will require support at school

7. Managing Medication

7.1 Storage

Medication should be safely stored. An Individual Healthcare Plan should detail the procedures for storing medication, its location and method of access. Children should know where their medication is at all times. Staff trained to administer medication should know where the medication is kept and how to access it. Other staff, including supply staff, do not need to know where medication is kept, but should know which staff to call for assistance if necessary and how to do so.

7.2 Administering Medication

Individual Healthcare Plans should detail the procedures for administering medication, including where a child is able to administer medication themselves.

As a minimum:

- There must be written consent for the administration of the medication
- Medication must be prescribed and be in its original container with a pharmacist's label naming the child on the packaging.
- The dose and frequency should be detailed on the Healthcare Plan, or Administration of Medicines Form, and should be checked that it matches that detailed on the medication provided by the parent and that it is in date.
- Parents retain responsibility for ensuring that medication stored for long periods of time in schools, for example, asthma inhalers or epi-pens, are in date. However, they should be checked termly by the school secretary and parents informed if they are to go out of date during the term.

7.3 Offsite Activities

The class teacher is responsible for ensuring that medication for a pupil with significant medical needs is available for any offsite activity. In deploying staff the Headteacher will ensure that appropriately trained staff accompany the visit.

Specific liaison with families may be necessary for some offsite activities – for example, residential visits.

8. Unacceptable Practice

DfE guidance lists some specific examples of unacceptable practice to be brought to the attention of school staff and governors.

It is generally not acceptable 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 for reasons associated with their medical condition 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, e.g. hospital appointments
- 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 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
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

9. Complaints

Complaints under this policy should be pursued in line with the school's General Complaints Procedure available on the school website.

10. Review

This policy should be reviewed as part of the school's normal cycle of policy review. However, early review should take place whenever a new need is identified within the school

Appendix 1 – Condition Specific Information: Asthma

This school recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.

All staff who come into contact with children with asthma are provided with training on asthma regularly, from the school nurse who has had asthma training.

Medication

Immediate access to a reliever is vital. **At Fowlmere Primary School named reliever inhalers are kept in the medical cupboard in the photocopying room near the school office.** They are not locked away and all staff know where they are kept.

School staff are not required to administer medication to children except in an emergency although many of our staff are happy to do this. School staff who agree to do this are insured by the local education authority when acting in accordance with this policy. **All school staff will let children take their own medication when they need to.**

Fowlmere Primary School holds an emergency inhaler as per the [Guidance on the use of Emergency Salbutamol inhalers in schools](#) (September 2014). **This inhaler is available from the school office in an emergency.**

Record Keeping

At the beginning of each school year, or when a child joins the school, parents are asked if their child has asthma. All parents of children with asthma are given a National Asthma Campaign school card to complete and return to the school. From this information the school keeps its medical list up-to-date which is available for all school staff. Cards are then sent to parents on an annual basis to update. If medication changes in between times, parents are asked to inform the school.

PE and Other Physical Activity

Taking part in physical activity is an essential part of school life. Teachers are aware of which children have asthma from the medical list (including supply teachers from the orange Class Information folder). Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson and complete a warm up before the lesson. Each child's inhalers will be collected from the medical cupboard and kept at the site of the lesson. If a child needs to use their inhaler during the lesson, they will be encouraged to do so. The teacher is responsible for ensuring that inhalers are present at the lesson, and for ensuring they are put away again at the end of the lesson.

School Trips and Other Offsite Activities

The class teacher is responsible for ensuring that inhalers are taken on school trips or to other offsite activities. In planning the trip, the needs of pupils with asthma will be taken into account: for example, how inhalers will be accessed if the class splits into separate groups.

If a member of staff realises that a child is missing their inhaler on a school trip, the school office must be telephoned immediately.

The School Environment

The school does all that it can to ensure the school environment is favourable to children with asthma. The

school does not keep furry and feathery pets and has a no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma. Children are encouraged to leave the room and go and sit in the secretary's office if particular fumes trigger their asthma.

Asthma Attacks

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the following procedure, which is clearly displayed in all classrooms.

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs.
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.

(Use a spacer if you have one)

IMPORTANT! This asthma attack information is not designed for children using a SMART or MART regime. If they do not have a reliever inhaler, call an ambulance. Then speak to their GP or asthma nurse to get the correct asthma attack information for the future.

Children suffering an asthma attack or suspected asthma attack must be taken seriously and must never be left alone.

School staff should not take a child suffering an asthma attack to hospital in their car as the child's condition could deteriorate.

After the Attack

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities.

The child's parents must be told about the attack.

Appendix 2 – Condition Specific Information: Children undergoing Cancer Treatment

There are a number of different treatments available for childhood cancer. The type of treatment used depends on the particular cancer the child has.

Detailed information about supporting children back in school can be found in the publication [Welcome back!](#) The school will provide access to this resource to all staff when supporting children undergoing Cancer Treatment.

Attendance

Attendance patterns vary widely depending on the type of treatment the child is receiving. However, many children will miss significant amounts of school either in order to receive treatment, or recovering from the effects of treatment.

The school will liaise closely with Hospital School on the current attainment and areas of study for the child in question. Wherever possible, the school will attempt to provide work for the child if they are unable to attend school, but well enough to carry out some work.

Returning to School

After diagnosis, the school will work with the clinical nurse specialist to make appropriate reasonable adjustments to the school environment and plan for the return to school. At this point, the school will discuss with the nurse and the family exactly what to tell staff and what and how to inform the other children in the class and school.

Siblings

Siblings may find a diagnosis of cancer in the family very difficult and this may affect their presentation and behaviour in school. Staff should deal with such situations with sensitivity and seek advice where necessary. The guidance, [Helping brothers and sisters](#), may prove useful.

Protecting the child's health

Children with cancer, or undergoing treatment for cancer, present no risk to others. However, children undergoing treatment have certain health requirements which will need to be taken into account by staff.

The school will:

- Agree with the family the incidents and conditions about which they need to be informed immediately or at the end of the day, for example high temperatures or nose bleeds. These may be over and above what the school would normally report.
- Write to all parents to remind them of the 48-hour rules for sickness and diarrhoea.
- Write to all parents asking them to inform the school of any outbreaks of measles, chicken pox or shingles
- Take steps to reduce infection risk, eg making use of hand sanitisers, designating specific toilets

Providing Support

If necessary, the school will apply for an Education, Health and Care Plan, if it is judged that the needs of the pupil undergoing treatment, or post-treatment, are likely to require resources beyond those that the school already has at its disposal.

Inclusion

It is important the school establishes at an early stage how much of the curriculum the child in question is able to access. For example, a child with a central line may not be able to go swimming or take part in contact sports. It is equally important that the class teacher has clear information so that the child can be included in as much of school life as is possible.

Teachers and other school staff must be particularly vigilant towards the risk of bullying on account of a child's changed appearance or abilities.