



Opening minds, learning through challenge and celebrating God's world

POLICY FOR MEDICAL NEEDS

Reviewed: March 2019
Review Due: Spring 2021

School Christian Values

Generosity, compassion, courage, forgiveness, friendship, respect, Thankfulness, trust, perseverance, justice, service and truthfulness.

Bible Reference

Luke 10: 27 'Love your neighbour as yourself'

Policy References

This policy is written with reference to the following school policies:

- Single Equalities Policy.
- Inclusion Policy
- SEND
- KCSIE
- Positive Behaviour Policy
- Communication Policy
- Complaints Procedures
- Attendance Policy

Most of these policies are available on the school website. In addition, copies of the following policies are available, on request, from the school office.

Medicine and Supporting Pupils at School with Medical Conditions Policy

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at the school with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent 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 to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

This Policy will be reviewed regularly and will be readily accessible to Parents/Carers and staff through our school website.

Policy Implementation

All schools are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this Policy is given to the Headteacher. She will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.

Supply teachers and visitors to school will be briefed, risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans are the responsibility of the SENCo.

All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this Policy.

Definitions of Medical Conditions:

Pupils' medical needs may be broadly summarised as being of two types:

- Short-term affecting their participation in school activities because they are on a course of medication.
- Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

The Role of Staff at Skerton St Luke's CE Primary

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs 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.

Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy. Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils. All staff undertaking intimate care must be given appropriate training. This Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

For children with SEN, this guidance should be read in conjunction with the SEN Code of Practice and the school's SEN Policy. If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. The school, health professionals, Parents/Carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans). At Skerton St Luke's, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, who we have regular access to, will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Procedures to be followed when Notification is received that a Pupil has a Medical Condition

We will ensure that the correct procedures will be followed whenever we are 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 children starting at Skerton St Luke's Primary, 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 the school mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, the school will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We will also acknowledge that some will be more obvious than others. We will therefore 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 ensure that arrangements give Parents/Carers and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and

promote self-care. We will ensure that staff are properly trained to provide the support that pupils need.

The school will ensure that arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

The school will make sure that no child with a medical condition is denied admission or prevented from attending Skerton St Luke's because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

The school does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with Parents/Carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. This will usually be led by SENCO or Headteacher. Following the discussions an Individual Health Care Plan will be put in place.

Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance.

Individual Health Care Plans

Individual Health Care Plans will be written and reviewed by the school SENCO but it will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school.

Individual Healthcare Plans will help to ensure that the Skerton St Luke's effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as 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 too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, health care professional and Parents/Carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the

Headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Annex A.

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Where a child has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their Individual Health Care Plan. Annex B shows a template for the Individual Health Care Plan and the information needed to be included. Individual Health Care Plans, (and their Review), may be initiated, in consultation with the Parent/Carer, by a member of school staff or a healthcare professional involved in providing care to the child. The Individual Health Care Plan must be completed by the Lead Professional (usually the SENCO) with support from Parents/Carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the school.

The school will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing and minimises disruption. Where the child has SEN identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan.

Annex B provides a template for the Individual Health Care Plan but it is a necessity that each one includes:

- 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/noisy conditions, 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 tests, 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/Carers 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 Parents/Carers or 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 Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the school's responsibility to write or review.

Intimate Care

Child focused principles of intimate care:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes supervision of pupils involved in intimate self-care.

Pupils who require regular assistance with intimate care have written Individual Education Plans (IEP), health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips. Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

Where a care plan or IEP is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary. In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people). Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. These records will be kept in the child's file and available to parents/carers on request.

All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible. Staff members who provide intimate care are trained in personal care according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate. Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation. There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure. Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account. An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care. The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer. Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom. Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced CRB checks. All staff should be aware of the school's confidentiality policy.

Sensitive information will be shared only with those who need to know. Health & Safety guidelines should be adhered to regarding waste products, if necessary; advice should be taken from the DCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste. No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse. The school's child protection procedures will be adhered to. From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice. Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Senior Person for Child Protection or Headteacher. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm. If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary. If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to. Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique. Under no circumstances should school staff

devise and carry out their own exercises or physiotherapy programmes. Any concerns about the regime or any failure in equipment should be reported to the physiotherapist. Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or IEP and will only be carried out by staff who have been trained to do so. It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation. It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils. Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence. Care plans should include specific information for those supporting children with bespoke medical needs.

The Child's Role in managing their own Medical Needs

If it is deemed, after discussion with the Parents/Carers, that a child is competent to manage their own health needs and medicines, the school will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care 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; these will be stored in the cupboard or refrigerator in the Staff Room to ensure that the safeguarding of other children is not compromised. The school does also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate 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 instead follow the procedure agreed in the Individual Health Care Plan. Parents/Carers should be informed, outside of the review, so that alternative options can be considered.

Managing Medicines on the Skerton St Luke's CE VA Primary Site

The following are the procedures to be followed for managing medicines:

- Medicines should only be administered at the school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their Parents/Carers written consent.
- We will not administer non-prescription medicines to a child, if a Parent/Carer wishes a child to have the non-prescription medicine administered during the school day, they will need to come to the school to administer it to their child.

- The school will only accept prescribed medicines that are in-date, labeled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.
- All medicines will be stored safely in the Headteacher's Room. Children should know where their medicines are at all times and be able to access them immediately.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away; these will be stored in the classroom cupboards where both class teacher and child know how to access them. If a child requires an asthma inhaler it is crucial that there is an inhaler in the school at all times.
- During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry and administer all medical devices and medicines required.
- Staff administering medicines should 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 of the medication to be administered at the school should be noted. Annex C and Annex D outline these procedures. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- When no longer required, medicines should be returned to the Parent/Carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care 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/Carers; 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 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/Carers, or otherwise make them feel obliged, to attend the school to administer medication or provide medical support to their child, including with toileting

issues. No Parent/Carer should have to give up working because the school is failing to support their child's medical needs; or

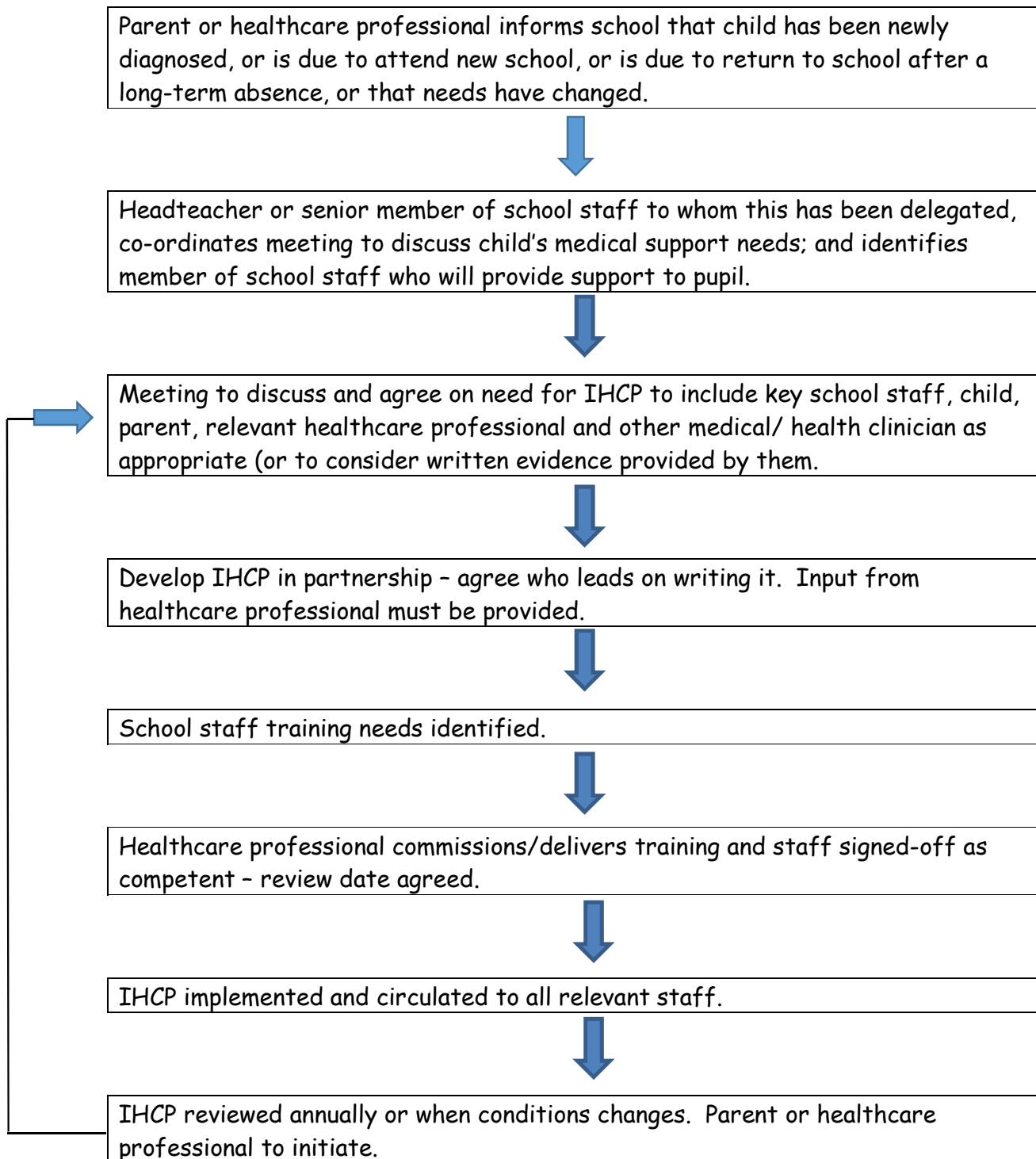
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring Parents/Carers to accompany the child.

Complaints

Should Parents/Carers or pupils 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 complaints procedure outlined in the school's Compliments and Complaints Policy.

Annex A

Model Process for Developing Individual Health Care Plans



Annex B

Skerton St Luke's CE VA Primary
Individual Health Care Plan

Child's Name	
Class	
Date of Birth	
Address	
Medical Diagnosis or Condition	
Date	
Review Date	

Name of Parent/Carer 1	
Contact Numbers	
Work:	
Home:	
Mobile:	
Relationship to Child	

Name of Parent/Carer 2	
Contact Numbers	
Work:	
Home:	
Mobile:	
Relationship to Child	

Clinic/Hospital Name	
Contact Number	
GP Name	
Contact Number	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency and the action to take if this occurs

Who is responsible in an emergency, state if different for off-site activities

Staff training needed/undertaken - who, what, where, when

Plan developed with

Signed

Form copied to

Child's Name

Class

Date medicine provided by
Parent/Carer

Quantity received

Name and strength of medicine

Expiry date	
Quantity returned	
Dose and frequency medicine	

Staff signature	
Parent/Carer signature	

Date	
Time given	
Dose given	
Name of member of staff	
Staff initials	

Date	
Time given	
Dose given	
Name of member of staff	
Staff initials	

Date	
Time given	
Dose given	
Name of member of staff	
Staff initials	

Date	
Time given	
Dose given	
Name of member of staff	
Staff initials	

Date	
Time given	
Dose given	
Name of member of staff	
Staff initials	

