

# Maple Cross JMI & Nursery School

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## Pupils with Medical Absence Policy

Adopted by FGB March 2020  
Based on HCC Children's Services  
ICL (Integrated Services for Learning) Model Policy September 2018 issue no. 6  
ISL SEND SPECIALIST ADVICE AND SUPPORT (ESMA)

**Review Period annually**

**Adopted on 24<sup>th</sup> March 2020**

Chair: *Liz Mayhels*

Head: *Hannah Trickett*

**Reviewed with/without amendments on:**

Chair:

Head:

**Reviewed with/without amendments on:**

Chair:

Head:

**Reviewed with/without amendments on:**

Chair:

Head:

**Reviewed with/without amendments on:**

Chair:

Head:

## **Context of school**

**School Name: Maple Cross JMI & Nursery School**

## **Mission Statement**

**This school is an inclusive community that supports and welcomes pupils with medical conditions. It promotes the mental and physical health and emotional wellbeing of all its pupils.**

- It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- This school will listen to the views of pupils and parents/carers.
- Pupils and parents/carers feel confident in the care they receive, and the level of care meets their needs.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence
- All staff understands their duty of care to children and young people and knows what to do in the event of an emergency.
- The whole school and local health community understand and support the medical conditions policy.
- Understands that all children with the same medical condition will not have the same needs and will focus on the needs of each individual child.
- Recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (Other related legislation is referenced in DfE guidance p21).
- Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act.
- 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 policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

**This school's medical conditions policy is: drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.**

- Drawn up in consultation with a range of local key stakeholders within both the school and health settings including pupils, parent/carers, school nurse, school staff, governors, and relevant local health services.
- Is supported by a clear communication plan for staff, parent/carers and other key stakeholders to ensure its full implementation
- All staff understand and are trained in what to do in an emergency for children with medical conditions. This training is refreshed annually.

## **PROCESSES**

### **Training and Support:**

- All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required have an individual healthcare plan (IHP), which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.
- All staff providing support to a pupil have received suitable training and ongoing support to ensure they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by suitably qualified healthcare professional and/or parent/carer. An up to date record of all training undertaken and by whom will be kept.
- All staff, including temporary or supply staff should be aware of the content of this policy, know what action to take in an emergency and receive updates at least yearly.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. They will **not** take pupils to hospital in their own car.

### **Clear guidance on providing care and support and administering medication at school**

- The importance of medication being taken and care received is detailed in the pupil's IHP.
- Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so.
- There are sufficient members of staff trained to administer medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary.
- There are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. The governing body will ensure there is the appropriate level of insurance and liability cover in place
- Medication (prescription or non-prescription) will not be given to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.

- When administering medication, for example pain relief, the school will check the maximum dosage and when the previous dose was given. Parents/carers will be informed. This school will not give a pupil under 16 medicine containing aspirin unless prescribed by a doctor.
- A trained member of staff will be available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- Parents/carers at this school understand they should let the school know immediately if their child's needs change.
- If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the school's disciplinary procedures are followed.

#### **Clear guidance on the storage of medication and equipment**

- All staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, eg asthma inhalers, epi-pens etc are readily available wherever the child is in the school and on off-site activities, and are not locked away.
- Pupils may carry their own medication/equipment, or they should know exactly where to access it. Those pupils deemed component to carry their own medication/equipment with them will be identified and recorded through the pupil's IHP in agreement with parents/carers.
- Controlled drugs will be stored securely in a locked non-portable container, with only named staff having access. Staff can administer a controlled drug to a pupil once they have had specialist training.
- All medication is stored safely, and pupils with medical conditions know where at all times and have access to them immediately. Medication will not be stored in first aid boxes.
- Medication must be in date, labelled and in its original container including instructions for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of term.
- Needles and other sharps will be stored and disposed of in line with local guidance.

## **Clear guidance about record keeping**

- As part of the admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.
- An IHP will record the support an individual pupil's needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have a statement or EHC plan, their special educational needs are mentioned in their IHCP. Appendix 2 is used to identify and agree the support a child needs and the development of an IHCP.
- A centralised register of IHPs is maintained, and an identified member of staff has the responsibility for this register.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- Pupil's confidentiality is protected.
- Permission sought from parents/carers before sharing any medical information with any other party.
- Accurate records of all medication administered, including the dose, time, date and supervising staff.

## **The whole school environment is inclusive and favourable to pupils with medical conditions, including the physical environment, as well as social, sporting and educational activities.**

- Committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility and committed to an accessible physical environment for out-of-school activities.
- Needs of pupils with medical conditions are considered to ensure their involvement in structured/unstructured activities, extended school activities/residential visits.
- All staff are aware of potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- Understands the importance of all pupils taking part in off site visits and physical activity and all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all, including out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.
- Understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell, also aware of pupils who have been advised to avoid/take special

precautions during activity; the potential triggers for a pupil's medical condition when exercising and how to minimise these.

### **Pupils have appropriate medication / equipment / food with them during physical activity and offsite visits**

- Pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, appropriate adjustments and extra support are provided.
- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition
- Pupils are not penalised for their attendance if their absences relate to their medical condition.
- Pupils with medical conditions who are finding it difficult to keep up educationally will be known to the SENCO/INCO who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.
- Pupils learn what to do in an emergency
- Risk assessments are carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

### **Aware of common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating health and safety risks and has a written schedule of reducing specific triggers to support this.**

- Committed to identifying and reducing triggers both at school and on out-of-school visits.
- School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. It has a list of the triggers for pupils with medical conditions at this school, has a trigger reduction schedule and is actively working towards reducing/eliminating these health and safety risks.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- Reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

### **Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.**

- Works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

**The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.**

- In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and governors. The views of pupils with medical conditions are central to the evaluation process.
- Should parents and pupils be dissatisfied with the support provided, they should direct these concerns to the Headteacher.

### **Early Identification of pupils whose attendance has been affected**

- All staff take responsibility for the identification of the children/young people who are on school roll but are absent from school with a medical need which may impact on their ability to access the curriculum. This will be monitored through the Designated Teacher and key staff identified.
- All staff will support the Designated Teacher to establish, where possible, the amount of time a pupil might be absent and identify ways in which the school can support the pupil in the short term e.g. providing work to be done at home in the first instance.
- The Designated Teacher will have the responsibility for liaising with the Local Authority (ISL), parents or carers and various agencies where the pupils are too ill to attend school.

### **Referrals – if a referral to the Local Authority (ISL) is required**

- The Designated Teacher will discuss a referral to ISL with the parents/carer, completing a Hertfordshire Service Request Form identifying the reason for support with supporting medical evidence from the parent/carer.
- Ensure that where pupils with long-term and recurrent conditions are absent, ISL will be informed and medical evidence secured. Identified school staff will communicate with other parties, attend reviews and facilitate communication between the pupil, the school and ISL.
- This contact will ensure that procedures are followed when a pupil is absent from school for medical reasons including procedures to support:
  - Early identification
  - Referrals
  - Personal education plans
  - Reintegration into school
  - Pupils working towards public examinations
  - Involvement of the pupil
  - Evaluation of provision

## **Evaluation**

- The policy for the education of pupils with medical needs is accessible for all stakeholders.
- Policy statement and school's performance in supporting pupils with medical needs will be monitored and evaluated regularly.
- The policy takes account of statutory guidance and legislation contained in:
  - Statutory Guidance for local authorities January 2013.
  - Implementing the Disability Discrimination Act in Schools and Early Years Settings'. (2005) (DCSF and Disability Rights Commission)
  - 'Removing Barriers to Achievement' 10 year Government strategy for SEN (2004). DfES ES/0117/2004 DfES ES/0118/2004 (summary)
  - The Education Act 1996 (DfES)
  - CS ISL County Policy
  - Race Relations (Amendment) Act 2000 (RRAA)
  - Hertfordshire County Council Equality Policy

## **Additional Information**

### **1. Roles & Responsibilities**

#### **Governing Bodies**

- Must make arrangements to support pupils with medical conditions in school, including developing and implementing a policy for supporting pupils with medical conditions.
- Ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Ensure that sufficient staff has received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

#### **Headteacher**

- Ensure that their school's policy is developed and effectively implemented with partners, ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Ensure that all staff who need to know are aware of the child's condition.
- 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.
- Have overall responsibility for the development of individual healthcare plans.



- Ensure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- Contact the school nursing service in the case of any child who has a medical condition that may require support at school, but has not yet been brought to the attention of school health.

### **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.

### **School Nurse**

- Every school has access to 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 the school. 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 pediatricians**

- Should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- 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, epilepsy).

### **Pupils – with medical conditions often best placed to provide information about how their condition affects them.**

- 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 will often be sensitive to the needs of those with medical conditions.

**Parents/carers – should provide the school with sufficient and up-to-date information about their child’s medical needs.**

- May be the first to notify the school that their child has a medical condition.
- Parents/carers 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.
- Should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment, ensure they or another nominated adult are contactable at all times.

## **2. Inhalers**

This section has been removed as the school does not hold emergency inhalers.

## Flowchart

### Model process for developing individual healthcare plans

