

# **Conatus Federation**

## **Supporting pupils with medical/health conditions including those that cannot attend school**

### **Introduction**

Pupils at Conatus Federation with medical conditions should be properly supported so that they have full access to education, including school trips and physical education. Governors ensure the Head of School has arrangements in place to support pupils at school with medical conditions. As part of this we ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. We recognise that pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore our aim to ensure that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support we provide, we establish relationships with relevant local health services to help us. We recognise we are not healthcare professionals and thus seek correct advice, listen to and value the views of parents and pupils.

We recognise that in addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing. Decisions are made about the school's approach in each case based on each individual situation and taken in consultation with Head of School.

### **The role of Governing bodies**

The duty to make arrangements to support pupils with medical conditions, has been conferred on Head of School. Help and co-operation can also be enlisted from other appropriate persons. This will inform the school and others about what needs to be done in terms of implementation. However, the Governing body remains legally responsible and accountable for fulfilling its statutory duty.

We believe schools, local authorities, health professionals, commissioners and other support services should work together to ensure that children with medical conditions receive a full education. We recognise this requires flexibility and may involve, for example, programmes

of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority.

We also consider how children will be reintegrated back into school after periods of absence. We recognise that many of the medical conditions that require support at school will affect quality of life and may be life-threatening, some will be more obvious than others. The focus therefore is on the needs of each individual child and how their medical condition impacts on their school life.

This means that no child with a medical condition is denied admission or prevented from taking up a place in the schools because arrangements for their medical condition have not been made.

However, in line with their safeguarding duties, we ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

The person responsible is Head of School in each school and Head of centre in the Boxgrove DSP and Kidbrooke Park Learning Centre. Their responsibilities, which may be delegated to the SENCO, include:-

- Training in light of current and future needs
- Knowing the procedure we follow
- Ensuring cover arrangements if staff are away
- Assuring appropriate information is given to supply teachers
- Overseeing HC plans being reviewed and developed by SENCOs using the appropriate HC format (LA version)
- Ensuring, to the best of their ability that medical issues are found before point of admission
- Ensuring that any medication has appropriate paperwork

### **Procedure to be followed when notification is received that a pupil has a medical condition**

We do 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 given by Healthcare professionals.

1. Parents report any medical condition to a member of the school staff. This is often done via the admissions paperwork or by completing the medical form as though we recognise medical conditions can develop and change over time. These are then recorded as part of SENCOs Register of Need in order that appropriate support and supervision can be maintained.
2. If the reported medical conditions require medication to be given in school hours the parent/carer is expected to complete the 'Request for school to administer medication' for See Appendix 1. This can be completed and requested via the office.
3. The medical form includes the following information:
  - the child's medical condition
  - the drug to be administered
  - expiry date
  - the dose and the time

- how it should be stored
- any possible side effects the school should be aware of.
- procedures to follow in an emergency situation

**Medication for children can only be accepted by the school office if:**

4. The medication has a prescription label stuck to it detailing the child's name and dosage (The school will not administer medication that has not been prescribed by a doctor unless discussed with a member of the leadership team)
5. The medication is in date
6. The administration of medicines form that has been completed by the parent has given permission for the medication to be administered
7. This form will then be checked by a member of the admin team in order that any queries can be raised.
8. This form with the medication will then be passed immediately to the Head of Schools for signing.
9. The admin team will then notify SENCOs in order that they can update the 'Register of Need', update the information held on SIMS.net, take a copy of the form and pass the form to the relevant member of staff to administer and record administration.
10. Staff receiving the request form must record the amount and times any medication is given.
11. Asthma pumps will be kept in class with the children if they are old enough, or in the signposted medical box in class.
12. All other medicines will be stored centrally/in fridge as received. An expiry date for EpiPens is entered on the school diary.
13. If the staff require specialist training in order to give the medication the Head of Schools will arrange this via the school nurse team and before the child starts school.
14. At the start of each academic year parents will be required to complete a new medication form updating the school of any changes to dosage or their child's medical condition.

**Roles and responsibilities:**

To ensure the safe and effective administration of medication, **staff** will always practice the "7 rights" of medication administration. These are:

- Right Medication
- Right Patient
- Right Dosage
- Right Route
- Right Time
- Right Reason
- Right Documentation

Teaching staff will administer medication only according to written instructions:

- Record all medication given with time, date and their name
- Report of their administration duties if unable to be in school for any reason
- Direct parents to the Admin Team if there are any changes to be made to the administration of medication as new paperwork must be completed
- Store any class-based medicines in the signposted area of the classroom
- Notify agency staff of policy and procedures

- Be aware of central medication stores
- Check expiry dates and inform the admin team
- Ensure correct agreed procedures are followed on educational visits/overnight journeys.

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.

- Admin Team will ensure correct paperwork is completed correctly and clearly annually, SIMS.net updated and inform the SENCO and staff of any changes.
- Senior Leadership Team will sign off any paperwork check on administration and recording, inform staff.
- Governors will check policy and its delivery regularly.

#### **School nurse team or other qualified health care professional:**

This role is critical. School nurses are responsible for:

- Notifying the school when a child has been identified as having a medical condition who will require support in school.
- Taking the lead role in ensuring that pupils with medical conditions are properly supported in schools, including supporting staff on implementing a child's plan.
- Liaising with lead clinicians on appropriate support for the child and associated staff training.
- Confirming that school staff are proficient to undertake healthcare procedures and administer medicines.

#### **Parents:**

- Parents will be contactable at all times.
- Parents will inform the school, complete paperwork correctly and clearly annually and update the school of any changes.

#### **Pupils:**

Pupils are often the best place to provide information about how their medical condition affects them. They should be fully involved in discussions about the medical support needs and contribute as much as possible to the development of, and complying with, the individual health care plan.

- Pupils will take own medication where appropriate, look after own medication if appropriate and be sensitive to medical needs of other pupils

#### **Managing medicines on school premises**

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

individual healthcare plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

- Medicines should 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 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.
- Medicines should be prescribed in dose frequencies which enable them to be taken outside school hours where possible OR
- schools only accept prescribed medicines if these are in-date, labelled, 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 to schools inside an insulin pen or a pump, rather than in its original container. Schools will only administer medication according to prescription instructions, except in exceptional circumstances agreed with the Heads of School.
- All medicines should be stored safely. 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. 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.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should 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 school should be noted in school.
- Non-prescribed medication will not be administered by school except in extreme circumstances, with the advice of medical professionals and this decision is made by the Head of Schools
- Parents should be informed if their child has been unwell at school.

In an emergency the Health Care Plan will be followed, medical assistance will be called via 999 and parents will be informed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

### **Day trips, residential visits and sporting activities**

The same expectations exist for the administration of medication in school events. The medication should be taken on the trip along with appropriate paperwork.

All staff accompanying the trip should be aware of who holds the medication, which child requires it and when.

Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools 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.

At Conatus Federation we do not:

- 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 prescribed 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.
- Discriminate against, harass or victimise disabled children and young people

### **Liability and indemnity**

Governing bodies ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

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

- Asthma inhalers – schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol<sup>13</sup> which provides further information.

### **Ensuring a Good education for children who cannot attend school because of health needs.**

It is our aim that all children, regardless of circumstance or setting should receive a good education to enable them to shape their own futures. Where it has been deemed that a child is too unwell to attend

school on a long-term basis (15 days or more) due to health needs the school will work closely with Royal Borough of Greenwich to ensure the educational needs of the pupil are met. This may involve sharing curriculum content, coverage, assessment levels, interest and strengths. Where a child can still attend school with support, the school is committed where possible to providing the level of support required, utilising the advice and experience of the health professionals involved.

Where a child is educated in hospital the school will liaise with the hospital education team to ensure continuity where possible. Our aim is to ensure all pupils achieve good academic attainment, particularly in English, Maths and Science and that their social / emotional needs are met.

The child's place in school will be held for them until such a time that they are able to return or until a decision is made by health professionals that the child will be unable to return to formal schooling. The child and family will remain in contact with the school via key newsletters and updates and where appropriate staff visits.

When reintegration in to school is anticipated, the school will work alongside RBG, parents and healthcare professionals to plan for a consistent, positive experience in re-joining their peers and class learning. Time frames will depend on the pupil's needs.

Where necessary the school will submit applications for 'special arrangements' to examining bodies as early as possible.

#### **Policy Review**

**Confirmation the Medical Needs policy in respect of Conatus Federation has been discussed by the Governing Body**

#### **Signed by:**

Chair of Governors: ..... Date: .....  
(Conatus Federation)

Executive Headteacher: ..... Date: .....

Agreed September 2022 - To be reviewed annually – Autumn 2023

## Appendix 1

### Model process for developing individual healthcare plans

