



# GEORGE ABBOT SCHOOL

<b>Policy Title:</b>	<b>Supporting Young People with Medical Conditions</b>		
<b>Author:</b>	<b>SEND and Inclusion Team Lead</b>		
<b>Date originally created</b>			<b>December 2016</b>
<b>Date of next review:</b>			<b>March 2019</b>
<b>School Mission Statement:</b>			
Academic excellence within a strong community of equality and respect, where potential and opportunity are realised.			

## 1. Aims

The Children and Families Act 2014 places a duty on governing bodies of maintained schools and academies, to make arrangements for supporting young people at their school with medical conditions. Young people on roll at George Abbot School may, during their time with us, be affected by a wide range of medical needs, both physical and mental.

We believe that inclusion and equal opportunities for young people with medical needs are an entitlement and, as such, the school has a responsibility to create the conditions for each one of our young people to access their education. We will give regard to the required curriculum adjustments, necessary environmental aspects and desirable social support to minimise barriers for these most vulnerable members of our school community. We intend to foster a school community which accepts others as they are and values the diversity of life.

As a school, we are committed to providing young people, with medical needs, with as much education as their condition allows. Our emphasis is on continuance of the learning process for those young people with physical or mental health problems, including young people with life threatening or limiting illness. The situations of the young people vary widely but they all retain the right to education suited to their age, ability, needs and current health.

## **2. Legislation and statutory responsibilities**

This policy meets the requirements under *Section 100 of the Children and Families Act 2014*, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions. It is also based on the Department for Education's statutory guidance: *Supporting pupils at school with medical conditions*.

## **3. Rights and Responsibilities of the Young Person**

We recognise that students at George Abbot School have the right to an education that helps them reach their potential and secure the attainment they need to pursue appropriate career paths and prepare them for full participation in adult life. We recognise that students have the right to an education in their community alongside those who they see as their peers and role models. They have a right to be consulted and they (or their parents/carers on their behalf) will consent to agree to cooperate with their negotiated personal education plan. They can expect flexible approaches, such as flexible timetabling, support to access trips and extra-curricular activities or use of information and communication technology.

## **4. Notifying a medical condition**

George Abbot School cannot plan effective support arrangements unless parents/carers provide sufficient information, at the stage of admission, about their child's medical condition and any treatment or special care needed at the setting. Parents/carers should also keep the setting informed of any new or changing needs. The sharing of medical information is important if staff and parents are to ensure the best care for a child or young person.

Generally speaking, schools do not have to wait for a formal diagnosis before providing support to young people. In cases where a young person'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.

## **5. Rights and Responsibilities of Parents/Carers**

Each young person's parents/carers, at George Abbot School, have signed a home-school agreement and this is extended as needed. Parents/carers may need frequent feedback on how their child's medical condition or medical treatment is impacting on the child's day at school: academically, physically, emotionally or socially.

Parents/carers may be asked to agree to adjust their parenting approaches or patterns, in delicate situations which involve mental health conditions. At all times parents are included as much as is practical and their knowledge and instinct is given regard. Permission to liaise with outside agencies is always sought and recorded. It is expected that parents/carers will share relevant information in a timely way. If parents/carers or young people are dissatisfied with the support provided they should discuss their concerns directly with the school. In the first instance they should contact their child's Head of Year

If a satisfactory resolution is not reached, then a complaint may be made via the school's complaints procedure.

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may, in some cases, be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan and may be requested to be involved in its drafting. They should carry out any action they have agreed to as part of its implementation. Examples of this might be to provide medicines and equipment and ensure they, or another nominated adult, are contactable at all times.

Some parents/carers may have difficulty understanding or supporting their child's medical condition. The School Health Service can often provide additional support and assistance in these circumstances.

If there are any special religious and/or cultural beliefs, which may affect any medical care that the child/young person needs, particularly in the event of an emergency, it is the responsibility of the parent/carer to inform the setting of this and confirm details in writing. Such information will be kept in the child/young person's medical file at the setting, for as long as necessary, with updates in consultation with the health nursing team.

## **6. Rights and Responsibilities of George Abbot School**

We see it as our responsibility to keep the young person on roll and will work closely with them and their parent/carer to ensure access to education. Our school has a named person for young people with medical needs, who will liaise with parents and various agencies as part of ensuring that the young person has full and continuous access to education. For a pupil whose medical need is not thought to be recurring and whose absence is likely to be less than 15 days, it is our responsibility to provide work to be done at home.

We will:

- Coordinate Individual Healthcare Plan meetings, when needed. Relevant healthcare professionals will be invited if appropriate. At these meetings, professionals will identify and agree the type and level of training required and how it can be obtained. For those young people on the Special Education Needs Code of Practice, the Special Education Needs Coordinator (SENCO) will be involved with the review meetings in liaison with any other relevant staff
- Ensure any medical needs arrangements and any staff training or support, will be put in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.
- Seek written parental permission to liaise with health and related services including but not limited to Child and Adolescent Mental Health Services (CAMHS).
- Ensure that arrangements for exam entry fees and requests for concession are well planned, in discussion with our SENCO and educational psychologist, as to the young person's need for

breaks.

- The Assistant Headteacher with responsibility for medical needs has a strategic overview for students with medical needs and the pastoral Heads of Year have the day-to-day, functional responsibility including liaising with the First Aid and Secretarial Administrator.. This includes disseminating medical information on a need-to-know basis and coordinating appropriate training requirements. The school's First Aid and Secretarial Administrator is responsible for collating, disseminating and monitoring individual health care plans. It is also her responsibility to inform the Heads of Year if there are any medical issues or concerns
- If the school's First Aid and Secretarial Administrator is absent, her role is covered by a trained member of office staff. The Cover Manager will brief supply staff of young persons' medical needs.
- It is the responsibility of the trip/activity leaders, to liaise with the Heads of Year and First Aid and Secretarial Administrator to ensure that risk assessments are in place for students with medical needs.

#### *For young people out of school*

- Ensure that young people who have an illness/diagnosis which indicates prolonged or recurring periods of absence from school, whether at home or in hospital, have access to education - so far as possible - from day one of their absence
- Ensure that half-termly work plans are made available to hospital or home teaching staff in the agreed National Curriculum subjects which the pupil would normally be studying and, realistically, can continue to study in light of their medical condition.
- Supply the hospital or home teaching staff with up-to-date information about the pupil assessment and attainment data and code of practice details. This includes any current Pathway Plans or Pastoral Support Programmes.
- Offer a loan of appropriate resource materials, where possible, to hospital or home teaching staff.
- Ensure prompt assessment of coursework.
- Ensure that concessions for external examinations are planned with SENCO. Young people with medical needs can expect the necessary support regarding career interviews, work experience placements and college visits.

As a school we expect the health network to fulfil their responsibility as part of facilitating continuous access to education for our young people with medical needs. This may include advice or practical tasks to enable training of ancillary staff to carry out medical procedures.

As a school we have the right to expect the pupil and parent/carer to abide by the home-school agreement and any agreements in individual documentation.

Any member of school staff may be asked to provide support to young people with medical conditions, including the administering of medicines, although they are not required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of young people 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. As part of the school's continuing professional development, staff indicate if they feel that they require further training and this information is held by the Assistant Headteacher for Personnel.

## 7. Equal opportunities

George Abbot is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

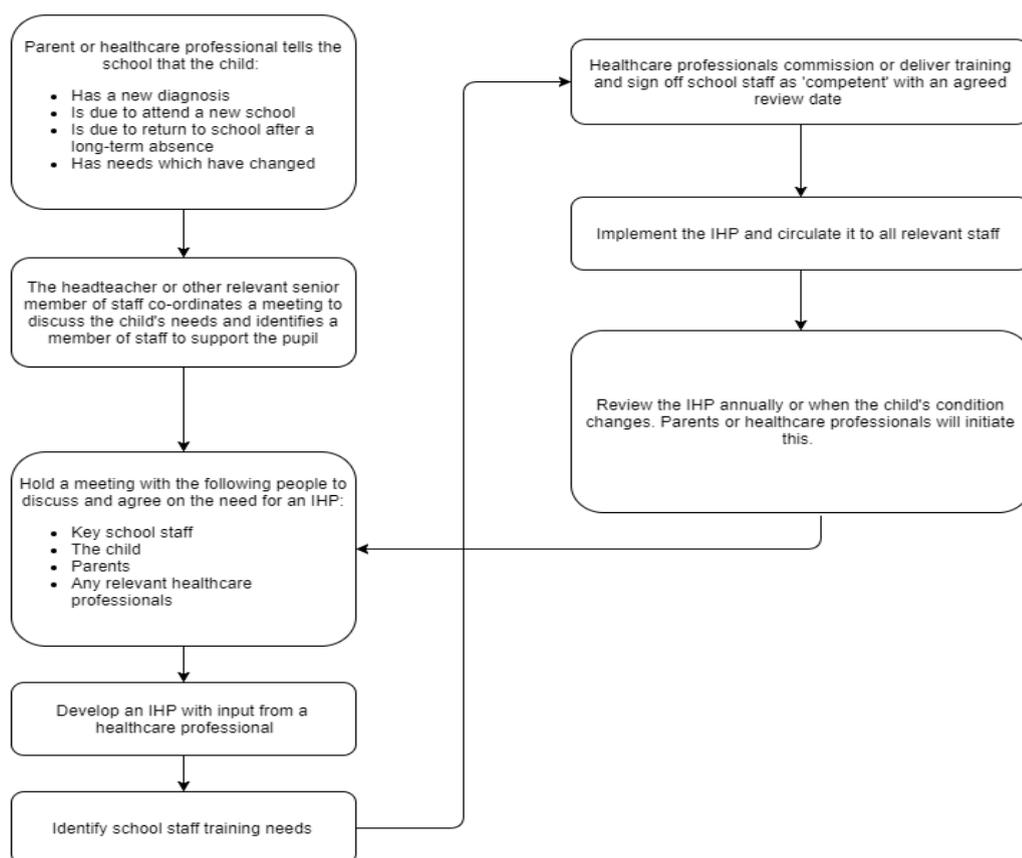
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

## 8. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.



## 9. Children with Special Medical Needs

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Mrs Pascoe. Plans will be reviewed at least annually or earlier if there is evidence that the pupil's needs have changed.

A Care Plan will be put in place for any child with a medical or physical condition (asthma, allergies, diabetes, epilepsy etc). This should be completed by the child's parent/guardian and returned to Mrs Pascoe in Raynham

Office who will then circulate copies to all relevant personnel. It is paramount that several contacts are included, and **at least** two contact numbers for each person is provided. It is important that the contact details are kept up to date.

All Care Plans will be revised as necessary at the start of each new academic year and it is the parent/guardian responsibility to inform the school of any immediate changes in their child's condition.

The school operates on a 'need to know' basis and therefore believes that the Care Plans in place for children with special needs/medical issues should be accessible to all teaching staff in order to ensure that any incident is managed safely. Risk assessments or special care plans are put in place when needed to support visits /trips etc. These will be planned and written in liaison with parents, pupils and health care professionals consulted if applicable.

## **10. Emergency Procedures**

In an emergency the injured/sick child should **not** be left unaccompanied at any time and help should be sought by sending a responsible pupil with the appropriate details to the First Aid Room. Mrs Pascoe will then assist with a First Aid kit and should an ambulance be required this will be summoned immediately at the scene, liaising with the main office in Elmslie Building. When it has been necessary to summon an ambulance, every effort will be made to contact the parents/guardians immediately. If necessary, a member of staff will accompany the injured child in the ambulance and will remain with him/her until the parents/guardians have been located.

All injuries that require a student to seek further medical treatment are recorded by completing an Injury Report Form (Form FIN241). The information is then entered onto Surrey's on-line Accident Reporting Web Site and an email confirmation is received that the incident has been logged. It is automatically forwarded to the Safety Consultant (County Personnel) and Risk Management and Insurance Unit. A copy is kept in the First Aid Room. The Premises Manager is also sent a copy of the report to carry out an investigation, if necessary, of the incident. Where applicable, the on-line system allows a RIDDOR report to be forwarded to the Health & Safety Executive (HSE).

## **11. Administering Medicine to Students**

Where possible, the need for medicines to be administered at school should be avoided. Parents are therefore requested to try and arrange the timing of doses accordingly. All expired medication will be returned to parents to dispose of.

### **Paracetamol**

The school does not provide any painkillers. Should a child need painkillers it is the parent/guardian responsibility to provide the school with the required medication in its original packaging, with dosage instructions and complete and sign Form 3A: 'Parental agreement for school/setting to administer medicine'. A log book is kept in the First Aid Room of the student's name, the time and reason for administering the medication. If it is necessary for the child to carry their medication the form 3B: 'Request for child to carry his/her own medicine' should be completed by a parent/guardian and filed in the First Aid Room. However, this should be avoided if possible.

### **Ibuprofen / Aspirin**

We will not accept any ibuprofen medication, e.g. Nurofen, for any students under the age of 16 unless it has been specifically prescribed by a GP and has each child's name on the pharmacy label, or we have a letter from a GP. This rule also applies to aspirin which is not recommended to under 16 year olds.



### **Foreign/International Medication**

Foreign/International medication cannot be accepted and should be re-prescribed by the family GP.

## 12. Allergies

Children suffering from severe allergies should carry an adrenaline auto-injector in their school bag **at all times**. If any child forgets to bring his/her adrenaline auto-injector to school, he/she will be sent home immediately. Likewise, two adrenaline auto-injector clearly labelled in a container with a photo of the child should be provided to be kept in the First Aid Room in case of emergency. Parents should reiterate the importance of NOT accepting shared food during the school day. **Please note George Abbot School is not a nut free environment.**

It is the responsibility of the parents to ensure that all medication required in school is in date and in the original packaging so please take a note of expiry dates before sending them in to school

## 13. Asthma

Children requiring an inhaler should carry one on them at all times and a spare inhaler, clearly labelled and in date should be kept in the First Aid Room.

### Use of Emergency Salbutamol Inhalers in School

*'From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish'. Department of Health 'Guidance on the use of emergency salbutamol inhalers in schools' March 2015*

At George Abbot we hold an emergency Salbutamol inhaler kit and Asthma register in the First Aid Room and we will ensure that it is only used by students:-

- for whom written parental consent for the use of the emergency inhaler has been given, who have been diagnosed with asthma and prescribed an inhaler,
- or who have been prescribed an inhaler as reliever medication.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is unavailable.

## 14. Diabetes

Children with diabetes are encouraged to supply their own emergency diabetic supplies to the First Aid Room. Fast-acting sugar in the form of Dextrosol (glucose tablets), GlucoGel or fruit juices and slower-acting sugar carbohydrates (biscuits) can be stored in the First Aid Room and made available to the child.

## 15. Red Emergency Medical Cards

Any child suffering from a medical condition will be issued with a red card giving a brief description of their condition. This acts as an alert to the teacher and permits the child to administer medication or, in the case of a diabetic child, eat a snack without leaving the classroom. In the case of an emergency, the child should not be allowed to leave the classroom alone. Mrs Pascoe should be summoned to the classroom to assist.

## 16. ADD (Attention Deficit Disorder) and ADHD (Attention Deficit Hyperactivity Disorder)

Children with ADD or ADHD may require controlled medication during the school day. This should be taken under the supervision of a designated member of staff. Medication will be kept stored in a locked box in the First Aid Room. A Care Plan will be put in place for any child requiring special medical assistance.

## **17. VI Unit**

Students who attend the Visually Impaired Unit for classes will be escorted to the First Aid Room in Raynham Office for any medical issues.

## **18. First Aid Boxes**

First Aid boxes are located throughout the school and it is each department's responsibility to ensure they are fully stocked. Green cross signs on doors identify the location of a first aid box in the event of an emergency.

## **19. Offsite Visits and Residential Journeys**

The Educational Visits Co-ordinator or First Aid Room will supply First Aid Kits for staff when taking children off site. He/she will also ensure that a member of staff is solely responsible for carrying the First Aid kit and any special medication that children may need to administer during the trip. Any medication administered will be dually logged by staff.

It is the parents'/guardians' responsibility to provide all medication in its original packaging, with the child's name clearly labelled and with clear instructions on the required dosage. Form 3A 'Parental Agreement for school/ setting to administer medicine' should be signed by the parents/ guardian prior to the trip

## **20. External Agencies**

### **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.

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

### **Other Healthcare Professionals**

Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

### **Health Services**

Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

### **Local Authority**

Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners – such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS

England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

Local authorities should work with schools to support young people with medical conditions to attend full-time. Where young people would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs<sup>9</sup> (whether consecutive or cumulative across the school year).

### Education Welfare

If our school daily check of registers and prompt contact with parents or carers on the first day of absence raises any concern or worrying pattern, we will liaise immediately with our Education Welfare Officer (EWO).

If we are made aware a pupil is away or is likely to be away from school due to medical needs for more than 15 working days, we will notify our EWO.

### Access 2 Education

Access 2 education teachers have specialist knowledge of medical conditions and the effects of illness on the development and progress of children and young people and can offer support and advice. They can support young people with medical needs who will have a medical absence of a minimum of 15 days.

Teaching can be at home, at hospital, within school as a staged return, any other agreed venue or a combination of these. Teaching can be individual or in groups. Children generally do better educationally and socially when taught in groups; this may also help re-integration into school. The amount of support provided will be agreed on referral on an individual basis.

### Advice on the role of clinical commissioning groups (CCGs):

Clinical commissioning groups and other healthcare professionals, such as specialist nurses, should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 and must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings. Since 2013 Local Authorities have been responsible for commissioning public health services for school-aged children including school nursing. CCGs should be aware that this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility. Children in special schools in particular may need care which falls outside the remit of local authority commissioned school nurses, such as gastrostomy and

tracheostomy care, or postural support. CCGs should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school.

#### Educational Psychology

The advice of our educational psychologist at George Abbot School is sought as to the psychological effects or cognitive impact an illness may have on the learning task or expected progress through the work schemes.

#### Children's Services

- x A referral is made to the initial assessment team if deemed necessary to promote the welfare of children and young people known to us. This includes looked after children.
- x The role of foster carers and residential social workers *in loco parentis* during the formulation of the Personal Education Plan is vital.
- x A CAF may be completed if appropriate, this may involve support from the pastoral support team and/or Home School Link Worker

#### Related Agencies

##### Health Services

- x We use our school nurse and Child and Adolescent Service nurse or the CAMHS advisory telephone line as the first point of advice and referral unless there is ongoing liaison with other health practitioners due to previous involvement. If the advice suggests a referral should be made, we discuss the referral with the family and obtain their agreement and consent.

##### U-Explore

- x Expert advice and guidance on careers will be especially important to have at the earliest opportunity for our young people with medical needs. Annually we draw together a list of young people who are at risk of not continuing in further education. We share this with U Explore and request support.

##### Insurance Services

- x The school is fully insured.

In addition, whole school awareness training is also included in the induction arrangements, for new staff.