



# Harden Primary School

## Policy for Supporting Children with Medical Conditions

September 2019

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### Children and Families Act 2014

The Children and Families Act 2014 includes a duty on schools to support children with medical conditions. This is inclusive of children with diabetes. Schools must make arrangements for supporting pupils at schools with medical conditions and in meeting that duty they must have regard to the statutory guidance issued by the Secretary of State

Harden Primary School will ensure that children with medical conditions are well supported and have full access to education and full curriculum.

The (SENCO) Special Educational Need Coordinator, is the named person with responsibility for supporting these children and for ensuring that sufficient staff are suitably trained.

We have a commitment that all children with medical conditions who require support and intervention with their health need in school have a care plan and all relevant staff will be made aware of the child's condition, will receive appropriate training and provide cover arrangements in case of staff absence or turnover to ensure someone is always available to meet the needs of the pupil. Supply teachers are always briefed on any medical conditions of children in their care and provided with the care plan.

We will consider the social and emotional implications of medical conditions (e.g. self-esteem issues, bullying) and provide appropriate support where necessary to limit the impact on the child's educational attainment and emotional and general wellbeing.

Harden Primary School will undertake risk assessments for school visits, holidays, and other school activities outside of the normal timetable to mitigate risk and enable all pupils have full access to the curriculum.

The SENCO will review individual healthcare plans, as a minimum, on an annual basis (or when a change to healthcare plan is made). The responsibility for ensuring an up to date health care plan remains the the duty of the school, however the lead health professional and Designated Clinical Officer has a duty to support school in the monitoring and maintenance of effective health care plans. The SENCO will work with the appropriate health care professional to ensure the plan in school meets the health needs of the pupil safely. The school nurse will have a role in coordinating health information. Where the healthcare plan identifies additional training needs to ensure school staff can appropriately meet the needs of the pupil, the SENCO will liaise with the appropriate health care professional to access training. Health care training should be provided by the local NHS provider (usually the school nurse or specialist nurse) will be competency based and delivered by a suitably qualified healthcare professional

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

We will liaise with a new school when we know of a child coming to or going from Harden Primary School and ensure arrangements are in place 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, we will make every effort to ensure that arrangements are put in place within two weeks.

We will not 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, judgments 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 and pupil. It is expected that the responsible clinician e.g. consultant or GP will provide documentation / advice about what support is needed. If agreement cannot be reached then the matter will be referred to the Designated medical/ clinical officer (Children and Families Act 2014) whom provides support to schools in the implementation of the guidance 'Supporting pupils with medical needs in school'.

## **Individual healthcare plans**

All Some children who may require support and or health intervention in school need IHPs (Individual healthcare plans) which can help to ensure that schools effectively support pupils with medical conditions. They 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, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. There may be some children who have an ongoing health need that does not require intervention whilst in school in this situation they may not need a detailed individual health care plan, however school have a duty to understand and be aware of the condition and any potential interventions that may be required. The school, healthcare professional/s and parent should agree, based on clinical evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the lead clinician is best placed to take a final view. The format of individual healthcare plans may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should 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 additional needs but does not have a statement or EHC (Education, health and care plan) their additional educational needs should be mentioned in their individual Education Plan (IEP). The SENCO is responsible for these plans.

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Individual healthcare plans, (and their review), can be initiated, by a member of school staff or a healthcare professional involved in providing care to the child, in consultation with the parent. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

When deciding what information should be recorded on individual healthcare plans, the school will consider the following:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counseling 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;

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

Policy written by Mrs Kirsty Hutchinson (Headteacher) and the Governing Body