



# Lauriston School

## Federation Medical Needs Policy

**Federation Medical Needs Policy Reviews (Version Control)**

Review Date	Changes made/Details of action plan	Next Review Due Date	By Whom
July 2016	Whole plan Reviewed – Federation Plan	Summer 2019	Ms Terry Corpe
July 2019	Aims/governing body, Legislation, toileting needs added, Roles and Responsibilities extended	December 2021	Ms Terry Corpe

## Aims

The Federation of Daubeney, Sebright & Lauriston Primary Schools is committed to providing pupils with access to education whatever their medical needs or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows, including school trips and sporting activities, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation.

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained;
- Making staff aware of pupil's condition, where appropriate;
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions;
- Providing supply teachers with appropriate information about the policy and relevant pupils;
- Making sure that individual healthcare plans are developed and monitored.

## 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](#).

## Definition of Medical Needs

For the purpose of this policy, pupils with medical needs are:

- children with **chronic or short term medical conditions** involving specific treatments or forms of supervision during the course of the school day, or
- **sick children**, including those who are physically ill or injured or are recovering from medical interventions, or
- children with **mental health problems**.

## Named person

The members of staff responsible for ensuring that pupils with medical needs have proper access to education are:

<b>Daubeney School</b>	<b>Sebright School</b>	<b>Lauriston School</b>
Ms Anna Lucey Inclusion Lead	Ms Lucy Collins Inclusion Lead	Ms Sheila Symes SENCo

They will be the persons who will make arrangements for \*parents to discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be their responsibility to ensure all information is passed on to the relevant members of staff.

### **Partnership with parents/carers and pupils**

- Parents hold key information and knowledge and have a **crucial role** to play. Both parents and pupils will be involved in the process of making decisions.
- Parents are asked to keep the named person informed about any **changes in the treatment** their children are receiving, including changes in medication.
- Where there is conflicting information then the named person will challenge the parents and consultant, using the School Nurse to assist, to find the best possible way of supporting the child.
- Parents will be kept **informed** about arrangements in school and about contacts made with outside agencies.
- Parents and pupils will be **consulted** before any referral to the Home Tuition Service is made by the named person.

### **Absence as a result of a medical condition**

- In cases where pupils are absent for periods **less than 15 working days**, parents will follow the normal arrangements for informing\*\* the school. If the length of the period of absence can be anticipated, then it may be appropriate for the school to provide the pupil with a pack of work to do at home.
- Where an absence **exceeds 15 working days**, the Federation Pastoral Care Lead will inform the Education Attendance Service. Parents will need to provide the school with a letter from the medical consultant containing details of the medical condition or intervention and information about the estimated period of absence. The Federation Pastoral Care Lead will also contact the Home Tuition Service.
- If a pupil is to be admitted to **hospital for a period longer than 5 working days**, then the named person will contact the Hospital School and will consult with staff there about ensuring continuity of education.

### **Arrangements for access to education in the case of long-term absence**

- It is essential that **parents/carers inform the school** at the earliest opportunity if it is anticipated that an absence will be long-term (exceeding 15 working days).
- When an absence of more than 15 working days can be predicted, arrangements for continuing the pupil's education will be made by the named person. After speaking to the parents, they will **contact the Hospital School and/or Home Tuition Service**. They will then send on documentation that will inform staff about the pupil's needs, enabling them to plan appropriate provision. Information sent will generally include:
  - curriculum targets
  - a current Support Plan (SEN/D target) and/or personal education plan, if the pupil has either of these
  - extracts from the latest Annual Review (pupils with EHCPs only).

- **Home Tuition** will start as soon as is practicable. Pupils educated at home will receive a minimum of 5 hours teaching per week. This is intensive one-to-one teaching and is normally as much as a child recovering from illness, injury or surgery can benefit from. In exceptional cases the amount of tuition may be increased if the Home Tuition Service has the capacity at the time.
- In cases where a child has **recurrent or regular treatment** and is away from school for a number of shorter periods, the named person will alert the Home Tuition Service and the Home Tuition Coordinator for Hackney Learning Trust or the relevant Local Authority and will make every effort to organise special provision for the pupil in question.
- The named person or the class teacher, with the parent's cooperation, will **maintain contact with pupils** unable to attend. It may be appropriate for email to be used and if special events are taking place at school it may be possible for a video to be made and a copy sent to the hospital or home. In certain instances, a child's class teacher may be able to send material to the education provider that will help to keep the absent pupil up to date with topics being covered in class.
- The School's Assessment Lead, will continue to **monitor the progress of pupils** unable to attend. This will be done through discussion with teachers working with the child out of school and by examining work samples (where appropriate). In cases of extended absence, the named person will arrange for a review to be held, attended by the pupil's parents, the education provider and the class teacher.

#### **Reintegration following absence for medical treatment**

- As with the notification of absence, it is very important that parents give the school as much notice as possible about the **pupil's date of return** to school.
- The named person will draw up an individually tailored **reintegration plan** in advance of the pupil's return to school. This plan will set down any new procedures that need to be followed and will ensure that any additional equipment is in place. Particular attention will be given to matters such as handling and lifting and support staff will be given appropriate training. It is essential that all agencies involved with the pupil contribute to the drawing up of the plan, including the School's nurse. In some cases, it will be necessary to have outside professionals on site when the child first returns. On the day of return a Risk Assessment will be carried out with the child, parent and the named person to ensure that the child and others will be safe whilst at school.
- For some children, **reintegration will be a gradual process**. A pupil may start with a short visit to school and gradually increase the time spent in class as s/he builds up stamina. Where mobility and independence are reduced, or where additional medical procedures are involved, a preliminary visit will help to establish whether there are any safety issues that need to be resolved before a date is fixed for the pupil's return.
- If it seems as though a pupil will have significant medical needs for the foreseeable future, it may be necessary to consider making a request for **statutory assessment** under the SEND Code of Practice (Pupils with Medical Needs). There will be consultation with the parents on this matter.

#### **Catering for pupil's medical needs in school**

- The majority of children who have medical needs are able to **attend school regularly** and do not have to undergo extended periods of treatment.

- Parents of new pupils are required to complete the section of the admission form which gives the school **information about individual medical needs**. It is the duty of parents to share all relevant information so that any necessary preparations can be made.
- The School will ask the parents to provide evidence of any allergies or on-going medical needs from the GP.
- Information supplied by parents is transferred to the **Medical Needs Register** which lists the children in year groups. A copy of the class Medical Needs Register is kept by the year group teachers and discretely displayed in the classroom so that it can be referred to easily. All staff have access to full copies of the Medical Needs Register but support and admin staff must read full copies of the Medical Needs Register as they may be working with children from several different classes. The Medical Needs Register is displayed in the staffroom and is kept as a booklet in the office, First Aid areas and Learning Mentors' Room.
- Staff must familiarise themselves with the medical needs of the pupils they work with. **Training** will be provided in connection with specific medical needs, e.g. asthma, anaphylactic shock, so that all members of staff know what precautions to take and how to react in an emergency.
- First aid training takes place on a rolling programme. All first aiders renew their certificate every two years.
- During Transition Week the following year's teacher will be given a copy of the medical needs of the children in their class and have an opportunity to discuss these with the named person as well as the previous class teacher.
- Before taking **children off the school premises**, the member of staff in charge will check that any medication or equipment that needs to accompany pupils is safely packed. They will also ensure that at least one member of staff accompanying the pupils has a first aid certificate.
- **Medication** is kept in the office and is taken under supervision. Medicines are only administered in specific circumstances and parents must fill in a medication form before sending in medication. It is the responsibility of parents to ensure that medicines are not out of date. **However, expiry dates are recorded and are checked each time medication is administered. If the medication is near expiry date, then parents will be notified and asked to bring in up-to-date medication and will be given the expired medication to dispose of safely.**
- Children with an allergy that requires an epi-pen will need two epi-pens, both will be kept in the office. If parents do not supply epi-pen we will need to ask the parents to keep the child at home.
- **Asthma inhalers** will be kept in a place that has ease of access by pupils. A list of children with asthma inhalers in school will be kept alongside the asthma medical list. A record will be kept whenever the inhaler is used and this will be shared with parents when requested or if there is a significant change in usage of the inhaler.
- Emergency asthma inhalers are kept in the office to administer to children having an asthma attack if their inhaler cannot be used for any reason. Parents will be notified immediately by a member of the admin team if a child has been given this medication.
- It is the parent's responsibility to ensure that all medication is up-to-date and that any equipment is working correctly. Parents must check regularly with the main office.

- Children with more complex medical needs will require an **individual healthcare plan**. This will be drawn up in consultation with parents, the named person and outside professionals. An appropriate adult, in liaison with the outside professional will supervise the carrying out of the plan.
- Pupils who have to carry out regular **occupational therapy or physiotherapy programmes** will be supervised by a member of staff who will have received training from an appropriate professional. Where necessary, pupils will be provided with an exercise mat and a degree of privacy whilst carrying out their exercises.
- Pupils who need **special arrangements for toileting** will be assisted by a trained member of staff. Protective gloves and aprons are provided for staff and there are procedures in place for the disposal of soiled nappies and used catheters. Pupils are encouraged to develop as much independence as possible in connection with toileting.
- Pupils in Nursery or Reception who have not completed toilet training at home will be assisted by a member of staff to help them become independent when toileting.
- In an emergency situation where the child needs immediate professional treatment an ambulance will be called by the office staff. They will also phone the parents and inform them of the situation. A familiar member of staff will accompany the child to the hospital unless the parents arrive at the school before the child leaves in the ambulance. The school will keep in regular contact with the parents until it is confirmed that they are with their child at the hospital. Parents are then responsible for keeping the school up-to-date regarding the child's medical condition and needs.

- **Checking in medication**

Parents will be asked to fill out the Request for Administering Medication form yearly for long term medical needs or as required for other medical needs. Office staff will check the administration details on the medication and that the medication is in date. All forms will be checked by a member of the Senior Leadership Team or named person and initialled. If medication needs to be brought in daily, then it must be handed into the office each day.

- **Checking out medication**

Parents are required to collect all medication on the last day of the school year for long term medical needs. For short term medical needs parents must collect medication from the office at the end of the day if needed at home. It is the parent's responsibility to collect the medication we cannot give medication to children to take home. If children no longer require long term medication, e.g. asthma inhalers, then a letter must be handed to the office to inform the school of the change and the parents must collect the medication and disposed of responsibly.

### **Controlled Drugs**

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine and methadone.

All controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

They will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

## **Identification of medical needs**

- Most medical needs will be **identified by the parents** in consultation with a medical professional outside school.
- Any **medical concerns the school has** about a child will be raised with the parents and reported to the school nurse. Most parents will wish to deal with medical matters themselves through their GP. In some instances, the school, after consultation with the parent, may write a letter to the GP suggesting a referral to a multi-disciplinary centre such as the Donald Winnicott Centre or Hackney Ark, where a full paediatric assessment can be carried out.
- When pupils enter the Reception Class, parents are asked to provide permission for the School's Nurse to carry out health checks on their child. Parents can requested a consultation with the School Nurse at any time during their child's schooling. If the class teacher is concerned about a child's health the parents will be contacted by the named person to obtain permission for the child to be seen by the School Nurse. At these meetings parents can seek advice on the health of their child.
- The School Nurse has a regular meeting with the named person at which the **Medical Needs Register is reviewed** and health matters discussed. Any training needed for staff will also be discussed and arranged.

\*Parent/s indicate the person/s with legal guardianship of the child.

\*\*Parents are expected to inform the school on the first day that their child is absent. If an absence last for a full week or longer, parents must produce a medical certificate.

## **Roles and Responsibilities**

### **The Governing Board**

The governing board has the ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### **The Executive Head and Heads of Schools**

The Executive Head and Heads of Schools will:

- Make sure all staff are aware of this policy and understand their role in its implementation;
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations;
- Take overall responsibility for the development of IHPs;
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way;
- Contact the school nursing service in case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse;
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date and secure.

## Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

## Parents/Carers

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs;
- Be involved in the development and review of their child's IHP and be involved in its drafting;
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment.

## Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are expected to comply with their IHPs.

## School Nurses and Other Healthcare Professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, whenever possible. They will provide training to all staff regarding all relevant medical conditions.

Healthcare Professionals, such as GPs and paediatricians, will liaise with the schools' nurses and notify them of any pupils identified as having a medical condition.

Monitoring all medical needs procedures:

<b>Daubeney School</b>	<b>Sebright School</b>	<b>Lauriston School</b>	<b>Federation</b>
Ms Anna Lucey Inclusion Lead	Ms Lucy Collins Inclusion Lead	Ms Daljeet Panesar Deputy Head	Ms Terry Corpe Federation Deputy Head

Updating all medical registration and informing staff and school nurse of medical needs – the Named Person

Checking administration form and authorising administration –

<b>Daubeney School</b>	<b>Sebright School</b>	<b>Lauriston School</b>	<b>Federation</b>
Mr Greg Logan, Ms Anna Lucey, Mr Raj Dharma, Ms Cheryl Gustave, Ms Carnita Cenac	Mr James Green, Ms Lucy Collins, Ms Jennifer Roberts, Mr Peter Hamlin	Mr Louis Harris, Ms Daljeet Panesar, Ms Serena Brooks, Ms Lorraine Groom, Ms Sheila Symes	Mrs Janice Thomas, Ms Terry Corpe

Ensuring information is recorded on SIMs –

<b>Daubeney School</b>	<b>Sebright School</b>	<b>Lauriston School</b>	<b>Federation</b>
Ms Anna Lucey, Ms Jennifer Coyston	Ms Lucy Collins, Ms Denise Couldridge	Ms Sheila Symes, Ms Louise Corkrey	Ms Terry Corpe

Administering medication kept in the office –

<b>Daubeney School</b>	<b>Sebright School</b>	<b>Lauriston School</b>
Ms Debi Groves, Ms Jennifer Coyston	Ms Kandi Cox, Ms Candice Maclennan	Ms Louise Corkrey, Ms Lorraine Ingram, Ms Natalie Engels

Keeping record of asthma medication administered – Admin Staff, Learning Mentors, Class teachers

### **Individual Healthcare Plans**

The Executive Head and Heads of Schools have the overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the school's **named person**.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done;
- When;
- By whom.

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Head of School will make the final decision.

IHPs will be linked to, or become part of, any Education, Health and Care Plan (EHCP). If a pupil has SEND but does not have an EHCP, the SEND needs will be mentioned in the IHP.

### **Unacceptable practice**

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary;
- Assume that every pupil with the same condition requires the same treatment;
- Ignore the views of the pupil or their parent;
- 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 staying for normal school activities, including lunch, unless this is specified in their IHPs.
- If a pupil becomes ill, send them to the school office unaccompanied or with someone unsuitable, e.g. another pupil;
- Penalise pupils 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 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 toileting issues.
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child;
- Administer, or ask pupils to administer, medicine in school toilets.

### **Complaints**

Parents with a complaint about their child’s medical condition should discuss these directly with the named person in the first instance. If the named person cannot resolve the matter, they will direct parents to the school’s complaints procedure.

### **Appendices**

- Medication Request form & Administration Record Sheet
- Registration of Medical Needs
- Medical Needs Procedures
- Step by Step Procedures
- Medical Needs Flow Chart

Policy Ratified:

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Executive Head Mrs Janice Thomas

Signed: \_\_\_\_\_

On behalf of the Governor

**Request for School to Administer Medication**

ONE MEDICINE PER FORM

PLEASE FILL IN ALL SECTIONS USING BLOCK CAPITALS

USE 'NONE' OR 'NOT APPLICABLE (N/A)' WHERE NECESSARY – DO NOT LEAVE BLANKS

The school will not give your child his/her prescribed medicine unless you complete and sign this form. Our Executive Head or a member of our senior leadership team must agree that the school staff can administer the medication.

**1. Pupil Details:**

Forename & Surname:	
Date of Birth:	
Class:	
Condition/Illness:	

**2. Medication Details (as described on the prescription):**

Name:		
Type:		
Length of prescription:	From:	To:
Date dispensed:		
a. Expiry date / b. Disposal date:	a.	/ b.

**3. Full Directions for Use:**

Dosage & method:	
Timing:	
Special precautions:	
Side effects:	
Is self-administration allowed?	(please circle) Yes / No
Procedures to take in an emergency:	

**4. Parent/Carer Contact Details & Consent:**

Forename & Surname:	
Relationship to pupil:	
Contact telephone number:	
Signature of consent:	X
Date:	

**5. Executive Head/Senior Leadership Team Member Authorisation:**

Full Name:	
Position: (Must be a member of SLT)	
Signature of SLT authorising all members of staff to administer medication:	X
Date:	

If medication needs to be **taken three times a day** parents should be asked to administer at home: Before school; after school; before bed. If child attends extended day or clubs then medicine should be administered at 3.15pm before the child goes to club or extended day.





**REGISTRATION OF MEDICAL NEED**

**DETAILS OF PUPIL**

Forename & Surname:	
Gender:	M/F
Date of Birth:	
Class:	
Home Address	
Condition/Illness:	

I give permission for the school nurse to contact me and arrange a meeting regarding my child's medical need.

**CONTACT DETAILS**

Full Name:	
Relationship to Pupil:	
Day time Phone No:	
Home Address (if different from above)	
Condition/Illness:	

Date information shared: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (if different from above): \_\_\_\_\_

Relationship to Pupil (if different from above): \_\_\_\_\_

This form must be passed to the 'named person' for medical needs and a copy put into the child's school records.

# School's Logo

## **MEDICAL NEEDS PROCEDURES**

Parents are responsible for informing the school of the medical needs of their child/ren. If medication is needed to be administered in school, then a request for administering medication form needs to be completed by the parents and agreed by the Head of School or member of the senior leadership team on her behalf. Only medicine prescribed by a doctor and labelled clearly will be considered for administration. Long term medication must be replaced by parents on or before the expiry date. Parents should keep a note of when medication is due to run out. This is not the school's responsibility. However, the school will always check that medication is in date when administering and if not or close to expiry date then a member of the office staff will notify parents.

Admin Staff will then record the child's medical needs on SIMs and email the Inclusion Lead, Class teacher and Lead Learning Mentor all information. If a food allergy has been diagnosed, then the kitchen's staff need to be notified immediately. The Named Person & Lead Learning Mentor will ensure that afterschool staff members are informed of all relevant medical needs. They will also be given a copy of the Medical Needs Register.

The Named Person will then update the Medical Needs Register and replace existing Registers with the updated version. They will also notify the school's nurse and arrange for a healthcare plan if necessary.

The Named Person or SENCo will arrange any training needed to administer the medication. If the school does not have any adults trained in administering the medication, then parents/carers will need to do so until training is arranged.

All medicines will be kept in the office and the office staff will administer. Asthma inhalers will be kept in the classrooms or other suitable location. Epi-pens will be kept in an easily accessible area. Inhalers and epi-pens will be clearly marked with the child's name and class.

Teachers are responsible for ensuring that any medication a child needs, e.g. asthma inhalers, is taken with them on any trip outside of school.

A record of administration of medication will be kept with the medication and shared with parents when asked or if needed.

In the event of an emergency the office staff will be instructed by a member of the Senior Leadership Team to phone for an ambulance and inform parents immediately.

# School's Logo

## Medical Needs Flow Chart

Parents identify a medical need and report to school admin team.

Short Term Medication prescribed and needs to be administered during school hours.

Medical need is recorded and information is given to Named Person and class teacher.

Long Term Medical needs identified.

Parents complete an administering medicine form and hand to admin staff to check. Admin team gives copy of medical needs flowchart.

Parents complete Medication Administration form and/or information sheet and give to a member of the admin team to check. Admin team gives a copy of the Medical Needs Policy to parents.

A member of the Senior Leadership Team checks the form and initials to say that medication can be administered.

Admin team informs class teacher of medical need and any medication needed and when to send child to the office to administer the medication.

Admin team informs class teacher of medical need and any medication needed and when to send child to the office to administer the medication. Before giving medicine Admin team member checks expiry date and dose.

SLT checks medical need register at the beginning of each term to ensure all updates have been made.

Before giving medicine Admin team member checks expiry date and dose. Food allergies are reported to the Kitchen staff immediately by the admin team.

Parents collect medication at the end of the day and return the next day or end of the course of medication whichever is applicable.

Parents must collect all medication at the end of the academic year and bring in medication at the beginning of the new academic year and sign a request for administering medication form. At regular intervals parents must check with class teacher that medication does not need replacing.

Named person informs the school nurse and arranges a Care Plan meeting if needed and any specialist training that may be needed.

**Only medication prescribe by a doctor or pharmacist can be administered by school Staff. All medication must have the child's full name expiry date and dosage on the label.**

Class teachers ensure that all staff working with the child know about their medical needs.

Named person updates all medical needs booklets; medical needs display in staffroom and registers in classes.