

Policy Document

<b>Medical Conditions Policy</b>	
<b>Who is responsible?</b>	
<b>To be reviewed by Jason Beardmore and Henrietta McDermott</b>	<b>January 2019</b>
<b>1. Children with Medical Conditions Policy</b>	
<p>Responsibility: The Governor with responsibility for SEN, Simon Darley and Jason Beardmore, the Principal. Henrietta McDermott (SENCO) oversees those with more complex medical needs.</p> <p>Matthew Clinkard, Assistant Principal with pastoral responsibility oversees the pastoral support and attendance issues of those with medical conditions.</p>	The Governor with responsibility for SEN, Mr Simon Darley and Mr Jason Beardmore, the Principal.
a. We aim to ensure that all children, including those with medical conditions can continue to enjoy learning, friendships and extra curricula activities as far as possible.	All staff
b. Parents have the prime responsibility for their child’s health and are required to provide the school (via the Heads of Learning and Pastoral Co-ordinators) with information about their child’s medical condition before they are admitted to the academy, or as soon as the child first develops a particular medical need.	Parents
<b>2. Pupils with Short – Term Medical Needs</b>	
a. If children are unwell and unable to cope with a busy school day or if the child has an infectious or contagious condition they should not be sent to school. If they become ill during the day, parents/carers will be contacted by the student support office in order that the child can be taken home. This advice should be read in conjunction with the academy’s attendance policy and procedures.	Parents

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<p>b. Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of prescribed antibiotics. Where possible doses should be given before or after school, however medicines may be brought into school if it would be detrimental to the child not to do so. Medicines should be brought to school in the original containers with the labels attached and the names clearly visible with dosage instructions.</p>	<p>Parents</p>
<p>c. Parents should inform the school (using the forms available from the student support office) about the medicines that their child needs to take and provide details of any further support required.</p>	<p>Parents</p>
<p><b>3. Responsibility for administering prescribed medication</b></p>	
<p>a. The school will ensure that there are sufficient members of support staff who are employed, appropriately trained and willing to manage medicines. The type of training necessary will depend on the individual case. If they are in doubt about any procedure, staff will not administer the medicines but will check with the parents or a health professional before taking further action.</p>	<p>Jason Beardmore</p> <p>See below for adults who administer medication.</p>
<p><b>4. Record-keeping</b></p>	
<p>a. Staff will complete and sign a record each time they give medicine to a child. (These are filed alphabetically by name on individual sheets when the course of prescribed medicine is taken).</p>	<p>Adults responsible for administering and recording receipt of medication:</p> <p>Virginia Hodges First Aid Officer or Pastoral Co-ordinators. Christabel Gale, Jo Tredger and Trina Knight.</p>
<p><b>5. Refusal to take medicine</b></p>	
<p>a. If a child refuses to take medicine, staff will not force them to do so, but will note this in the records and inform parents of the refusal immediately.</p>	<p>Principal, Jason Beardmore and Heads of Learning, Teresa Priest, Rainbow Bartlett, Robert Mitchell and Gemma Glentworth.</p>

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<p>b. If a refusal to take medicines results in an emergency, then the usual emergency procedures will be followed.</p>	<p>First Aid Officer Virginia Hodges or Pastoral Co-ordinators.</p>
<p><b>6. Storage of Medication</b></p>	
<p>a. All emergency medicines, such as asthma inhalers and adrenaline pens, will be safely stored and will be readily available. Within date duplicate copies are to be supplied by parents and kept in student office. <u>Where children are considered safely able to take care of their own medicines they will be supported to do so.</u></p>	<p>Parents  First Aid Officer Virginia Hodges</p>
<p>b. Some medicines need to be refrigerated. These will be kept in the refrigerator in the student reception office and access will be restricted to the refrigerator holding medicines to members of trained staff only.</p>	<p>First Aid Officer Virginia Hodges</p>
<p>c. For further information on medicine and school trips see school trips procedure and section 15.</p>	
<p><b>7. Absence from school for more than 15 days</b></p>	
<p>a. For those children who attend hospital appointments or are admitted to hospital on a regular basis, special arrangements may also need to be considered. In this event advice may be sought from Medical/ PEVP panel who might offer additional support from the Link Education Centres.</p>	<p>Assistant Principal Matthew Clinkard</p>
<p>b. Children with medical needs may be unable to attend school for many reasons relating to their condition and in this event the school will make arrangements to link the child to suitable learning opportunities when appropriate.</p>	<p>Assistant Principal Matthew Clinkard.</p>

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<b>8. Pupils with Long Term or Complex Medical Needs</b>	
a. Where a child’s needs are particularly complex and could affect their ability to access the full curriculum or participate in other areas of school life, then special arrangements or adaptations will be made. The PIMS Team and SENITAS may be contacted to support this.	Henrietta McDermott SENCO
b. In some cases this might take the form of dedicated adult support, at certain times of the school day. Alternatively, the child’s needs could be such that modifications to the learning environment and /or the provision of specialist aids will need to be considered.	
<b>9. Individual Health Care Plans</b>	
A written, individual health care plan will be developed where needed, to clarify for staff, parents and the child, the support that will be provided and what training may be required. This will include: I. Details of the child’s medical condition II. Any medication III. Daily care requirements IV. Action to be taken in an emergency V. Parents/ carers details including emergency contact numbers.	Heads of Learning, Assistant Principal to make SENCO aware when appropriate.
<b>10. Those who may contribute to a health care plan include:</b>	
a. The school nurse, specialist nurses, children’s community nurses, the child’s GP or other health care professionals (depending on the level of support the child needs) b. The parents/ carers ( and the child, if appropriate) c. Senior Pastoral Leaders/ SENCO when appropriate. d. Where appropriate, the class teachers and Learning Support Assistants. e. Support staff who are trained to administer medicines or trained in emergency procedures. f. PIMS team  It is good practice to have a health care plan endorsed by a health care professional and in many cases it is essential to do so.	

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<p>11. The school will agree with parents how often they should jointly review a health care plan. The timing of this will depend on the nature of the child's particular needs. In most cases this will take place at the start of each school year; however, some plans will need to be reviewed more frequently depending on individual needs.</p>	<p>Heads of Learning and SENCO when appropriate.</p>
<p>12. Healthcare plans and training are not transferable, even when children have the same condition.</p>	
<p><b>13. Training</b></p>	
<p>a. If school staff need to be trained to administer medical procedures the school will contact the relevant health care professional, e.g. School Nurse, specialist nurse or children's community nurse. Parents cannot be responsible for leading this training but parents and children will be asked to participate in the training and give advice and guidance on how they prefer things to be done where it is specific to a particular child.</p>	<p>Matthew Clinkard Assistant Principal</p>
<p>b. Parents and school staff cannot cascade training that they have received when the training is specific to an individual child.</p> <p>c. School staff who have been trained are responsible for following and delivering the health care plan and if the child's condition alters they will contact an appropriate professional and the parents, making them aware of the change and requesting further training if needed or an alteration to the plan</p>	<p>Jason Beardmore Principal</p>



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<p>a. Visits and school residential trips will be planned so that pupils with medical needs can participate and reasonable adjustments will be made as appropriate to ensure that they are not discriminated against. If a risk assessment indicates that it is not safe for the pupil to participate in part of the experience because of their condition, then reasonable adjustments will be made and an alternative experience will be provided to ensure that they are enabled to join in the curriculum surrounding the trip.</p>	<p>All staff</p>
<p>b. Staff supervising excursions and residential trips will always make sure that they are aware of any medical needs, and relevant emergency procedures. Parents of children participating in residential trips will need to complete required consent forms giving details of all medical/dietary needs. All medication or equipment which needs to be administered during the course of the visit should be handed directly to the visit leader, in advance and after consultation, in accordance with the school’s guidelines before leaving the school at the start of the trip.</p>	<p>All relevant staff</p>
<p>c. A copy of individual health care plans will be taken on visits in the event of the information being needed in an emergency.</p>	<p>Visit leader</p>
<p>d. Arrangements for taking any necessary medicines will be made and if necessary an additional member of the support staff, or an appropriate volunteer might be needed to accompany a particular child. Children’s parents will not be required to accompany their own children on school trips.</p>	<p>Visit leader</p>
<p>e. If there is any concern about whether the school is able to provide for a child’s safety, or the safety of other children on a visit, then parents will be consulted and medical advice sought from the school health service or the child’s GP.</p>	<p>Assistant Principal.</p>

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<b>16. Sporting Activities</b>	
a. All children with medical conditions will be encouraged to participate as fully as possible in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-being. Staff will be sensitive to their individual needs and sufficient flexibility will be incorporated into the lesson planning for all children to be included in ways appropriate to their own abilities.	All PE staff
b. Any restrictions on a child’s ability to participate in PE will be recorded in their individual health care plan. This will include a reference to any issues of privacy and dignity for children with particular needs.	SENCO/ Heads of Learning.
c. Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.	All PE staff/ Virginia Hodges and pastoral team.
<b>17. Insurance</b>	
This school is an academy. Our insurance arrangements are part of the Risk Protection arrangement scheme (RPA) which is through the Department for Education.	Principal