



ASTON AND COTE CHURCH OF ENGLAND PRIMARY SCHOOL

MEDICAL NEEDS POLICY

February 2020

This policy should be taken and used as part of Aston and Cote's overall strategy, and implemented within the context of our vision and values of a Church of England School. Aston and Cote is a Church of England School which celebrates a love of God and puts the Christian ethos at the centre of all that it does.

Aspiring to be the people God created us to be.

Introduction - An inclusive community

Aston & Cote Primary School is an inclusive community that aims to support and welcome pupils with medical conditions and aims to provide all pupils with medical conditions the same opportunities as others at school.

At Aston & Cote we understand that medical conditions should not be a barrier to learning, so we will ensure that all staff understand their duty of care to children and young people in the event of an emergency and feel confident in knowing what to do in an emergency.

Pupils with medical conditions are encouraged to take control of their condition and the school will make every effort to ensure that they are confident in the support they receive to help them do this. This school aims to include all pupils with medical conditions in all school activities and there will be an expectation that medical intervention in school time should be minimised to ensure full access to the curriculum.

This school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood. Therefore, we will ensure that all staff understand the common medical conditions that affect children at this school and receive training on the impact this can have on pupils.

School and community involvement in the policy

Pupils will be informed and regularly reminded about the medical conditions policy:

- through the school and class councils
- in personal, social and health education (PSHE) classes

Parents will be informed and regularly reminded about the medical conditions policy:

- by including the policy statement in the school's prospectus and signposting access to the policy at the start of the school year, when communication is sent out about Healthcare Plans

- when their child is enrolled as a new pupil and via the school's website (where it is available all year round)
- through school-wide communication about results of the monitoring and evaluation of the policy

School staff will be informed and regularly reminded about the medical conditions policy:

- through regular updates at staff meetings and at other times during the year
- at scheduled medical conditions training
- through school-wide communication about results of the monitoring and evaluation of the policy. In addition, supply and temporary staff are informed of the policy and of their responsibilities.

Governors agree the policy and regularly review it (at least every 2 years)

All other external stakeholders are informed and reminded about the school's medical conditions policy:

- by letter, accompanied with a printed copy of the policy summary at the start of the school year
- through communication about results of the monitoring and evaluation of the policy

Staff awareness & training

- Staff are aware of the most common serious medical conditions at this school and they understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required (under common law duty of care) to act like any reasonably prudent parent. This may include administering medication
- Staff are aware that there is no legal or contractual duty to administer medication, or supervise a pupil taking medication, unless they have been specifically contracted to do so
- Staff who work with groups of pupils at this school receive training and know what to do for the pupils in their care with medical conditions. Training is refreshed for all staff at least once a year

- Action for staff to take in an emergency, for the common serious conditions at this school, is displayed in prominent locations for all staff
- This school uses Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need medical assistance

General emergency procedures

The school will ensure that all staff know what action to take in the event of a medical emergency. This includes:

- how to contact emergency services and what information to give
 - who to contact within the school
- New staff and supply staff are inducted into school processes.
 - Action to take in a general medical emergency is displayed in prominent locations for staff
 - If a pupil needs to be taken to hospital, and their parent or carer is not immediately available, a member of staff will accompany them and will stay with them until a parent/carer arrives. The school tries to ensure that the staff member will be one the pupil knows
 - This school has procedures in place so that a copy of the pupil's Healthcare Plan is sent to the emergency care setting with the pupil. When this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible. Staff should not take pupils to hospital in their own car. This school has clear guidance from the local authority on when (and if) this is appropriate

Administering medication

- All pupils at this school with medical conditions have easy access to their medication. This will only be administered under the supervision of a named member of staff at the school - even if the pupil can administer the medication themselves (pupils will be encouraged to administer their own emergency medication when their parents and health specialists determine they are able to start taking responsibility for their condition).
- All staff understand the importance of medication being taken as prescribed and training will be given to staff members who administer medication to pupils. At Aston & Cote, all medicines for children from Yrs R - 6 are kept in the classrooms in a medical box unless they need to be kept in the office fridge.
- When a pupil is off-site their medication will be carried by a responsible adult, who will be available to administer the medicine and assist the pupil. All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed. This is always addressed in the risk assessment for off-site activities.
- Training is given to all staff members who agree to administer medication to pupils, where specific training is needed. If a trained member of staff, who is usually responsible for administering medication, is not available the school makes alternative arrangements to provide the service.
- Parents at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.
- If a pupil misuses medication, either theirs or another pupil's, their parents are informed as soon as possible. These pupils are subject to the school's usual disciplinary procedures.
- If a pupil at this school refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible

Storing medicines at school

- There is an identified member of staff who ensures the correct storage of medication at school. Medication is stored in accordance with instructions, paying particular note to temperature
- Three times a year the identified member of staff checks the expiry dates for all medication stored at school

All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency

- Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils.
- All medication is sent home with pupils at the end of the school year. Medication is not stored during the summer holidays
- It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year

Safe disposal

- Parents are notified when medication is out-of-date and asked to collect it and replace it if necessary.
- Although not currently needed, sharps boxes would be used for the disposal of needles. Collection and disposal of sharps boxes would be dealt with appropriately

Record keeping & Healthcare Plans

Parents at this school are asked if their child has any health conditions or health issues on the enrolment form, which is filled out when they start at the school. Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.

Drawing up Healthcare Plans

This school uses a Healthcare Plan to record important details about individual children's medical needs at school, e.g. their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the

Healthcare Plan if required.

If a pupil has a longer term medical condition that requires treatment or medication during school hours, the school, healthcare professional, parent and pupil with a medical condition (if appropriate), are asked to fill out the Healthcare Plan together.

[See Appendices 1 & 2](#)

If a pupil has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the pupil's parents to complete.

[See Appendix 3](#)

School Healthcare Plan register

Healthcare Plans are used to create a centralised register of pupils with medical needs. An identified member of staff has responsibility for the register at this school. The responsible member of staff clarifies the details on a pupil's Healthcare Plan with the parents, if necessary.

Ongoing communication and review of Healthcare Plans

- Parents at this school are regularly reminded to update their child's Healthcare Plan, for example if their child has a medical emergency or if there have been changes to their symptoms, or their medication and treatments change.
- The school will contact parents to check that information held by the school on a pupil's condition is accurate and up to date.
- Every pupil with a Healthcare Plan at this school has their plan discussed and reviewed at least once a year.

Storage and access to Healthcare Plans

- Parents at this school are provided with a copy of the pupil's current agreed Healthcare Plan
- Healthcare Plans are kept in a secure central location at school
- Apart from the central copy, specified members of staff (agreed by the pupil and parents) securely hold copies of pupils' Healthcare Plans. These copies are updated at the same time as the central copy
- All members of staff who work with groups of pupils have access to the Healthcare Plans of pupils in their care
- When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of pupils in their care
- This school ensures that all staff protect pupil confidentiality
- This school seeks permission from parents to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Healthcare Plan
- This school seeks permission from the parents before sharing any medical information with any other party

Use of Healthcare Plans

Healthcare Plans help the school to effectively support pupils with medical conditions in accessing the curriculum and wider school life.

Where a child is absent for over 15 days due to illness the school will consider reviewing or setting up a health care plan with school nursing/ GP. The aim of this review is to promote the child's attendance and engagement in school and maximise their access to the curriculum. Where this health care plan review decides that the pupil cannot attend school on medical grounds a referral will be made to the Local Authority Medical Provision for consideration.

Consent to administer medicines

If a pupil requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent, whether this is on a regular/daily basis or a short course of medicine. **Appendix 3** is used to record this.

Residential visits and School Trips

- Parents are sent a residential visit/school trips form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours
- All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required
- If the form includes current issues of medication - a discussion is held with the parent about how the medical condition will be managed whilst on the trip
- All residential visit forms are taken by the relevant staff member on residential visits and out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's Healthcare Plan

Other record keeping

This school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible.

[See Appendix 4](#)

This school holds training on common and specific medical conditions, led by a healthcare professional. Staff attending receive a certificate confirming the type of training they have had. A log of the medical condition training is kept by the school and reviewed every 12 months to ensure staff are suitably trained.

[See Appendix 5](#)

An inclusive school environment for children with medical conditions

Physical environment

This school is committed to providing a physical environment that is accessible to pupils with medical conditions, this includes school trips and journeys.

Social interactions

- This school ensures the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school
- This school ensures the needs of pupils with medical conditions are adequately considered to ensure they have full access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits
- All staff at this school are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies
- Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment

Exercise and physical activity

- This school understands the importance of all pupils taking part in sports, games and activities.
- This school ensures all school staff and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.
- This school ensures all school staff and sports coaches understand that pupils should not be forced to take part in an activity if they feel unwell.
- School staff and sports coaches are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities.
- This school ensures all school staff and school sports coaches are aware of the potential triggers for pupils' medical conditions when exercising, and how to minimize these triggers.

- This school ensures all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.
- This school ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

Education and learning

This school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.

If a pupil is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers at this school understand that this may be due to their medical condition.

Teachers at this school are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the Head Teacher. The Head Teacher consults the pupil, parents and the pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is properly considered.

Residential visits

Risk assessments are carried out by this school prior to any out-of-school visit and medical conditions are considered during this process. Factors this school considers include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency. This school understands that there may be additional medication, equipment or other factors to consider when planning residential visits.

Policy Review

- This school's Medical Condition Policy is reviewed, evaluated and updated every year, in line with the school's policy review timeline.
- New DFE and Department of Health guidance will feed into the review.

Policy to be reviewed: February 2021

Oxfordshire County Council Guidance

1. Introduction

1.1 This policy sets out how Oxfordshire County Council (OCC) will comply with its statutory duty to arrange suitable full-time (or part-time when appropriate for the child's needs) education for children of compulsory school age who, because of illness, would otherwise not receive suitable education.

1.2 This statutory duty applies to all children and young people of compulsory school age, permanently living in Oxfordshire, who would normally attend mainstream schools or special schools, including academies, free schools and independent schools, or where a child is not on the roll of a school.

2 Aim of the policy

2.1 Oxfordshire County Council's intention is that all children, regardless of circumstances or education setting, should receive a good education to enable them to shape their own futures. Therefore, alternative provision for children medically unfit to attend school and the framework surrounding it should offer good quality education. This support should meet the child's individual needs, including social and emotional needs and enable them to thrive and prosper in the education system.

2.2 The provision for children who are medically unfit to attend school will ensure that:

- Pupils make good progress in their education and do not fall behind their peers, particularly in key subjects.
- Disruption to learning is minimised and there is a continuity of education provision within the school curriculum.
- Pupils are able to obtain qualifications as appropriate to their age and abilities.
- Pupils are able to reintegrate successfully back into school and that this takes place as soon as their health permits.
- Pupils feel fully part of their school community and are able to stay in contact with classmates.

3 Legislation and Guidance

3.1 Key legislation covering the duties and powers relating to this policy:

- Section 19 of the Education Act 1996, as amended by section 3a of the Children, Schools and Families Act 2014;

www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf

- Equality Act 2010:

www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf Some complex and/or long-term health issues may be considered disabilities under equality legislation. This legislation provides that Local Authorities (LA) must not discriminate against disabled children and are under a duty to eliminate discrimination, foster equality of opportunity for disabled children and foster good relations between disabled and nondisabled children. LAs should make reasonable adjustments to alleviate disadvantage faced by disabled children, and plan to increase disabled children's access to premises and the curriculum.

3.2 Local authorities must have regard to statutory guidance when carrying out their Section 19 duty. The relevant guidance is: ***"Ensuring a good education for children who cannot attend school because of health needs"***:

<https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>

This policy has been developed with regard to this guidance.

4. Role of Oxfordshire County Council (OCC)

4.1 Local authorities are responsible for ensuring that there is a named senior officer with responsibility for education provision for children with health needs and parents should know who that person is. The named officer for

OCC is Janet Johnson, Strategic Lead for Vulnerable Learners,
Janet.johnson@oxfordshire.gov.uk .

4.2 The LA's SEN Casework team will work with schools to review any changing needs of a child with an Education Health and Care Plan (EHCP) or statement of SEN, who is unable to attend school because of their medical needs. The EHCP will link the long term educational needs associated with the child's medical condition to the most appropriate teaching and learning provision.

4.3 The Exclusion and Reintegration Team monitors and provide advice on pupils receiving alternative education provision.

The team works closely with colleagues within the local authority, with schools and with partner agencies to reduce the length of time that children are on reduced timetables, which may be due to their medical needs. A strategic group, 'Pupils Missing Out' oversees this work and will challenge barriers that prevent access to full time education provision.

4.4 Oxfordshire County Council expects that all schools will work in partnership with it to ensure continuity of access to education for all children unable to attend school because of serious illness or injury. All schools must have a written policy and procedures for dealing with the education of children and young people with medical needs and governing bodies also must have regard to relevant statutory guidance ('Supporting Pupils with medical conditions'):

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

4.5 OCC's arrangements for alternative provision for children medically unfit to attend school are made in agreement with the Oxfordshire Hospital School (OHS), which aims to:

- provide continued education as normally as the child's medical condition allows
- promote self-esteem and educational achievement
- promote equal access to education for all children and young people at OHS
- work as a team with all those involved with the child
- ensure a rapid response to need.

4.6 Oxfordshire Hospital School (OHS) has three sectors:

- A children's hospital teaching sector for students with a range of medical or surgical conditions located at the Oxford Children's Hospital (Oxford), the Nuffield Orthopaedic Hospital and the Helen and Douglas House Hospice.

- A psychiatric unit for students with mental health located at the Highfield Adolescent Unit, Warneford Hospital Oxford.
- An outreach teaching programme for students in the community with medical or mental health conditions. This sector also supports teaching at the Horton Hospital, Banbury.

5 Identification of children who need provision

5.1 This policy applies to all children and young people who:

- Have an illness which will prevent them from attending school for 15 or more school days, either in one absence or over the course of a school year and where suitable education is not otherwise being arranged.
- Have a health need and their absence has been validated as necessary by a medical professional, either a consultant community paediatrician or specialist consultant psychiatrist from CAMHS.
- Health problems can include physical illnesses, injuries and clinically defined mental health problems certified by medical evidence, such as that provided by a medical consultant. From CAMHS consultants, the evidence would be in the form of letter and copy of care plan/Care Programme Approach Plan.

6 Referral and Intervention

6.1 All referrals must be verified, in writing, by a consultant community paediatrician or specialist consultant psychiatrist from Child and Mental Health Adolescent Services (CAMHS). This should indicate:

- if the child/young person is unfit for school
- for how long support might be required
- recommended teaching hours
- an outline of what medical intervention is currently in place

For pupils who have returned from hospitals or other in-patient units out of county, medical evidence will be sought from the discharging hospital medical staff. Refer to the [OHS admissions policy](#) for more details.

6.2 The Oxfordshire Hospital School charging policy can be found in its Admissions

Policy at:

<http://www.ohs.oxon.sch.uk/page/?title=Policies+and+Documents&pid=14>

6.3 Subject to medical advice, OHS aims to teach children and young people in hospital from day 1 or as soon as the child is well enough. When a child is in hospital, effective liaison between hospital staff, Oxfordshire Hospital

School and the child's school will ensure continuity of provision and consistency of curriculum, helping the child to keep up rather than having to catch up with his/her education.

If a child has complex long term health issues and the pattern of illness may be unpredictable, regular liaison between the school, medical professionals and Oxfordshire Hospital School will enable appropriate provision to be made.

6.4 Children and young people on a school roll, with a diagnosed medical need that does not require in patient or day patient hospitalisation, are generally referred by the home school to Oxfordshire's Hospital School as the alternative provider. It is the responsibility of the home school to collate the necessary evidence for the referral to the Outreach Teaching Service. Admissions criteria and referral procedures are available on the OHS website: www.ohs.oxon.sch.uk.

6.5 Circumstances that may trigger requests for the Outreach Teaching Service involvement or support include children and young people with the following needs:

- Those with medical / mental health needs who are or will be absent for more than 15 working days (consecutive or cumulative absence due to the same illness) and who are declared medically unfit, by a consultant clinician, to attend their usual place of learning in spite of support offered by an 'Individual Health Care Plan.'

- Pupils who are re-integrating into school after a period of illness or injury, in accordance with the terms agreed at initial and on-going reviews

6.6 The education provision will be full time, unless this is not in the best interests of the child. Children with health needs should have provision which is equivalent to the value of education they would receive in school. If they receive one to one tuition, for example, the hours of face to face provision could be fewer as the provision is more concentrated. The education will be tailored to the child's age, aptitude and ability and any other individual need (for example, health, social and emotional needs, special educational needs or disability).

6.7 Children and young people who are registered at OHS remain on roll at their home school. Although such pupils are taught by the OHS, at all times, they remain the responsibility of the home school and should be recorded on their home school's annual census return.

6.8 The child's progress will be reviewed at least every 8 weeks by Oxfordshire Hospital School, in consultation with the parent / carer, the home school and other relevant services. Reviews will be made more frequently according to need. It should be recognised that a child's educational needs and ability to access education may change depending on their health and that the programme may need to be flexible to accommodate this.

7 Working in Partnership

7.1 Schools and alternative providers should collaborate with parents/carers, the local authority and all relevant health services to ensure the delivery of effective education for children with additional health needs.

7.2 Parents and carers have a key role to play in their child's education and are to be involved in planning and on-going review. In the case of a looked after child, Oxfordshire County Council and primary carers will fulfil this role. Children should also be involved in decisions to ensure they are engaged as much as possible in this process.

7.3 Relevant services including Special Educational Needs (SEN), Child and Adolescent Mental Health Services (CAMHS), Education

Inclusion/Attendance/ Improvement Services, educational psychologists and school nurses all have responsibilities to work together to support children who are medically unfit to attend school.

7.4 Schools and alternative providers will make arrangements to reintegrate pupils at the earliest opportunity and as soon as they are well enough. Each child should have an individually tailored reintegration plan. Under Equalities legislation, schools must consider whether they need to make any reasonable adjustments to provide suitable access for the child as part of their reintegration.

7.5 The plans for the longer term outcome and the next steps will be agreed at the start of the commissioned support, intervention or provision, according to the statutory guidance for Alternative Provision (2013);
<https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>

7.6 Children will be supported by both their home school and alternative provision to sit public examinations. Awarding bodies will make special arrangements for children with permanent or long-standing disabilities when they are taking public examinations.

8 Complaints and Review

8.1 Complaints about provision for children who are medically unfit to attend school should be made to the child's home school and/or OHS in the first instance. The council will only intervene if it has reason to believe that the education provision is unsuitable or insufficient, complaints can be made using the [corporate complaints](#) procedures.

8.2 This policy will be reviewed every two years or in line with any changes made to statutory guidelines.