



Our Lady of the Assumption Catholic Primary School



Policy for Supporting Children with Medical Conditions

Adopted by Full Governing Body : 7th December 2016

Signed Chair of Governors .

To be reviewed : September 2018, or dependant on any legislative changes

Safeguarding Statement :

'Our Lady of the Assumption Catholic Primary School is committed to safeguarding and promoting the safety and welfare of all children and expects all staff and volunteers to share this commitment.'

Our Vision

As a Catholic school that puts Christ at the centre, we are committed to encouraging everyone to 'Be The Best They Can Be'

Children and Families Act 2014

1 The Children and Families Act 2014 includes a duty on schools to support children with medical conditions. 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

2 Our Lady of the Assumption School will ensure that children with medical conditions are well supported.

2.1 Mrs Connelly is the named person with responsibility for supporting these children and for ensuring that sufficient staff are suitably trained,

2.2 We have a commitment that all relevant staff will be made aware of the child's condition,

2.3 We provide cover arrangements in case of staff absence or staff turnover to ensure someone is always available,

2.4 We brief supply teachers on any medical conditions.

2.5 We undertake risk assessments for school visits, trips, and other school activities outside of the normal timetable.

2.6 We monitor individual healthcare plans in liaison with the health practitioners

3.Procedure to be followed when notification is received that a pupil has a medical condition

3 Procedures to be followed when Our Lady's is notified that a pupil has a medical condition

3.1 We will liaise with a new setting / school when we know of a child coming to or going from Our Lady's 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.

3.2 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, 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.

4 Individual healthcare plans

4.1 Some children need 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.

However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate.

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.

4.2 Healthcare plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, eg 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.

4.3 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 the individual healthcare plan should be linked to or become part of that EHC plan.

4.4 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.

4.5 The information recorded on an individual healthcare plan will include the pupil's details, any emergency contact details and in addition, will include the following :

A . the medical condition, its triggers, signs, symptoms and treatments;

B. 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.

C. the level of support needed, including what to do in an emergency.

D. 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;

End