

POLICY STATEMENT: ACCESS TO EDUCATION FOR PUPILS WITH MEDICAL NEEDS (INCLUDING PREGNANCY)

RATIONALE

- To support children with long and short term medical needs in order to enable regular school attendance whenever feasible.
- Pupils with medical needs have the same right to admission as any other child, and cannot usually be excluded because of their medical condition.
- Teachers and other school staff in charge of pupils have a common law duty to act as any reasonable prudent parent would to make sure that pupils are healthy and safe on school premises and this might, in exceptional circumstances extend to administering medicine and/or taking action in an emergency. This duty also extends to teachers leading activities taking place off the school site, such as educational visits, school outings or field trips.
- The government policy of inclusion means that many pupils with very demanding medical needs are now being taught in mainstream schools.
- Confidentiality is essential.

GUIDANCE

- Most pupils will at some time have a medical condition that may effect their participation in school activities. For many this will be **short term**; perhaps finishing a course of medication.
- Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having **long term medical needs**.
- Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.
- An individual health care plan helps to identify the necessary safety measures to support pupils with medical needs and ensure that they and others are not put at risk.

ROLES & RESPONSIBILITIES

- Parents or guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents, and the pupil if he/she is mature enough, should give details, in conjunction with their GP or paediatrician, as appropriate. The school doctor or nurse and specialist voluntary bodies may also be able to provide additional background information for school staff.
- The School Health Service provides advice on health issues to pupils, parents, teachers, education officers and local authorities. Health Authorities, LEAs and governing bodies work together to ensure pupils with medical needs and school staff have effective support in schools.

- Parents, however are always advised to keep their child(ren) at home if they are ill or consult their GP/Clinic and not expect advice from our First Aiders. If pupils are unwell at school parents/carers will be advised to collect their child(ren) as a p.
- The local Consultant in Communicable Disease Control (CCDC) can advise on the circumstances in which pupils with infectious diseases should not be in school, and the action to be taken following an outbreak of an infectious disease.
- Parents cultural and religious views should always be respected.
- **There is no legal duty which requires school staff to administer medication; this is a voluntary role.** Staff who provide support for pupils with medical needs need support from the Headteacher and parents, access to information and training provided by the Health Authority (BNHT School Nurse).
- Teachers' conditions of employment do not include giving medication or supervision a pupil taking it, although staff may volunteer to do this and many are happy to do so eg EpiPens. If staff follow the school's/LEA's procedures they will be fully covered by the LEA's public liability insurance in the event of a parent making a complaint.
- First Aiders supervise pupils taking medication and record it. They do not administer it unless they have been trained to do so eg EpiPens.
- IHPs are drawn up by the BNHT (School) Nurse for pupils with special medical needs (eg EpiPen Users). Training is given to teaching and support staff and is updated annually, along with the IHP, with parental consent. IHPs are circulated to all teachers who teach the pupil, kitchen staff are also notified of any food allergy pupils.
- The BNHT (School) Nurse attends the New Intake Parents Evening for pupils transferring from KS2 to KS3.
- Teachers, who teach children with medical needs, are on the School's Disability List circulation. The list is regularly amended by the Assistant Headteacher Student Support.
- During lesson time teachers authorise a visit to the Medical room if a pupil seems to be able to continue with their work with a medical slip (see Appendix I); or can send for the First Aider if the pupil cannot be moved. Pupils should be discouraged from going to the medical room in between lessons.
- First Aiders (3 at present) have over-lapping shifts such that the Medical Room is always manned with double shifts occurring at "peak" times viz break and lunchtimes.
- In the case of what appears to be a head injury, the pupil's parent(s) will be contacted (see appendix I & II)
- First Aiders are also responsible for checking and maintaining First Aid Boxes.
- Pupils cannot send themselves home but must report to the Medical Room. First Aiders will make an assessment and discuss with SMB before a pupil is sent home.
- The school register will be completed by the pupil's tutor using the appropriate code for the medical absence.
- Pupils with medical conditions will have access to public examinations with the Examinations Office making arrangements for special consideration as necessary.

FACILITIES

- The Education (School Premises) Regulations 1996 state **that every school should have accommodation for medical or dental examination and treatment, and for the care of pupils during school hours.** It need not be used solely as medical accommodation, but it should be appropriate for that purpose and readily available for use, as such, when needed.
- All minor injuries are treated in the Medical Room. The Medical Room is readily available for this specific purpose and is not used for any other function except occasional medicals by the School Doctor.
- The First Aiders are responsible for the room and its contents.
- The room is available at all times and is available to staff as well as pupils.

SHORT TERM MEDICAL NEEDS

- This includes pupils who will need to take medication at school some time in their school life, for a short period only; to finish a course of antibiotics/apply lotion etc.
- Medication of this sort should only be taken to school when absolutely necessary.

NON-PRESCRIBED MEDICINES

- No non-prescribed medicines should be given to a child under 12 years of age and in the case of aspirin to a child of under 16 (unless of course prescribed by a doctor).
- In general no non-prescribed medicines should be given to any pupils.
- If pupils suffer from regular acute pain eg migraine, parents should authorise and supply appropriate pain killers for their child's use with written instruction about when and how often their child should take their medication. (See Appendix III)

LONG TERM MEDICAL NEEDS

- These are medical needs which will effect the pupil for extended periods and probably most of their lives eg anaphylaxis, asthma, epilepsy; they are becoming more common.
- It is important that school is made aware of any medical condition prior to pupils starting school or when a pupil develops a condition so that IHPs, if necessary, can be set up involving parents and relevant health professionals
- It is the responsibility of the Assistant Headteacher Student Support to co-ordinate information and if necessary to involve outside agencies.

ADMINISTRATION OF MEDICATION

- Medicines must be labelled with the pupil's:
 - name of pupil – name of medication
 - dated with expiry date
 - prescribed dose – frequency and method of administration
 - maintained by parents
- No pupil under 16 should be given medication without written parental consent.

- Self-management/administration of medicines is encouraged for pupils of secondary school age, if feasible, pupils should keep their medication on their person eg inhalers. Only the daily necessary quantity of the appropriate medication should be with a pupil at any time to protect the safety of other pupils.
- Records are maintained by First Aiders in the Medical Room Book of pupil name, time, frequency, dosage and any side effects.
- If pupils refuse to take medication then the school will inform parents as a matter of urgency. If necessary school will call the emergency services.

STORAGE AND SAFETY OF MEDICATION

- Medicines are stored and locked in cupboard in the Medical Room adjacent to BG2 for security purposes.
- Medicines are labelled – see previous section.
- Pupils are made aware of where their medication is stored and some medications need refrigeration in airtight containers.
- Pupils have supervised access to their own medication as and when required.
- Medicines must be disposed of via the parents at the end of each term.
- Protective/disposable gloves must be used when dealing with blood or other body fluids; these items must be hygienically disposed of including the dressings or equipment.

PREGNANCY

- If the school becomes aware that a pupil is pregnant or suspects that a pupil is pregnant the school does not have a legal responsibility to inform the pupil's parents/guardians and a guarantee of unconditional confidentiality should not be offered to pupils. However, the school believes that in all cases the parents/guardians should be informed as soon as possible unless in the opinion of the Headteacher such an action would place the pupil at risk. In such cases a referral to Social Services would be made.
- The school will seek to ensure that the pupil receives full information about support services in her local area, knows how to access them and has the opportunity to talk through the options available to her. The Connexions P A may provide such information.
- A pupil who is considering adoption or has decided not to continue with the pregnancy or who has already had a termination should also be offered access to relevant support services.
- If the pupil decides to continue with the pregnancy, arrangements should be put into place for the continuation of her education.
- If the pregnant pupil is under 16 and the school believes that there is a child protection issue then the designated child protection teacher will make referral to the appropriate agency.
- Pregnancy should not be a reason for excluding a pupil from school, neither should health and safety be used as a reason to prevent a pregnant pupil attending school.

- A pupil who becomes pregnant is entitled to no more than 18 calendar weeks authorised absence to cover the time before and after the birth of the child.
- The school acknowledges the needs that school age fathers and fathers to be may have.

EMERGENCY PROCEDURES

- Office staff will call an ambulance on the advice of First Aiders, having consulted a member of SMB. Parents are contacted immediately to inform them of the situation.
- If parents cannot be immediately contacted a member of SMB follows the ambulance and remains at hospital until parents arrive.
- Generally staff should not take pupils to hospital in their own car. However, in an emergency, it may be the best course of action. The member of staff should be accompanied by another adult and have public liability vehicle insurance.
- The school's responsibility ceases as the child is entrusted to the care of the NHS ambulance personnel. A member of school staff cannot give permission for any treatment at casualty: The Accident and Emergency staff will have to decide over questions like blood transfusions, haemophilia etc.

PUPILS ON CRUTCHES IN SCHOOL

- Pupils on two crutches may attend school on a restricted basis due to the potential health & safety implications. However if parents sign a disclaimer (See Appendix IV) pupils may attend lessons on the ground floor only. This is usually a temporary measure.

HOSPITAL/HOME TUITION

- If a pupil is unable to attend school for a medical reason; the school provides work for pupils who are at home. This is generally co-ordinated by the Head of Year.
- If a pupil is absent for a considerable period of time ie 15+ days the GP can advise a home tutor, in this case the work is co-ordinated by Assistant Headteacher Student Support who liaises with home tutors.
- If the pupil is hospitalised it is the responsibility of the hospital to provide a tutor for individual or group work. Again the hospital tutors liaise with Assistant Headteacher Student Support.
- A referral will be made to South Gloucestershire EOTAS Service if it is known that an absence will be greater than 15 days and providing the appropriate medical practitioner has provided the appropriate confirmation of the medical condition.
- These pupils should have a PSP (Pastoral Support Programme) drawn up by the Hospital/Home Tuition Services.
- Pupils are entitled to a minimum of 5 hours teaching per week.
- Public examinations can take place at home or in hospital, "special arrangements" are co-ordinated by Assistant Headteacher Student Support with the Hospital/Home Tuition Services.

- Close liaison with hospital and home tutors enables the pupil to keep up with their peers and ensures a smooth transition back to the school environment. In some cases reintegration will be accommodated by having a reduced timetable for the pupil concerned.
- Pupils who are absent from school will be kept informed of events eg monthly newsletters etc.

SPORTING ACTIVITIES

- Most pupils with medical conditions can participate in extra-curricular sport or in the PE curriculum which is sufficiently flexible for all pupils to follow in ways appropriate to their own abilities.
- For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a pupil's ability to participate in PE should be included in their Individual Health Care Plan. (IHPs.)
- Some pupils may need to take precautionary measures before or during exercise and/or need to be allowed immediate access to their medication if necessary.
- Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

SCHOOL VISITS etc (See separate policy regarding risk assessment, organisation and management.)

- It is good practice for schools to encourage pupils with medical needs to participate in school trips, whenever safety permits.
- Short term medical needs can occur, in a situation where pupils are taking part in a school trip. As indicated in the Administration of Medication Policy no Non Prescribed medication should be given to a child who is 12 years old or younger. On any school trip, except those in the immediate vicinity ie for swimming, inter school matches etc, parents will need to be asked to give their approval for the trip and indicate any special considerations, which will include medical needs.
- Sometimes the school may need to take additional safety measures for outside visits. Occasionally an additional supervisor or parent might accompany a particular pupil.
- Staff supervising excursions must always be aware of any medical needs and relevant emergency procedures.
- If staff are concerned about whether they can provide for a pupil's safety or the safety of other pupils on a trip, they should seek medical advice from Assistant Headteacher Student Support who will contact parents, GPs or other relevant professionals.
- First Aid Boxes and travelling First Aid Kits are maintained and checked by the First Aiders. Staff in charge of relevant Department/Faculties and trips should check with the First Aiders that they have the correct and sufficient First Aid materials.

SCHOOL TRANSPORT

- LEAs arrange home to school transport where legally required to do so. They must make sure that pupils are safe during the journeys.
 - Most pupils with medical needs do not require supervision on school transport, but LEAs should provide appropriately trained supervisors if they consider them necessary.

CONCLUSION

- This policy recognises the school's educational commitment to pupils required to use crutches both in the short term and the long term, whilst also recognising health and safety organisational implications.
- All medical liaison, letters etc must be done via Assistant Headteacher Student Support who can authorise special arrangements, referrals to outside agencies etc.
- The school maintains a high level of emergency First Aid. We also have disabled toilets for public and pupil use and all our productions in the Arts Centre etc have medical personnel at venues.
- This policy should be reviewed regularly and revised if appropriate, in conjunction with the SEN Governor.
- This policy must be read alongside the Health & Safety and SENDA policies.

REFERENCES

- Medicines Act: 1968
- Health & Safety Acts : 1974 & 1992.
- Children's Act 1989
- DfES Circular 12/1994.
- DfEE & Department of Health Guidance: Supporting pupils with Medical Needs Circular: 14/1996.
- School Premises Education Act: 1996.
- Education Act: Section 16: 1996.
- Human Rights Act: 1998 – implemented October 2000.
- LEA Administration of Medication in Schools: November 1998.
- SENDA & Disability Act: 2001.
- DfES Guidance: Pupil Support & Access November 2001.
- DfES Guidance: Pupil Support & Equal Opportunities: June & July 2002.
- DfES Guidance: Accessible Schools June & July 2002.
- Access to Education for children with Medical Needs: April 2002.
- Access to Education for children with Medical Needs: A Map of Best Practice February 2003.
- Ofsted The education of pupils with medical needs August 2003 (HMI 1713)

P.I. Firth	First issued September 1993 Revised and reissued September 1997 Revised and reissued November 1998 Revised and reissued September 1999 Revised and reissued December 2003
R C Evans	Revised and reissued February 2005

Appendix I

Name	Tutor Group sent to the Medical Room
at	Reason
.....	
Signed	Date
Teacher	

Appendix II

HEAD INJURY

Note from First Aider to Parents/Guardians

Name:	Tutor Group:
has received what appears to be a minor head injury in school today. Your child has shown no signs of concussion, but we have been advised to inform you that all head injuries need to be monitored for at least 72 hours. Should your child develop any symptoms we would recommend you to take him/her to the doctor/hospital.	
Time into Medical Room:	Date:

Date:

Dear

I understand that the Medical Room staff are storing _____ for your son/daughter. In order for us to maintain accurate records could I ask you to complete the slip below and return this to school as soon as possible.

It is important that you ensure that the medication is kept in date and that the supply is stocked up after use.

If you wish to discuss this matter further, please do not hesitate to contact me.

Yours sincerely,

R C Evans
Assistant Head Student Support

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- I can confirm that I wish the Medical Room staff to keep the following medication stored at school _____
- This is medication for _____ (please print full name of pupil and tutor group) to be given to the child in the event of

Signature: _____ Date: _____

Print name: _____ Relationship to pupil: _____

Please return this slip to the Medical Room as soon as possible.

Date:

Pupil's Name:

Use of Crutches in School

The school has expressed its concern at being present in school on crutches, on Health and Safety grounds.

Given the protracted period of time he/she is likely to be on crutches, and the concern that his/her studies be maintained, we wish to attend school, under restricted conditions.

We understand that:

- He/she can only attend those of his classes which are on the ground floor.
- When unable to attend his/her normal lessons he/she will work as directed in alternative accommodation.
- His/her movements between lessons should be staggered to avoid collision with other pupils.
- He/she will remain in the Year Base Area at Break and Lunchtime.
- He/she will be responsible for the personal retention and correct use of the crutches.
- Transport arrangements to and from school will be our responsibility.

We accept that any risk involved is our responsibility.

Signed:
Parent(s)/Guardian(s)

Date:

Pupils on Crutches in School

RATIONALE

The presence, in school, of pupils dependent on the use of a pair of crutches, presents a health and safety risk, especially considering that many of the classes operate on floors other than the ground floor.

PURPOSES

- To reflect the Health and Safety risks which pupils dependent on crutches face.
- To reflect the fact that in many cases the short term use of crutches may be advised immediately post injury/initial treatment and during early medical assessment.
- To reflect the fact that in a limited number of cases the use of crutches may be required over an extended period.
- To reflect the best educational provision possible for pupils using crutches over an extended period.
- To reflect the organisational implications of students on crutches.

GUIDELINES

- The issue relates to the need for a pair of crutches to act in a weight-bearing capacity, not to the use of a single crutch.
- In the short term students may attend school on a restricted basis while dependent on a pair of crutches. This will be in the context of proximity to injury/initial treatment and assessment. (Work to be set.)
- Where pupils are to be dependent on a pair of crutches for an extended period they will be permitted to attend school, subject to restrictions.
- Parents will be requested to sign a “disclaimer” which outlines the conditions, subject to which their child may attend school. Parents will accept the risks of attendance. These conditions will provide the context in which the school can exercise its duty of care.
- The conditions of attendance will be:
 - Attendance at those classes which are on the ground floor.
 - For other classes pupils will be required to work as directed in alternative accommodation (work to be set).
 - Movement between lessons will have to be staggered to avoid collision with other pupils.

- Pupils will remain in the Year Base at Break and Lunchtimes.
- Pupils will be responsible for the personal retention and correct use of the crutches.
- Transport arrangements to and from school will be the family's responsibility.

CONCLUSION

This policy recognises the school's educational commitment to pupils required to use crutches both in the short term and the long term, whilst also recognising health and safety organisational implications.