



Supporting Children in school with a medical condition Policy

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Policy Originator	Inclusion Lead
Reviewed by	Inclusion Lead

Our Vision Statement

Childhood matters to us: it is short, precious and cannot be repeated. Our Christian values are rooted in God. Growing in love, every child reaches their spiritual and academic potential. Our learners use their resilience, curiosity and independence to become fruitful and effective global citizens. With the Holy Spirit by our side, we can achieve anything!

Introduction

Our school is committed to providing a full and efficient education to all pupil and embraces the concept of equal opportunities for all. In order to achieve this we aim to support all pupils at school with medical conditions.

Pupils at school with medical conditions, both physical and mental, should be properly supported so that they have full access to education, including school trips and physical education. We want our pupils to remain healthy and achieve their academic potential, playing a full and active role in school life. Governing bodies must ensure that arrangements are in place in school to support pupils at school with medical conditions and should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. Pupils may have long term, complex conditions that require ongoing support as well as medicines or care whilst they are at school to manage their conditions and keep them well. Others may require monitoring and intervention in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child and that pupil's feel safe. In making decisions about the support provide, our school will receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

Our school knows that in addition to the educational impacts, there are social and emotional implications associated with medical conditions and seeks to overcome them. Children may be self-conscious, bullied or develop emotional disorders around their medical

condition. Long term absences due to health problems can affect educational attainment, a child's ability to integrate with their peers and affect their general wellbeing. Frequent absences including those connected to medical appointments should be effectively managed to limit the impact on the child's attainment, emotional and general wellbeing.

Legal Requirements

This policy complies with:

- Equality Act 2010
- Section 100 of the Children and Families Act 2014
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It should be read in consultation with:

- Inclusion Policy
- SEND report
- Equality Statement
- Staff Code of Conduct

Individual healthcare plans. (IHP's)

Any pupil with a medical condition requiring medication or support in school should have an Individual Healthcare Plan which details the support the child's needs. Individual healthcare plans capture the key information and actions that are required to support the child effectively. The level of detail in these plans will depend on the complexity of the child's condition and level of support needed. Plans are drawn up in partnership with parents and a relevant healthcare professional, with pupils involved whenever appropriate but responsibility for ensuring it is finalised and implemented rests with the school. This will be completed within 2 weeks of a child starting our school/ a diagnosis being given.

The following information should be considered when writing an IHP:

- The medical condition, triggers, signs, symptoms and treatments.
- The resulting needs of the pupil which may include medication, time, facilities, equipment, testing, access to food and drink, dietary requirements and environmental adaptations issues such as crowded corridors.
- Specific support for the child's educational, social and emotional needs, for example, how absences will be managed, use of rest periods or additional support in catching up with lessons.
- The level of support needed, including in emergencies and transition periods. Some children will be able to take responsibility for their own health needs and this needs to be clearly stated with appropriate arrangements for monitoring.
- Who will provide support, their training needs, expectation of their role, confirmation of their proficiency by a healthcare professional and cover arrangements.
- The roles held by staff who will need to be informed of the IHP.
- Arrangements for written permission from parents and the Head teacher for medication to be administered by a member of staff or self-administered. Children who are competent should be encouraged to take responsibility for managing their own medicines and procedures with appropriate levels of supervision. A

- Arrangements for school trips or other school activities outside of the normal school timetable that will ensure the child can participate.
- Confidentiality.
- What to do if a child refuses to take medicine or carry out a necessary procedure.
- What to do in an emergency, who to contact and contingency arrangements.
- Where a child has SEN but does not have an EHC plan, their special needs should be mentioned in their individual healthcare plan.

Roles and responsibilities.

The Governing Body:

- Will make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented.
- Will ensure sufficient staff receive suitable training and are competent before they take on responsibility for supporting children with medical conditions.
- Will ensure the appropriate level of insurance is in place and appropriately reflects the level of risk.

The Head teacher is responsible for:

- Ensuring all staff are aware of this policy and understand their role in developing implementation with partners.
- Ensuring a designated member of staff will take responsibility for implementing this policy. Ensuring all staff that need to know are informed of a child's condition.
- Should ensure that sufficient numbers of staff are trained to implement the policy and deliver IHP's, including emergency and contingency situations, and they are properly insured.

Whenever the school is notified that a pupil has a medical condition...

The Inclusion Lead is responsible for ensuring that:

- All relevant staff are made aware of the child's medical condition.
- Sufficient staff are suitably trained.
- Cover arrangements are made in the case of staff absence or turn over to ensure someone is always available.
- Informing the school nursing service to make them aware of the child's medical condition.
- Transitional arrangements between schools are carried out.

Phase Leaders are responsible for:

- Developing an Individual Healthcare Plan with parents, health and social care professionals, the pupil and relevant school staff.
- Monitoring Individual Healthcare Plans at least annually.

All School staff:

- Any member of staff may be asked to provide support for pupils with medical conditions although they cannot be required to do so.
- Should participate in sufficient and suitable training to achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions.
- Should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the IHP, informing parents so that alternative options can be considered.

The class teacher is responsible for:

- Making relevant staff, including supply staff, aware of the child's condition.

School administrative staff:

- It is the responsibility of the school administrative staff to ensure that they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.
- It is also their responsibility to ensure that this information is easily available to all staff so that in the event of an emergency outside of normal school hours, this information is readily available to the responders.

School nurses:

- Are responsible for notifying the school when a child has been identified as having a medical condition that will require support in school.
- They may provide support for staff implementing an IHP, providing advice and liaison.

Parents:

- Must provide the school with sufficient and up to date information about their child's medical needs
- Should be leading partners in the development and review of their child's IHP.
- Should carry out any actions they have agreed to implement the IHP.

Pupils:

- Wherever possible, be fully involved in discussions about their medical support needs, contributing and complying with the IHP.
- After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures.
- Wherever possible, carry their own medicines or devices or be able to access them for self-medication quickly and easily. The Phase Leaders, in consultation with

parents, makes the decision whether a child is ready to do this at the annual review of the care plan.

Local Authorities:

- Provide support, advice and training for school staff to ensure an IHP can be effectively delivered.
- Work with schools to support pupils with medical conditions to attend full time.
- Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs, whether consecutive or cumulative across the school year.

Staff training and support

Any member of school staff providing support to a pupil with medical needs will receive suitable training so that they are confident and competent in fulfilling the requirements of the IHP. Staff will not give prescription medicines or undertake healthcare procedures without appropriate training but in some cases, written instructions from the parent may be considered sufficient. The Head teacher will ultimately decide, taking into consideration the training requirements in the child's IHP.

The training needs of staff will be identified either when a new IHP is written or when it is reviewed. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed. The relevant healthcare professional will normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained.

Healthcare professionals can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Whole school awareness training is the responsibility of the Head teacher so that all staff are aware of the school's policy for supporting children with medical conditions and their role in implementing that policy. This will take place during induction of new staff. Information about medical conditions affecting pupils will be shared with relevant staff at briefing, meetings, on notice boards and the school's information management system, SIMS. This will enable all staff to recognise and act quickly when a problem occurs.

Managing medicines on our school premises

- Prescribed medicines should only be administered in school when it would be detrimental to the child's health or school attendance not to do so.
- No child will be given prescription medicines without their parent's written consent.
- We will never give medicine containing aspirin unless prescribed by a doctor.
- Over the counter medication for general pain relief will not be administered by school staff during the normal school day.

- Where clinically possible, prescribed medicines should be taken outside school hours.
- We will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date but is generally available to schools inside an insulin pen or pump rather than its original container.
- When staff give prescribed medicine, they will sign a record of what was given, the dose, by whom and the time. This record will be kept in a locked filing cabinet along with the written parental permission.
- All prescribed medicines will be stored safely. Children will know where their medicines are at all times and able to access them immediately. If the medicine has to be locked away, children will know who holds the key to the storage facility. At our school, the administrative staff will hold the key to the storage facility in the school front office. Medication cannot be locked away, if it needs to be stored in a fridge. The fridge is located in the front office.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. Wherever possible children will be responsible for their own medication. Where this is deemed unsuitable, alternative procedures will be put in place. This includes times when children are learning in a different room to usual, are outside for PE lessons and on school trips.
- At our school, the medical boxes will be stored in a visible and easily accessible location within the classroom. A member of staff will be responsible for taking the box outside for PE lessons or to another room for a lesson. If it contains any epipens or inhalers, these medical boxes will also be taken outside at playtimes and lunchtimes.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but may not give it to another child for use. We will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. At our school, controlled drugs are stored in a locked cupboard in the school office. The administrative staff have access to the key. Controlled drugs should be easily accessed in an emergency. A record of doses will be kept and the amount of controlled drug kept in the school. At our school, the office staff maintain these records in a locked filing cabinet.
- School staff may administer a controlled drug to a child for whom it has been prescribed, in accordance with the prescriber's instructions. We will keep a record of all medicines administered to individual children, stating what, how and how much, when and by whom. Any side effects will be noted.
- When no longer required, we will return medicines, including sharps to parents to arrange for safe disposal.
- Annually updated medical procedures for each academic year will be kept in the medical registers in class medical boxes.

Record keeping

A written record will be kept of all prescribed medicines administered to children. Parents will be informed if their child has been unwell at school. Usually a phone call will suffice, but in the case of head injuries, a 'head bump' or a 'body map' letter for specific injuries will also be sent home with the child.

Emergency procedures

The risk assessment in place for the school sets out what to do in emergencies for all school activities wherever they take place, including on school trips.

The Individual Healthcare Plan will clearly define what constitutes an emergency for the child and will explain what to do. Other pupils will be taught to inform a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany the child to hospital by ambulance. It is the responsibility of the school administrative staff to ensure that they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems. It is also their responsibility to ensure that this information is easily available to all staff so that in the event of an emergency outside of normal school hours, this information is readily available to the responders. When calling for Emergency Services, a school mobile should be used with the caller going to the person affected. The operators will ask for details about the patient which will not be available if in different parts of the school.

Day trips, residential visits and sporting activities

Our school has a clear intention to actively support pupils with medical conditions to participate in school trips, visits and sporting activities. Teachers will be aware of how a child's medical condition will impact on their participation but we will ensure that there is enough flexibility for all children to participate according to their own abilities with reasonable adjustments unless evidence from a clinician states that this is not possible. In order to determine the adjustments to be made so that pupils with medical conditions can safely participate, a risk assessment will be carried out in consultation with parents, pupils and with advice from relevant healthcare professionals.

Other issues for consideration

Home-to-school transport is the responsibility of local authorities, who may find it helpful to be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plans for pupils with life-threatening conditions.

Asthma inhalers – while regulations have recently changed, and schools are able to hold spare asthma inhalers for emergency use, this is entirely voluntary. We currently do not hold spare inhalers.

Complaints

Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable. Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not acceptable practice at our school to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children 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 to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Should parents or pupils be dissatisfied with the support provided by the school, they should discuss their concerns directly with the class teacher in the first instance and subsequently with the Inclusion Manager. If for whatever reason this does not resolve the issue, they may wish to discuss the complaint with the Executive Head teacher. If the issue remains unresolved they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Liability and indemnity

Governing bodies of maintained schools should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. The details of the school's insurance arrangements which cover staff providing support to pupils with medical conditions are as follows:

Insurance policies should be accessible to staff providing such support. Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the

insurance, such as the need for staff to be trained, should be made clear and complied with. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.