



## Supporting Children With Medical Conditions Policy

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## 1.0 Statement of intent

QEGSMAT has a duty to ensure arrangements are in place to support children with medical conditions within all its schools. The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play as full an active role in school life as possible, remain healthy, have full access to education and achieve their academic potential.

The Trust believes it is important that parents/carers of children with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that children feel safe in the school environment.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some children with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these children, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the Trust's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

## 2.0 Roles and responsibilities

The Trust Board will:

- Ensure that this policy enables provision of effective support for medical conditions in its schools in line with the Statutory guidance "Supporting Pupils at School with Medical Conditions" December 2015 and any other related guidance from the DfE.
- Ensure that the policy complies with its duties under Equality law and the Trust's Equality Objectives statement and any responsibilities in the SEN Code of Practice.
- Focus on the needs of individuals in ensuring that pupils/students and parents/carers have confidence in our school's ability to provide effective support.
- Delegate all responsibility for the day-to-day implementation and delivery of the policy to the Headteacher at each school.
- Be responsible for the regular review and updating of this policy.
- Accept that all employees have rights in relation to supporting children with medical needs as follows:
  - Receive training as appropriate and work to clear guidelines;
  - Bring to the attention of management any concern or matter relating to supporting pupils with medical conditions.
- Ensure that the level of insurance in place reflects the level of risk.

The governing board is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place in their school to support children with medical conditions.

- Ensuring that children with medical conditions can access and enjoy as far as possible the same opportunities as any other child at the school.
- Working with the Local Authority, health professionals, commissioners and support services to ensure that children with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, children with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each child and what support is required to support their individual needs.
- Instilling confidence in parents/carers and pupils/students in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective child is denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that the child's health is not put at unnecessary risk. As a result, the board holds the right to not accept a child into school at times where it would be detrimental to the health of that child or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The headteacher is responsible for:

- The overall implementation of this policy.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a named individual will oversee the support of children with medical needs and will liaise with the relevant partners, including (but not limited to) parents/carers, the child, NHS staff.
- Ensuring that written records of all medicines administered to individual children are held.
- Ensuring that enough staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring children with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.

School staff are responsible for:

- Providing support to children with medical conditions, where requested, and develop IHPs.
- Taking appropriate steps to support children with medical conditions.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting children with medical conditions.

- Knowing what to do and responding accordingly when they become aware that a child with a medical condition needs help.
- Being aware that children with medical conditions may be more at risk of bullying and isolation at school.
- Being mindful of the sensitivities around the child's condition, and respect confidentiality.

#### First Aiders

- First Aiders will support pupils/students by administering medication, where consent forms are in place, and support those pupils/students with long term conditions to administer their own medication under supervision.
- The management of medicines can only be carried out by First Aiders who have had relevant and up to date training.

#### Parents/carers are responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Completing a parental agreement for school to administer medicine form before bringing medication into school.
- Providing the school with the medication their child needs, keeping it up to date and collecting any leftover medicine at the end of the course or when they have expired.
- Being involved in the development and review of their child's IHP and carrying out any agreed actions contained in the IHP.
- Discussing medications with their child/children prior to requesting that the school administer the medication.
- Ensuring that they, or another nominated adult, are always contactable.

#### Pupils/students are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of children with medical conditions.

### **3.0 Admissions**

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

### **4.0 Notification procedure**

When the school is notified that a child has a medical condition that requires support in school the school will arrange a meeting with parents/carers, healthcare professionals and the pupil/student, with a view to discussing the necessity of an IHP.

The school will not wait for a formal diagnosis before providing support to the child. Where a pupil/student's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence (including medical evidence and consultation with parents/carers).

For a pupils/students starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil/student joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

## **5.0 IHP**

When a pupil/student is considered well enough to return to school, the school will develop a tailored reintegration plan in collaboration with the Local Authority.

If appropriate, the school nurse will be involved in the development of the reintegration plan and informed of the timeline of the plan by the appointed named member of staff, to ensure they can prepare to offer any appropriate support to the child.

The school will consider whether any reasonable adjustments need to be made to provide suitable access to the school and the curriculum for the child.

The school is aware that some pupils/students will need gradual reintegration over a long period of time and will always consult with the child, their parents/carers and key staff about concerns, medical issues, timing and the preferred pace of return.

The reintegration plan will include:

- The date for planned reintegration, once known.
- Details of regular meetings to discuss reintegration.
- Details of the named member of staff who has responsibility for the child.
- Clearly stated responsibilities and the rights of all those involved.
- Details of social contacts, including the involvement of peers and mentors during the transition period.
- A programme of small goals leading up to reintegration.
- Follow-up procedures.

The school will ensure a welcoming environment is developed and encourage pupils, students and staff to be positive and proactive during the reintegration period.

## **6.0 Staff training and support**

Any staff member providing support to a child with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed through the

development and review of IHPs, on a termly basis for all school staff, and when a new staff member arrives. Through training, staff will have the requisite competency and confidence to support children with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out on a termly basis for all staff and be included in the induction of new staff members.

The headteacher will identify suitable training opportunities that ensure all medical conditions affecting pupils/students in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

The parents of children with medical conditions will be consulted for specific advice and their views will be sought where necessary, but they will not be used as a sole trainer.

## **7.0 Managing medicines**

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Pupils/students under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the child without the parents' knowledge. In such cases, the school will encourage the pupil/student to involve their parents, while respecting their right to confidentially.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the child's health not to do so.
- When instructed by a medical professional.

No pupil/student under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken and the maximum dosage allowed.

Parents will be informed any time medication is administered that is not agreed in an IHP.

The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Pupils/students will be informed where their medicines are at all times and will be able to access them immediately, whether in

school or attending a school trip or residential visit. Where relevant, pupils/students will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents/carers for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil/student for whom it has been prescribed, in accordance with the prescriber's instructions.

## **8.0 Emergency procedures**

Medical emergencies will be dealt with under the school's emergency procedures.

Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils/students will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a pupil/student needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

## **9.0 Day trips, residential visits and sporting activities**

Children with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable a child with medical conditions to participate. In addition to a risk assessment, advice will be sought from the child, parents/carers and relevant medical professionals.

The school will arrange for adjustments to be made for all pupils/students to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

## **10.0 Unacceptable practice**

The school will not:

- Assume that pupils/students with the same condition require the same treatment.
- Prevent pupils/students from easily accessing their inhalers and medication.

- Ignore the views of the child or their parents/carers.
- Ignore medical evidence or opinion.
- Send pupils/students home frequently for reasons associated with their medical condition or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell child to the medical room or school office alone or with an unsuitable escort.
- Penalise children with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues.
- The school will ensure that no parent/carer is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils/students participating in school life, including school trips.
- Refuse to allow pupils/students to eat, drink or use the toilet when they need to in order to manage their condition.

### **11.0 Complaints**

Should parents, carers, pupils or students be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the Trust's complaints procedure stated in the Complaints Policy.

**Appendix 1 – Example IHP**

**1 CHILD/ YOUNG PERSON’S INFORMATION**

**1.1 CHILD/ YOUNG PERSON DETAILS**

<b>Child’s name:</b>	
<b>Date of birth:</b>	
<b>Year group:</b>	
<b>Nursery/School/College:</b>	
<b>Address:</b>	
<b>Town:</b>	
<b>Postcode:</b>	
<b>Medical condition(s):</b> Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours.	
<b>Allergies:</b>	
<b>Date:</b>	
<b>Document to be updated:</b>	

**1.2 FAMILY CONTACT INFORMATION**

<b>Name:</b>	
<b>Relationship</b>	
<b>Home phone number:</b>	
<b>Mobile phone number:</b>	
<b>Work phone number:</b>	
<b>Email:</b>	

<b>Name:</b>	
<b>Relationship</b>	
<b>Home phone number:</b>	
<b>Mobile phone number:</b>	
<b>Work phone number:</b>	
<b>Email:</b>	

<b>Name:</b>	
<b>Relationship</b>	
<b>Home phone number:</b>	
<b>Mobile phone number:</b>	
<b>Work phone number:</b>	
<b>Email:</b>	

**1.3 ESSENTIAL INFORMATION CONCERNING THIS CHILD / YOUNG PERSON'S HEALTH NEEDS**

	<b>Name</b>	<b>Contact details</b>
<b>Specialist nurse (if applicable):</b>		
<b>Key worker:</b>		
<b>Consultant paediatrician (if applicable):</b>		
<b>GP:</b>		

<b>Link person in education:</b>		
<b>Class teacher:</b>		
<b>Health visitor/ school nurse:</b>		
<b>SEN co-ordinator:</b>		
<b>Other relevant teaching staff:</b>		
<b>Other relevant non-teaching staff:</b>		
<b>Head teacher:</b>		
<b>Person with overall responsibility for implementing plan:</b>		
<b>Any provider of alternate provision:</b>		

This child/young person has the following medical condition(s) \_\_\_\_\_

\_\_\_\_\_

requiring the following treatment \_\_\_\_\_

\_\_\_\_\_

<b>Medical condition</b>	<b>Drug</b>	<b>Dose</b>	<b>When</b>	<b>How is it administered?</b>

<b>Does treatment of the medical condition affect behaviour or concentration?</b>				
<b>Are there any side effects of the medication?</b>				
<b>Is there any ongoing treatment that is not being administered in school? What are the side effects?</b>				

Any medication will be stored \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. ROUTINE MONITORING (IF APPLICABLE)**

Some medical conditions will require monitoring to help manage the child/ young person’s condition.

What monitoring is required?	
When does it need to be done?	
Does it need any equipment?	

How is it done?	
Is there a target? If so what is the target?	

### 3. EMERGENCY SITUATIONS

An emergency situation occurs whenever a child/young person needs urgent treatment to deal with their condition.

<b>What is considered an emergency situation?</b>	
<b>What are the symptoms?</b>	
<b>What are the triggers?</b>	
<b>What action must be taken?</b>	
<b>Are there any follow up actions (eg tests or rest) that are required?</b>	

### 4. IMPACT ON CHILD'S LEARNING

<b>How does the child's medical condition effect learning?</b> i.e. memory, processing speed, coordination etc	
<b>Does the child require any further assessment of their learning?</b>	

**5. IMPACT ON CHILD’S LEARNING AND CARE AT MEAL TIMES**

	<b>Time</b>	<b>Note</b>
<b>Arrive at school</b>		
<b>Morning break</b>		
<b>Lunch</b>		
<b>Afternoon break</b>		
<b>School finish</b>		
<b>After school club (if applicable)</b>		
<b>Other</b>		

- Please refer to home-school communication diary
- Please refer to school planner

**6. CARE AT MEAL TIMES**

<b>What care is needed?</b>	
<b>When should this care be provided?</b>	
<b>How’s it given?</b>	
<b>If it’s medication, how much is needed?</b>	

Any other special care required?	
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**7. PHYSICAL ACTIVITY**

Are there any physical restrictions caused by the medical condition(s)?	
Is any extra care needed for physical activity?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

**8. TRIPS AND ACTIVITIES AWAY FROM SCHOOL**

What care needs to take place?	
When does it need to take place?	
If needed, is there somewhere for care to take place?	
Who will look after medicine and equipment?	
Who outside of the school needs to be informed?	

<b>Who will take overall responsibility for the child/young person on the trip?</b>	
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### 9. SCHOOL ENVIRONMENT

<b>Can the school environment affect the child's medical condition?</b>	
<b>How does the school environment affect the child's medical condition?</b>	
<b>What changes can the school make to deal with these issues?</b>	
<b>Location of school medical room</b>	

### 10. EDUCATIONAL, SOCIAL & EMOTIONAL NEEDS

Pupils with medical conditions may have to attend clinic appointments to review their condition. These appointments may require a full day's absence which will be fully supported by the school.

<b>Is the child/young person likely to need time off because of their condition?</b>	
<b>What is the process for catching up on missed work caused by absences?</b>	
<b>Does this child require extra time for keeping up with work?</b>	
<b>Does this child require any additional support in lessons? if so what?</b>	
<b>Is there a situation where the child/young person will need to leave the classroom?</b>	
<b>Does this child require rest periods?</b>	

<b>Does this child require any emotional support?</b>	
<b>Does this child have a 'buddy' e.g. help carrying bags to and from lessons?</b>	

**11. STAFF TRAINING**

Governing bodies are responsible for making sure staff have received appropriate training to look after a child/young person. School staff should be released to attend any necessary training sessions it is agreed they need.

<b>What training is required?</b>	
<b>Who needs to be trained?</b>	
<b>Has the training been completed?</b> Please sign and date.	

**Please use this section for any additional information for this child or young person.**

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	<b>Name</b>	<b>Signatures</b>	<b>Date</b>
<b>Young person</b>			
<b>Parents/ carer</b>			
<b>Healthcare professional</b>			
<b>School representative</b>			
<b>School nurse</b>			