



# Supporting Children With Medical Needs Policy

<b>Approved by:</b>	Trust Board	<b>Date:</b> December 2021
<b>Last reviewed:</b>	Autumn 2021	
<b>Next review due by:</b>	Autumn 2024	
<b>Version</b>	2.0	
<b>Author</b>	Jill Cameron	

## 1. **Aims**

This policy aims to ensure that:

- Pupils, staff and parents understand how Eko Trust schools will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

## 2. **Statutory Responsibilities**

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on [supporting pupils with medical conditions at school](#).

This policy also complies with the Trust's funding agreement and articles of association.

## 3. **Roles and Responsibilities**

### **3.1 The Trust Board and Local Governing Body**

The Trust Board has ultimate responsibility for ensuring arrangements to support pupils with medical conditions are in place.

The Local Governing Body (LGB) will ensure:

- that measures are in place to ensure that no child with a medical condition is denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.
- in line with safeguarding duties, that pupils' health is not put at unnecessary risk from, for example, infectious diseases by admitting them where it would be detrimental to the health of that child or others to do so.
- that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.
- that a named member of staff has responsibility for implementing this policy.

The Link LGB member for Inclusion will monitor the effective implementation of this policy.

### **3.2 The Headteacher**

The Headteacher will:

- Ensure that any delegation of responsibilities set out in this policy are clearly set out.
- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- Ensure that all staff who need to know are aware of a child's condition.
- Take overall responsibility for the development of IHPs.

- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.
- Ensure that cover staff are provided with relevant information about a child's medical needs.
- Ensure that risk assessments are undertaken and reasonable adjustments are made to ensure that pupils are able to participate fully and safely in school visits and sporting activities.

### **3.3 Staff**

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Staff involved in admissions, are responsible for informing the appropriate school leader, if any new pupils have a medical condition.

All schools will have identified staff who have completed additional training about administering medicines and will be contacted by the office staff or teachers if a child requires medicine in school.

### **3.4 Parents**

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's IHP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

### **3.5 Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Where appropriate, Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

### **3.6 School nurses and other healthcare professionals**

Partnership working between school staff, school nurses, health visitors, healthcare professionals, parents and pupils is critical to meet the needs of pupils with medical conditions effectively.

The school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

## **4. Individual Healthcare Plans (IHPs)**

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP. Appendix 1 contains a flow chart to support this process.

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to the school.

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions, but may delegate this to a suitably qualified senior member of staff.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The following will be considered when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- 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, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons

- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

Individual care plans should be accessible to everyone involved in supporting the child.

If a child is returning to school following hospitalisation or home tuition a plan will be put into place to help them settle back into school.

## 5. **Managing and administering medicines**

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so and
- Where parents have given written consent using the Trust [permission form](#).

*Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.*

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers,

blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

If a medicine is administered at school, the date, time and dosage will be noted.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

### **5.1. Controlled drugs**

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

### **5.2. Pupils Managing their own needs**

After discussions with healthcare professionals and parents, children who are able to manage their own health needs and medicines should be encouraged to do so.

Children will be allowed to carry their own medicines and devices, such as inhalers or access them quickly to self-medicate. Some children will require supervision to do this. If a child refuses to take their medication they will not be forced to do so by a member of staff. When this occurs parents will be informed so that alternative arrangements can be made.

### **5.3. Good practice**

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally good practice to:

- Ensure children can easily access their inhalers and medication and administer their medication when and where necessary
- Take the views of the child or their parents into consideration
- Take medical evidence and opinion into account
- Treat each child as an individual and not assume that two children with the same or a similar condition should be treated in the same way
- Ensure children with medical conditions are not sent home frequently and are able to stay for normal school activities including lunch
- Ensure that children are not penalised for their attendance record if their absences are related to their medical condition e.g. hospital appointments, providing that parents provide the school with a copy of each appointment letter by authorising absences.
- Allow pupils to drink, eat or take toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Put processes in place to ensure that medication can be administered or provide medical support to children, including with toileting issues, without requiring parents to attend the site and participate in this

- Take all reasonable steps to ensure that children with medical conditions participate in all aspect of school life, including school trips
- Ensure that if the pupil becomes ill, they are sent to the school office or medical room accompanied by someone suitable.
- Provide a suitable space for the administration of medicine either by the pupil or by a member of staff.

It would therefore be unacceptable practice to contravene any of the above without good reason.

In addition parents should not be required, or made to 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.

## 6. **Emergency procedures**

Staff will follow the school's normal emergency procedures (for example, calling a first aider and/or calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

## 7. **Training**

In the first instance the school nurse will advise staff on the type and level of training required and how this can be accessed for pupils with specific conditions. The school Inclusion Lead will organise this and ensure that this is kept up to date.

A list of the names and photos of pupils with medical needs are displayed in appropriate places within the school so staff are aware of the needs of pupils within their phase. Class teachers are expected to pass on any medical information when handing over to next year's teacher. The Inclusion Lead will keep a record of any training completed by staff. Training should ensure that staff are confident and competent in supporting the pupil in line with their healthcare plan.

Where possible parents will be invited to attend training so that they can provide any specific information related to their child.

## 8. **Educational Visits**

It is the aim of our school that all pupils will take part in educational visits, including those with medical needs. When planning and risk assessing a visit teachers will need to consider how the child's condition will impact on their participation. Teachers will make reasonable adjustments to include pupils, unless a GP states that this is not possible. They will contact parents and healthcare professionals for advice where necessary.

## 9. **Complaints**

It is always our intention to work with parents. However If a parent is concerned about the support provided for their child they should contact the appropriate member of staff in the first instance and follow the school complaints policy thereafter.

**10. Liability and indemnity**

The Trust has appropriate insurance in place relating to the administration of medication.

**11. Links to other policies**

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Critical Incident and Business Continuity
- Safeguarding
- Special educational needs information report and policy

## Appendix 1: Being notified a child has a medical condition

