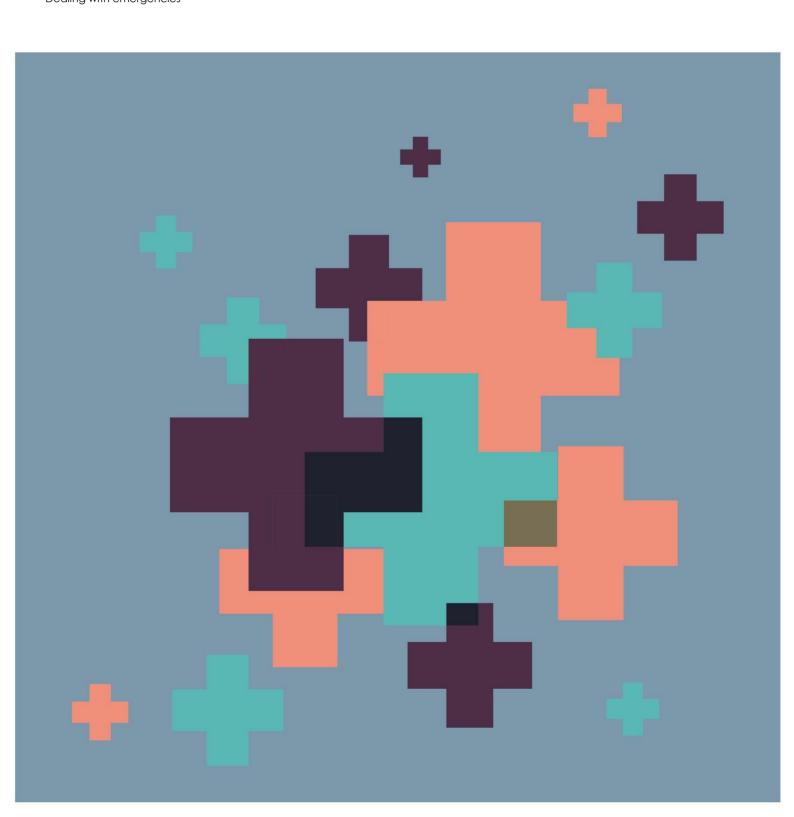
Trust Policy

Supporting pupils with medical conditions



Contained within this document:

Roles and responsibilities Procedures Dealing with emergencies



Supporting Pupils with Medical Conditions



Policy/Procedure management log

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Document history

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Introduction

- The Children and Families Act 2014 includes a duty for schools to support children with medical conditions.
- Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEND Code of Practice will also apply.
- All children have a right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well.
- We recognise that medical conditions may impact social and emotional development as well as having educational implications.
- School's within our trust will build relationships with healthcare professionals and other agencies and in order to support effectively pupils with medical condition

This policy should be read in-line with DfE guidance 'Supporting pupils at school with a medical condition' which can be found at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Supporting pupils with medical conditions in schools during COVID-19

Guidance to GP's states that most children who have medical conditions, can attend school unless they are 'extremely clinically vulnerable' and are required to shield.

As part of our ongoing need to review safeguarding and risk assessments Heads of School/Headteachers must review this policy to ensure it is being adhered to and to check if any addendum is required.

Questions for Heads of School/Headteachers to ask:

- In line with policy and COVID -19 risk assessments, are there suitable arrangements in place for pupils with medical conditions?
- Are trained staff in school? Are there contingency plans in place if not?
- Are all medical champions and identified staff trained and clear about implementing policy and emergency procedures?
- Are individual healthcare plans in place?
- Are all medicines in date?
- Where there is uncertainty about a specific child returning to school, has support been sought from the School Nursing Service? Has the parent /carer sought GP advice?

Roles and Responsibilities

The Named Person responsible for children with medical conditions within this school is Ruth Coleman.

This person is responsible for:

- Informing relevant staff of medical conditions
- Arranging training for identified staff
- Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information
- Assisting with risk assessment for school visits and other activities outside of the normal timetable
- Developing, monitoring and reviewing Individual Healthcare Plans
- Working together with parents, pupils, healthcare professionals and other agencies

The Local Governing Body is responsible for:

• Monitoring the implementation of this policy and ensuring that arrangements are in place to support children with medical conditions.

The Head of School/Head Teacher is responsible for:

- Overseeing the management and provision of support for children with medical conditions
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver individual healthcare plans, including to cover absence and staff turnover
- Ensuring that school staff are appropriately insured and are aware that they are insured

Teachers and Support Staff are responsible for:

- The day to day management of the medical conditions of children they work with, in line with training received and as set out in IHPS (Individual Health Care Plan)
- Working with the named person, ensure that risk assessments are carried out for school visits and other activities outside of the normal timetable
- Providing information about medical conditions to supply staff who will be covering their role where the need for supply staff is known in advance

NB. Any teacher or support staff member may be asked to provide support to a child with a medical condition, including administering medicines. However, no member of staff can be required to provide this support.

In schools that have a school nurse they are responsible for:

- Notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible this should be done before the child starts at our school.
- Providing support for staff on implementing a child's individual healthcare plan

Procedure when notification is received that a pupil has a medical condition

- The named person will liaise with relevant individuals, including as appropriate
 parents, the individual pupil, health professionals and other agencies to decide
 on the support to be provided to the child
- Where appropriate, an Individual Healthcare Plan will be drawn up (Appendix A outlines the process for developing individual healthcare plans).

Individual Health Care Plans (ICHP)

- An ICHP will be written for pupils with a medical condition that is long term and complex.
- It will clarify what needs to be done, when and by whom and include information about the child's condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency.
- Where a child has SEND but does not have a statement or EHC plan, their special educational needs will be mentioned in their ICHP
- IHCPs will be reviewed annually, or earlier if evidence is provided that a child's needs have changed

Administering Medicines

- Written consent from parents must be received before administering any medicine to a child at school
- Medicines will only be accepted for administration if they are:
 - Prescribed
 - o In-date
 - Labelled
 - o Provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
 - o The exception to this is insulin which must be in date but will generally be available inside an insulin pen or pump, rather than in its original container.
- Medicines should be stored safely. Children should know where their medicines are at all times.
- Written records will be kept of all medicines administered to children
- Pupils who are competent to manage their own health needs and medicines, after discussion with parents/carers will be allowed to carry their own medicines and relevant devices or will be allowed to access their medicines for self-medication

A copy of this information will be displayed in the school office and reception.

- Request an ambulance dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked.
 - 1. The school's telephone number:
 - 2. Your name
 - 3. Your location: [academy address]
 - 4. Provide the exact location of the patient within the school
 - 5. Provide the name of the child and a brief description of their symptoms
 - 6. Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient
- Ask office staff to contact the relevant person to open relevant gates for entry
- Contact the parents to inform them of the situation
- A member of staff should stay with the pupil until the parent/carer arrives. If a
 parent/carer does not arrive before the pupil is transported to hospital, a member
 of staff should accompany the child in the ambulance.

Activities beyond the usual curriculum

- Reasonable adjustments will be made to enable pupils with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum
- When carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted where appropriate

Unacceptable Practice

The following items are not generally acceptable practice with regard to children with medical conditions, although the school will use discretion to respond to each individual case in the most appropriate manner.

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assuming that every child with the same condition requires the same treatment
- ignoring the views of the child or their parents; or ignoring medical evidence or opinion, (although this may be challenged)
- sending children with medical conditions home frequently or preventing them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- requiring parents, or otherwise making 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
- preventing children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

Complaints

- An individual wishing to make a complaint about actions regarding the school's actions in supporting a child with medical conditions should discuss this with the school in the first instance
- If the issue is not resolved, then a formal complaint may be made, following the trust's complaints procedure.

APPENDIX 1: PROCESS FOR DEVELOPING INDIVIDUAL HEALTHCARE PLANS

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them) Develop IHCP in partnership - agree who leads on writing it. Input from healthcare professional must be provided School staff training needs identified Healthcare professional commissions/delivers training and staff signed-off as competent - review date agreed IHCP implemented and circulated to all relevant staff IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate

Appendix 2 Template A: individual healthcare plan

Name of school/setting		
Child's name		
Group/class/form		
Date of birth		
Child's address		
Medical diagnosis or condition		
Date		
Review date		
Family Contact Information		
Name		
Phone no. (work)		
(home)		
(mobile)		
Name		
Relationship to child		
Phone no. (work)		
(home)		
(mobile)		
Clinic/Hospital Contact		
Name		
Phone no.		
G.P.		
Name		
Phone no.		
Who is responsible for providing support in school		
Describe medical needs and give detection and give detection and give detections are devices, environmental in the control of	ails of child's symptoms, triggers, signs, treatments issues etc	s, facilities,

Name of medication, dose, method of administration, when to be taken, side effects, administered by/self-administered with/without supervision	contra-indications,
Daily care requirements	
Specific support for the pupil's educational, social and emotional needs	1
Arrangements for school visits/trips etc	1
Other information	1
Describe what constitutes an emergency, and the action to take if this occurs	1
Who is responsible in an emergency (state if different for off-site activities)	1
Plan developed with	1
Staff training needed/undertaken – who, what, when	_
Form copied to	

Appendix 3

Date for review to be initiated by

Name of school/setting

Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Medicine	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
NB: Medicines must be in the original	container as dispensed by the pharmacy
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]
The above information is, to the best of	f my knowledge, accurate at the time of writing

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will

inform the school/setting immediately, in medication or if the medicine is stopped	writing, if there is any change in dosage or frequency of the	he
Signature(s)	Date	