

CMAT SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

A thriving family of schools who work together to celebrate differences, and support each other in pursuit of excellence.

DOCUMENT CONTROL

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1. Aims

Chancery Trust schools are committed to providing all pupils with a high quality education whatever their individual needs. In line with statutory requirements, we have a responsibility to ensure that all children with medical conditions are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our school 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.
- It is recognised that every child with a medical condition is different and each should be treated as an individual.

This policy is based on the principle that all pupils are entitled to a high quality education, within school wherever possible, and that disruption to the education of those with health needs should be minimised. Effective partnership working between parents/carers, schools, education services, health services and other agencies involved with a child are essential to the effective implementation of this policy in practice.

The local governing board will implement this policy by:

- Ensuring staff are suitably trained
- Ensuring staff are aware of a pupil's condition, where appropriate
- Making sure there are cover arrangements so someone is always available as necessary to support pupils with medical conditions
- Ensuring individual healthcare plans (IHPs) are developed and monitored, where appropriate.

The designated lead, as named above, has responsibility for implementing this policy.

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the *Children and Families Act 2014*, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions. It follows the Department for Education's statutory guidance: *Supporting pupils at school with medical conditions* and *Ensuring a good education for children who cannot attend school because of health needs*.

Pupils' medical needs may be broadly summarised as being of two types:

- **Short-term** - affecting their participation at school because they are on a course of medication or treatment.
- **Long-term** - potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances.

It is important that parents/carers feel confident that the school will provide effective support for their child's medical condition and that the child feels safe.

Some pupils with medical conditions may have a disability. Where this is the case, the requirements of the *Equality Act 2010* will apply. Where pupils have an identified special educational need, the *SEND Code of Practice, 0 to 25 years (2014)* will also apply.

This policy also links to the following policies and documentation:

- Accessibility plan
- Complaints
- Equality information and objectives
- Health and safety
- Safeguarding
- Special educational needs information report and policy

In circumstances where a pupil's medical condition becomes too complex or the risks are too great to manage in school, the school should seek advice in accordance with *Education of Children & Young People with Medical Needs Policy* (Rutland County Council) / *Ensuring a Good Education for Children who Cannot Attend School because of Health Needs* policy document (Northamptonshire County Council) and consult with Hospital and Outreach Education (HOE).

3. Roles and responsibilities

a) The Trust

The Trust has ultimate responsibility to ensure that arrangements to support pupils with medical conditions are in place.

b) The Local Governing Board

The local governing board will monitor the implementation of such arrangements.

c) The Headteacher

The Headteacher will:

- 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
- 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

d) 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. This includes the administration of medicines.

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 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.

d) Parents/carers

Parents/carers 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, if their child requires one
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

e) Pupils

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

4. Day trips, residential visits and sporting activities

We will actively support pupils with medical condition to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

Information about medical needs is requested on admission to the school. Parents/carers are asked to keep the school informed of any changes to their child's condition or treatment. When information is passed on to the school, office staff have a responsibility to pass this information on to the designated lead and the child's class teacher, where appropriate. Whenever possible, meetings with parents/carers and other professionals are held before the pupil starts school to ensure a smooth transition.

6. 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 Individual healthcare Plan (IHP). This process follows the guidance within the DfE *Supporting pupils with medical conditions* document. Not all pupils with a medical condition will require an IHP, however, they will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex.

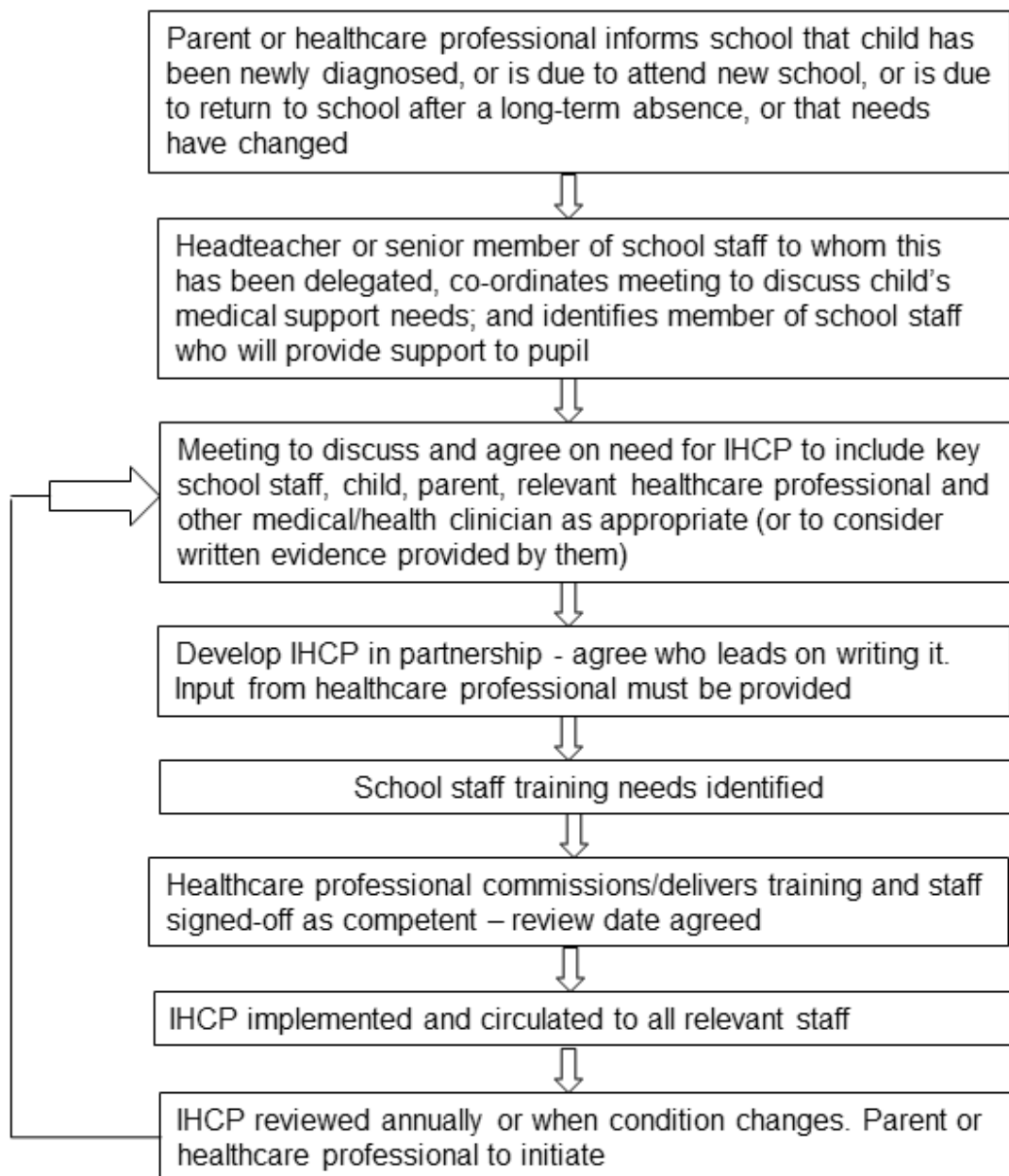
IHPs provide clarity about what needs to be done, when and by whom. The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the designated lead. Plans will be drawn up in partnership with the school, parents/carers and any 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. 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 our school.

See below for full process for IHPS.

Process for developing individual healthcare plans (IHPs)

Supporting pupils with medical conditions, DfE



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

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEND but does not have an EHC plan, the SEND 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 local governing board and the designated lead will consider the following 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 tests, 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/carers 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/carer or 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

7. Managing 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 we have parents'/carers' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.

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/carers 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.

The local governing board will ensure that written records are kept of all medicine administered to pupils. IHPs are kept in a readily accessible place which all staff are aware of.

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

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.

Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed and agreed with parents/carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Administer, or ask pupils to administer, medicine in school toilets
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Penalise pupils for their attendance record if their absences are related to their

medical condition, e.g. hospital appointments

8. Children with health needs who cannot attend school

For any pupils in the Trust unable to attend school due to illness, the school will work in partnership with the medical needs teams in the Local Authority and with parents.

9. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, 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/carer arrives, or accompany the pupil to hospital by ambulance.

10. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed. The relevant healthcare professionals will lead on identifying the type and level of training required. Training will be kept up to date. Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

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

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

11. Liability and indemnity

The Trust will ensure that the appropriate level of insurance is in place, via the Risk Protection arrangements) to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the Trust's insurance policies.

(Note: Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures.)

12. Complaints

Should parents/carers be unhappy with any aspect of their child's care, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to the designated lead, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this

not resolving the issue, the parent/carer must make a formal complaint using the Trust's Complaints Procedure.