



# Supporting children with Medical Conditions Policy

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## 1. Aims

### **This policy aims to ensure that:**

- Children, staff and parents understand how our school will support children with medical conditions
- Children with medical conditions are properly supported, allowing them to access the same education as other children, including school trips and sporting activities.
- Please note we have separate guidance (First Aid statement) for the administration of First Aid in schools.

### **The governing board will implement this policy by:**

- Making sure sufficient staff are suitably trained

- Making staff aware of a child's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support children with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant children
- Developing and monitoring individual healthcare plans (IHPs).

**The named person with responsibility for implementing this policy is the Headteacher.**

## 2. Ethos and values including equal opportunities

At Educate Together we have four core principles which govern all our policies and practice. We aim to provide education that is:

- Equity-based
- Child-centred
- Collaborative
- Aspirational

### **Child-centred**

- We listen to the child and their family
- We gain a clear understanding of their condition, adopt a holistic approach to understanding their needs and ensure the child remains at the centre of all our planning processes
- We create an individual health care plan for any child who requires treatment or additional care whilst at school.

### **Equity-based**

- We make reasonable adjustments and, when necessary, carry out risk assessments to remove or reduce barriers to the child being able to participate

fully and safely in all aspects of school life, including school trips, visits and sporting activities.

### **Collaborative**

- We know that children, their parents and the healthcare professionals who work with them are the experts when it comes to understanding and managing individual medical conditions. When exploring reasonable adjustments, creating IHPs, and devising risk assessments we work as a team.

### **Aspirational**

- We believe our role as educators is to provide a holistic, world class, child-centred education which ensures inclusion, not by treating all pupils in the exactly the same way, but through the process of identifying, understanding and finding creative solutions to remove or reduce individual barriers to learning and participation so that all pupils can thrive on their learning journey. Through this process we strive to achieve **equity** and set high **aspirations** for all our children.

## **3. Legislation and guidance**

- 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 children at their school with medical conditions.
- It is also based on the Department for Education's statutory guidance: **Supporting children at school with medical conditions.**
- **The UN Convention on the Rights of the Child**

In line with our ethos, we are proud to be a Rights Respecting school. This policy links to the following rights (articles): 2, 12, 23, 29, 31. The full list of articles can be found in Appendix one, page 15.

## 4. Roles and responsibilities

### 4.1 The governing board

The governing board has ultimate responsibility to make arrangements to support children with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### 4.2 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 children in this way
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

### 4.3 Staff including the role of medical conditions lead

- Supporting children 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 children with medical conditions, although they will not be required to do so. This includes the administration of medicines
- Those members of staff who take on the responsibility to support children 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 children with medical conditions that they teach

- All staff will know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

#### **4.4 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 Individual Healthcare Plan.
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment.

#### **4.5 Children with medical conditions will:**

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

## **5. Being notified that a child has a medical condition**

5.1 When the school is notified that a child has a medical condition, the medical conditions lead will:

- liaise with parents to gain an initial overview of needs
- Ask parents/carers to provide copies of any relevant documentation e.g. letter of diagnosis or an existing health care plan from the child's healthcare providers.
- The medical conditions lead will update the child's record with the above information and attach any supporting documents

5.2 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 children who are new to our school.

5.3.1 For children with one of the following conditions (who do not already have an Individual Healthcare Plan in place from external professionals):

- Asthma
- Allergies
- Incontinence
- Any other condition which requires basic care or routine treatment

The school will send out the relevant Individual Health care plan form used by Educate Together schools and ask parents/carers to fill in the information.

School staff will check all the information is complete and has been understood. The teacher will then meet with parents/carers and the child to discuss any clarifications if needed and jointly sign the plan.

5.3.2 For medical conditions which are more complex, the medical conditions lead will coordinate a meeting with

- the child,
- the parents/carers,
- Head teacher
- Key staff e.g. SENCO
- any relevant health care professionals.

The aims of the meeting will be to:

- identify a member of staff to support the child
- discuss and agree on whether an IHP is required
- If required completed an IHP using the template from the Health Conditions in School alliance.

## 6. Individual healthcare plans (IHPs)

- The headteacher has overall responsibility for the development of IHPs for children with medical conditions. The day to day coordination of this responsibility has been delegated to the school's lead on supporting medical conditions.

- Plans will be reviewed by the **end of term 5** each academic year, or earlier, if there is evidence that the child's needs have changed.

## **6.1 Who needs an IHP?**

6.1.1 Not all children with a medical condition will require an IHP. The decision on whether to implement an IHP or not will be made with parents, alongside consultation with a healthcare professional, when appropriate. It will be based on evidence. If the school is required to administer medicine or specialist care during the school day, an IHP is likely to be essential. If there is not a consensus, the headteacher will make the final decision.

6.1.2 Common conditions that might require an individual healthcare plan include asthma, epilepsy, diabetes, allergies and continence issues, although there are other circumstances in which a child will need a healthcare plan.

## **6.2 Who creates the IHP?**

Plans will be drawn up in partnership with the school and parents or carers. The child will be involved wherever appropriate and any relevant health care professionals will also be consulted.

## **6.3 What is included in an IHP?**

6.3.1 Plans will be developed with the child's best interests in mind. The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed.

6.3.2 The governing board, and the headteacher will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The child'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 child'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 child 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 child's medical condition from a healthcare professional; cover arrangements for when they are unavailable
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the child 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 child can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- What to do in an emergency, including who to contact, and contingency arrangements

### **IHPs for children with EHCPs**

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

## 7. Managing medicines

### 7.1 Administering medicines (either prescription or non-prescription) at school

7.1.1 As a Trust we are prepared to administer both prescription and non-prescription medicines but only in the following circumstances:

- It would be detrimental to the child's health or school attendance not to do so
- It has not been possible to create a schedule for taking medicine that avoids school hours
- We have parents' written consent (either on Individual Health care plan or separate form)

7.1.2 Administering of non-prescription medicines is at the Head teacher's discretion.

7.1.3 Children under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

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

### 7.2 Acceptance of prescribed medicines

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.

### **7.3 Storage of medicines**

- All medicines will be stored safely.
- Children 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 children and not locked away.
- The school will always request two devices to be kept on site: one centrally (office or medical room) and one close to the child (classroom). If a second device cannot be obtained, the child's device will be kept in the classroom and, if needed, the spare emergency epi-pen or inhaler kept centrally would be available for that child.
- Medicines will be returned to parents to arrange for safe disposal when no longer required

### **7.4 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 child 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 child to use. All other controlled drugs are kept in a secure cupboard in the school office and only named members of 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.

### **7.5 Children managing their own needs**

- Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with

parents and it will be reflected in their IHPs. For the majority of cases, this will be for children in year 5 and upwards.

- If agreed, children will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a child 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.

## 8. Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the child's IHP, but it is generally not acceptable 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/carers
- 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 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 children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, 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

- 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 their child
- Administer, or ask children to administer, medicine in school toilets.

## 9. Emergency procedures

- Staff will follow the school's normal emergency procedures (for example, calling 999).
- All children IHPs will clearly set out what constitutes an emergency and will explain what to do.
- 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.
- An emergency inhaler and Epi pen will be kept on site to be used. For children who are prescribed these devices, written consent to use the school's back up device will be obtained in advance for any situation in which the child's device is not available. If a child experiences an anaphylaxis reaction for the first time whilst at school and does not have written consent, the emergency Epi pen would only be used if advised by the emergency operator.

## 10. Training

- Staff who are responsible for supporting children with medical needs will receive suitable and sufficient training to do so.
- The training will be identified during the development or review of IHPs. Whenever possible, staff who provide support to children 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 and will agree this with the headteacher.
- Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the children.
- 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
- Be renewed on an annual basis.
- 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. Record keeping

- Procedures are in place to ensure that all members of staff keep a written record whenever they administer medicine.
- The governing board will monitor and ensure that written records are complete for all medicine administered to children.
- Parents will be informed if their child has been unwell at school.
- IHPs are kept in a readily accessible place which all staff are aware of.

## 12. Liability and indemnity

- The governing board ensures that appropriate insurance is in place to cover staff providing support to children with medical conditions.
- The school holds an insurance policy with the Department for Education - Risk Protection Arrangement (RPA) covering liability relating to the administration of medication and medical procedures subject to adherence with the statutory

guidance on supporting children at schools with medical conditions, December 2015.

- All staff providing such support are provided access to the insurance policy.
- We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA)

### 13. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher or SENCo in the first instance. If the headteacher/SENCo cannot resolve the matter, they will direct parents to the school's complaints procedure.

### 14. Safeguarding

If at any time school staff have concerns in relation to fabricated or induced illness, they should share raise these concerns with the Designated Safeguarding Lead following the school's standard procedures.

## Appendix 1: UNCRC Rights of the child

**Article 2** Every child has these rights, no matter who they are, where they live, what their parents do, what language they speak, what their religion is, whether they are a boy or girl, what their culture is, whether they have a disability, whether they are rich or poor. No child should be treated unfairly on any basis.

**Article 4** Governments must do all they can to make sure every child can enjoy their rights.

**Article 12** Every child has the right to have a say in all matters affecting them, and to have their views taken seriously.

**Article 13** Every child must be free to say what they think and to seek and receive information of any kind as long as it is within the law.

**Article 14** Every child has the right to think and believe what they want, and to practise their religion, as long as they are not stopping other people from enjoying their rights.

**Article 19** Governments should ensure that children are properly cared for, and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them.

**Article 23** Children who have any kind of disability should receive special care and support so that they can live a full and independent life.

**Article 27** Every child has the right to a standard of living that is good enough to meet their physical, social and mental needs.

**Article 28** Every child has a right to primary education, which should be free. Discipline in schools should respect children's human dignity;

**Article 29** Education must develop each child's personality, talents and abilities to the full. It must encourage children to respect their parents, and their own and other cultures.

**Article 30** Children have a right to learn and use the language and customs of their families, whether these are shared by the majority of people in the country or not.

**Article 31** Children have the right to relax, play and to join in a wide range of leisure activities.

**Article 39** Children who have been neglected or abused should receive special help to restore their self-respect