



Supporting pupils with medical conditions

Policy, Procedure and Guidance

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“One of the synagogue officials came up, Jairus by name, and seeing Jesus, fell at his feet and pleaded with him earnestly, saying: ‘My little daughter is desperately sick. Do come and lay your hands on her to make her better and save her life’” [Mark 5/22-230]

1. Purpose

- 1.1 This policy sets out how each academy in the Kent Catholic Schools’ Partnership (“the Trust”) will fulfil its statutory duty to make arrangements for supporting children and young people with medical conditions at each academy. The policy follows guidance published by the DfE in 2014 ‘Supporting pupils at school with medical conditions’.
- 1.2 This policy applies to pupils with an ongoing medical condition. Minor, short term or one-off medical problems are covered by each academy’s First Aid and Medical policy.

2. Aim

- 2.1 The aim of this policy is to ensure that all children and young people with medical conditions, in terms of both physical and mental health, are properly supported in the academy so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

3. Objectives

- 3.1 The objectives of the Trust in supporting the children and young people in its academies with medical conditions are:
 - Ensuring that arrangements are in place to support pupils with medical conditions;
 - To focus on the needs of each individual child or young person and how their medical condition impacts their school life;
 - To develop and maintain a good understanding of how medical conditions can impact on a child or young person’s ability to learn;
 - To provide support and advice for all staff working with children and young people with medical conditions;
 - To develop and maintain a partnership approach and high levels of engagement with parents;
 - To ensure access to the curriculum for all children and young people.

4. Procedures to be followed when notification is received that a pupil has a medical condition

- 4.1 Each academy in the Trust will ensure that the correct procedures are followed whenever notification is received that a pupil has a medical condition. The procedures will include any

transitional arrangements between schools, the process to be followed upon reintegration or when a pupil's needs change and arrangements for any staff training and support.

- 4.2 For children and young people starting at one of the Trust's academies, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to an academy mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.
- 4.3 In making the arrangements, the academy will:
- Take into account that many of the medical conditions that require support at the academy will affect quality of life and may be life-threatening with some instances more obvious than others;
 - Focus on the needs of each individual child or young person and how their medical condition impacts on their academy life;
 - Ensure that arrangements give parents, carers and the child or young person confidence in the academy's ability to provide effective support for medical conditions in the academy;
 - Show an understanding of how medical conditions impact on a child or young person's ability to learn, as well as increase their confidence and promote self-care;
 - Ensure that arrangements are clear and unambiguous about the need to support actively children or young people with medical conditions to participate in trips and visits, or in sporting activities and not prevent them from doing so, making arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible;
 - Ensure that staff are properly trained to provide the support that children and young people need.
- 4.4 The academy does not have to wait for a formal diagnosis before providing support to a child or young person. In cases where a child or young person's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. This will normally be led by the Head teacher.
- 4.5 Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. For children with Special Educational Needs (SEN), this policy should be read in conjunction with the Special Educational Needs and Disability Code of Practice and the academy SEN Policy and report.

5. Individual health care plans

Overview

- 5.1 Individual Health Care Plans (IHCPs) exist to document a child or young person's medical needs and the provision being made for those needs. They are a tool to ensure that the academy meets the needs of the child or young person by providing clarity about what needs to be done, when and by whom. They also set out the procedures to follow in an emergency, and the arrangements to be followed during day trips, residential visits and

sporting activities. They are written with input from all the relevant parties including healthcare professionals and parents.

- 5.2 IHCPs will be developed with the child or young person's best interests in mind and will ensure that the academy assesses and manages risks to the child or young person's education, health and social well-being and minimises disruption. IHCPs will be reviewed at least annually or earlier if evidence is presented that the child or young person's needs have changed.
- 5.3 Not all children or young people with a medical condition will require an IHCP. The academy, healthcare professionals and parent should agree, based on evidence, when an IHCP would be inappropriate or disproportionate. If a consensus cannot be reached, the Head teacher is best placed to take a final view.

What should be included on an IHCP

5.4 When deciding what information should be recorded on an individual healthcare plan, the following should be considered:

- 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 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 (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should 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; and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the child's condition and the support required
- Arrangements for written permission from parents and the head teacher 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 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 whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Process for developing IHCPs

5.5 The flowchart at Appendix 1 summarises the process for identifying and agreeing the support a child or young person needs, and developing an IHCP.

6. Roles and responsibilities

Board of Directors

6.1 The Trust's Board of Directors remains legally responsible and accountable for fulfilling its statutory duty and has responsibility for:

- Ensuring that there is a policy in place for supporting pupils with medical conditions that is reviewed regularly

Executive Principal/Headteacher

6.2 The **Head Teacher** of each academy has responsibility for:

- Ensuring that this policy is fully implemented within the academy and readily accessible to parents and academy staff
- Development and monitoring of IHCPs
- Ensuring that the academy works positively and in close partnership with parents and children/young people in supporting their medical needs
- Ensuring all staff are aware of the policy and understand their role in its implementation
- Ensuring that all staff (including supply teachers) who need to know are aware of the child or young person's condition
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver against all the individual health care plans, including in contingency and emergency situations
- Ensuring that appropriate risk assessments are in place for school visits, holidays, and other activities outside of the normal timetable
- Contacting the school nursing service in the case of any child who has a medical condition that may require support at the academy.

Executive/Local Governing Body

6.3 The Executive/Local Governing Body has responsibility for:

- Ensuring that they receive an annual update from the Executive Principal/Headteacher, which covers the following:
 - Ensuring that arrangements are in place in the academy to support pupils with medical conditions
 - Ensuring that Individual Health Care Plans are reviewed at least annually
 - How this policy is implemented appropriately within the academy
 - Ensuring that sufficient staff have received suitable training and are competent before they take on responsibility to support children or young people with medical conditions
 - Ensuring that any members of academy staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
- The EGB/LGB should work with the Executive Principal/Headteacher to determine the development of provision, including establishing a clear picture of the resources available in the academy.

Academy staff

6.4 Academy staff have responsibility for:

- Providing support to pupils with medical conditions, including the administering of medicines (although they cannot be required to do so)
- Taking into account the needs of pupils with medical conditions that they teach
- Undertaking sufficient and suitable training and achieving the necessary level of competency before they take on responsibility to support children and young people with medical conditions
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

School Nursing Service

6.5 The School Nursing Service has responsibility for:

- Notifying the academy when a child or young person has been identified as having a medical condition which will require support in the academy
- Supporting staff in the implementation of a child's individual healthcare plan, including provision of advice and liaison, for example on training (although they would not usually have an extensive role in ensuring that the academy is taking appropriate steps to support children or young people with medical conditions)
- Liaising with the lead clinicians locally or community nursing teams on appropriate support for the child or young person and associated staff training needs.

Children and young people

6.6 Pupils with medical conditions have responsibility for:

- Providing information about how their condition affects them
- Being fully involved in discussions about their medical support needs
- Contributing as much as possible to the development of, and compliance with, their IHCPs.

6.7 Other pupils have responsibility for being sensitive to the needs of those with medical conditions.

Parents

6.8 Parents have responsibility for:

- Providing the academy with sufficient and up to date information about their child's medical needs
- Being involved in the development and review of their child's IHCP
- Carrying out any actions they have agreed to as part of the implementation of the IHCP (for example, providing medicines and equipment and ensuring they or another nominated adult are contactable at all times).

Other healthcare professionals

6.9 Other healthcare professionals, including GPs and pediatricians:

- Will notify the school nurse when a child has been identified as having a medical condition that will require support at school
- May provide advice on developing individual healthcare plans
- May be able to provide support in schools for children with particular conditions through specialist local health teams (e.g. asthma, diabetes, epilepsy).

Local authorities

6.10 Local authorities are responsible for:

- Commissioning school nurses
- Promoting cooperation between relevant partners.

Clinical Commissioning Groups (CCGs)

6.11 Clinical commissioning groups have responsibility for:

- Commissioning other healthcare professionals such as specialist nurses
- Ensuring that commissioning is responsive to children and young people's needs, and that health services are able to co-operate with schools supporting children with medical conditions
- Being responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice
- Providing a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

Ofsted

6.12 The Ofsted inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils.

7. Staff training and support

7.1 All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan.

7.2 Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

7.3 Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare

professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.

7.4 All staff will receive induction training and regular whole academy awareness training so that all staff are aware of the academy's policy for supporting pupils with medical conditions and their role in implementing the policy. The Executive Principal/Headteacher will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

7.5 The family of a child will often be key in providing relevant information to academy staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should **not** be the sole trainer.

8. The child or young person's role in managing their own medicines

8.1 The Trust and its academies aim to develop independence in pupils and to prepare them for adult life. Consequently, if it is deemed, after discussion with the parents, that a child or young person is competent to manage their own health needs and medicines, the academy will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within the IHCP.

8.2 Where possible and appropriate, children and young people should be allowed to carry their own medicines and relevant devices or will be able to access their medicines for self-medication quickly and easily (these will be stored in a secure facility to ensure that the safeguarding of other children is not compromised). The academy also recognises that children and young people who can take their medicines themselves or manage procedures may require an appropriate level of supervision. No access is given to the storage facility without adult supervision. If a child or young person is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them.

Note: Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of academy premises e.g. on school trips.

8.3 If a child or young person refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the IHCP. Parents should be informed, outside of the review, so that alternative options can be considered.

9. Managing medicines on academy premises and record keeping

9.1 Prescription and non-prescription medicines will only be administered at the academy:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

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

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

9.4 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.

9.5 The academy 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

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

9.7 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.

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

10. Controlled drugs

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

10.2 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.

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

11. Emergency procedures

11.1 The Executive Principal/Headteacher will ensure that arrangements are in place for dealing with emergencies for all academy activities wherever they take place, including school trips within and outside the UK, as part of the general risk assessment process.

11.2 Where a pupil has an individual healthcare plan, this should define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the academy should know what to do in general terms, such as informing a member of staff immediately if they think help is needed.

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

12. Day trips, residential visits and sporting activities

12.1 We will actively support pupils with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

12.2 We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents/carers and relevant healthcare professionals and will be informed by Health and Safety Executive (HSE) guidance on school trips.

13. Other issues for consideration

13.1 Where a pupil uses home-to school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.

14. Unacceptable practice

14.1 Although staff in each academy in the Trust should use their discretion and judge each case on its merits with reference to the child or young person's IHCP, it is not generally acceptable practice to:

- Prevent children or young people from easily accessing inhalers and medication and administering their medication when and where necessary
- Assume that every child or young person with the same condition requires the same treatment
- Ignore the views of the child/young person or their parents; or ignore medical evidence or opinion (although this may be challenged)
- Send children or young people with medical conditions home frequently or prevent them from staying for normal academy activities, including lunch, unless this is specified in their IHCPs
- If the child or young person becomes ill, send them to the medical room unaccompanied or with someone unsuitable
- Penalise children or young people for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- Prevent children or young people from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend the academy to administer medication or provide medical support to their child, including toileting issues
- Prevent children or young people from participating, or create unnecessary barriers to children or young people participating in any aspect of academy life, including school trips e.g. by requiring parents to accompany the child.

15. Liability and indemnity

15.1 The Trust ensures that all academies are appropriately insured in the administration of medical care to children and young people. However, this is conditional on the member of staff having received an appropriate level of training and that there is written permission from the parent/carer for medicines or medical care to be administered. Individual insurance cover may need to be arranged for particular healthcare procedures, advice must be sought from the Trust Office.

16. Complaints

16.1 Any complaint in relation to this policy or its implementation should be raised in accordance with the Trust and Academies Complaint policy.

Appendix 1

