

## Supporting Pupils with Medical Conditions Policy

Designation	Name	Date	Signature
CEO:	Mr Martin Hughes		
Chair of Trust Board:	Mrs Kerry Brimfield		

Monitoring and Evaluation	
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### Document Version control

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1.0	Initial set up of Trust-wide policy	October 2020
	Amendments in line with model policy	February 2023

## **1. Introduction**

- 1.1. In accordance with section 100 of the Children and Families Act 2014, the Board of Trustees has a duty to make arrangements for supporting pupils at SAND Academies Trust (the "school") with medical conditions.
- 1.2. The school is committed to the fair and equal treatment of its school community and aims to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in life at the school, remain healthy and achieve their academic potential.
- 1.3. This policy has been drawn up in accordance with the DfE's statutory guidance "Supporting Pupils at School with Medical Conditions" (December 2015)
- 1.4. This policy also complies with our funding agreement and articles of association.

## **2. Principles**

- 2.1. During the course of their education with the school, it is likely that most, if not all, pupils will experience a medical condition which may affect their participation in school activities. For some this will be short-term and will be fully treated with a course of medication.
- 2.2. Other children however may experience a medical condition that has the potential to limit their access to education. It is imperative that these children are properly supported to ensure that their conditions do not have a detrimental effect on their education. Most children with medical conditions are able to attend school regularly and, with support from the school, can participate in most normal school activities. Staff may however need to provide extra supervision of some activities to make sure that these children are not put at risk.
- 2.3. This policy sets out the way in which the school supports the needs of its pupils with medical conditions, in partnership with the pupil, their parents and medical professionals, as appropriate.

## **3. Aims**

- 3.1. The aims of this policy are:
  - 3.1.1. To ensure that all pupils with medical conditions, in terms of both physical and mental health, 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.
  - 3.1.2. To establish relationships with local health services and healthcare professionals with a view to better supporting pupils with medical conditions.
  - 3.1.3. To provide guidance to all staff on how to effectively and appropriately support pupils with medical needs.
  - 3.1.4. To define the areas of responsibility of all parties involved.
  - 3.1.5. Effectively manage absences associated with medical conditions to ensure that the impact on the pupil's educational attainment and emotional and general wellbeing is minimised.

- 3.1.6. Ensure that all relevant staff aware of the child's condition and the necessary cover arrangements in case of staff absence to ensure someone is always available.
- 3.1.7. To always ensure that the focus is on the needs of each individual pupil and how their medical condition impacts on their own school life.
- 3.1.8. Ensure that parents and pupils have confidence in the school's ability to provide effective support for its pupils with medical conditions

#### **4. Roles and Responsibilities**

##### **4.1. Board of Trustees**

- 4.1.1. Ensure that the school's policy on supporting pupils with medical conditions clearly identifies the roles and responsibilities of all those involved to ensure the pupil's fullest possible participation in school life.
- 4.1.2. Keep at the forefront of their planning that support arrangements are not the sole responsibility of one person, but instead will require collaborative working arrangements between the school, healthcare professionals, the Local Authority, parents and the pupil.
- 4.1.3. Ensure that sufficient staff have received suitable training and are competent, and that they are able to access support materials if needed, before they take on responsibility to support children with medical conditions.

##### **4.2. Headteacher**

- 4.2.1. Ensure that the school's policy is developed and is effectively implemented with partners. This includes ensuring that all staff are aware of the existence of this policy and understand the role that they play in its implementation.
- 4.2.2. Ensure that all staff who need to know are aware of the pupil's condition.
- 4.2.3. Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a specific member of staff for this purpose.
- 4.2.4. Have overall responsibility for the development of individual healthcare plans.
- 4.2.5. Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- 4.2.6. 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.
- 4.2.7. 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. School staff**

- 4.3.1. 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, including the administering of medicines, although, the school acknowledges that they cannot require staff to do so. This includes the administration of medicines.

- 4.3.2. Take into account the needs of pupils with medical conditions that they teach.
- 4.3.3. Receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- 4.3.4. Not give prescription medicines or undertake health care 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.
- 4.3.5. Allow the school nurse to consider their proficiency in delivering a medical procedure, or in providing medication.

#### **4.4. Healthcare Professionals**

- 4.4.1. School nurses are responsible for notifying the school when a pupil has been identified as having a medical condition which will require support in school, ideally before the child starts at the school, wherever possible.
- 4.4.2. School nurses may support staff on implementing a pupil's individual healthcare plan and provide advice and liaison, for example on training.
- 4.4.3. School nurses liaise with lead clinicians locally on appropriate support for the pupil and regarding associated staff training needs.
- 4.4.4. Other healthcare professionals, including GPs and paediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may also provide advice on developing healthcare plans, as required. Specialist local health teams may be able to provide support for children with particular conditions (e.g. asthma, diabetes).

#### **4.5. The Pupil**

- 4.5.1. Pupils (of a certain age) with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

#### **4.6. Parents**

- 4.6.1. Ensure that the school is provided with sufficient and up-to-date information about their child's medical needs.
- 4.6.2. Act as a key partner and should be involved in the development and review of their child's individual healthcare plan, including with its drafting where appropriate.
- 4.6.3. Carry out any action they have agreed to as part of the implementation of the individual healthcare plan, for example, providing the school with medicines and equipment,

ensure these are replaced when close to expiry and ensure they or another nominated adult are contactable at all times.

#### **4.7. External Agencies**

- 4.7.1. The school will work with external agencies, including the Local Authority to support pupils with medical conditions.

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

- 5.1. 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.
- 5.2. The school will make every effort to ensure the arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to the school.

### **6. Individual healthcare plans**

- 6.1. Individual healthcare plans assist the school in effectively supporting pupils with medical conditions by providing clarity on what needs be done, when, and by whom.
- 6.2. Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.
- 6.3. Individual healthcare plans will be developed by working together with the parents/carers of the pupil, the pupil themselves (where appropriate) and any other necessary healthcare professionals.
- 6.4. Individual healthcare plans should be easily accessible to all who need to refer to them in school, whilst preserving confidentiality.
- 6.5. Individual healthcare plans will be linked to, or become part of, an 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 healthcare plan.
- 6.6. The school, healthcare professionals and parents should agree, based on evidence whether an individual healthcare plan would be proportionate or disproportionate. If consensus cannot be reached, the CEO will decide.
- 6.7. The level of detail in the plan will depend on the complexity of the child's condition and how much support is required. The school will consider the following when deciding what information to record in the plan:
  - 6.7.1. The medical condition, its triggers, signs, symptoms and treatments
  - 6.7.2. 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, eg: crowded corridors, travel time between lessons.
  - 6.7.3. 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.

- 6.7.4. The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will clearly be stated with appropriate arrangements for monitoring.
- 6.7.5. 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.
- 6.7.6. Who in the school needs to be aware of the pupil's condition and the support required.
- 6.7.7. 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.
- 6.7.8. 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, eg: risk assessments.
- 6.7.9. Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with the information about the pupil's condition.
- 6.7.10. What to do in an emergency, including who to contact and contingency arrangements.

## **7. Staff training**

- 7.1. Any training needs for staff providing support to a pupil with medical needs will be identified during the development or review of individual healthcare plans. The school nurse will customarily lead on identifying and agreeing with the school, the type and level of training required, and agree if the school nurse is able to lead on the identified training.
- 7.2. The school will ensure that training provided is sufficient to ensure that staff are competent and have confidence in their ability to provide support to pupils with medical conditions and to fulfil the requirements of the individual healthcare plan.
- 7.3. The school arranges whole school awareness training at least annually so that all staff are aware of the policy for supporting pupils with medical conditions and their role in implementing that policy. This will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. New staff will be inducted .
- 7.4.

## **8. The child's role in managing their own medical needs**

- 8.1. The school encourages children who are competent to take responsibility for managing their own medicines and procedures. This should be agreed with parents and reflected within individual healthcare plans.
- 8.2. Wherever possible, children will be allowed to carry their own medicines and medical devices or should be able to access their medicines for self-medication quickly and easily. The school will provide an appropriate level of supervision to those children.
- 8.3. If it is not appropriate for a child to self-manage their medication, the school will identify staff to help to administer medicines and manage procedures for them.

- 8.4. In the event that a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but will instead follow the procedure agreed in the individual healthcare plan and notify parents of the incident so that alternative options can be considered.

## **9. Managing medicines on school premises**

- 9.1. The school adheres to the DfE's "Supporting pupils with medical conditions" guidance regarding the management of medicines in School. This includes the following:

- 9.1.1. Medicines will only be administered at the school when it would be detrimental to a child's health or attendance not to do so.
- 9.1.2. No pupil under 16 is to be given prescription or non-prescription medicines without their parent's written consent, except in exceptional circumstances, for example where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- 9.1.3. A pupil under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will also be informed.
- 9.1.4. The school will only accept prescribed medicines (with the exception of insulin) that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
- 9.1.5. The school will store medicines safely and ensure that the relevant pupil knows where the medicines are located and that they can access them immediately, and be aware of who holds the key to the storage facility. This is particularly important to consider when outside of school e.g. on school trips. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and staff and will not be locked away.
- 9.1.6. The school will permit a pupil to possess a prescribed controlled drug if they are competent to do so but passing it to another child for their use is an offence. Clear monitoring arrangements are in place. Controlled drugs are easily accessible in an emergency and a record is kept of any doses used and the amount of the controlled drug held in school.
- 9.1.7. Staff may administer a controlled drug to a pupil for whom it has been prescribed in accordance with the prescriber's instructions. The school keeps a record of all medicines administered to children, stating what, how and how much was administered, when and by whom.
- 9.1.8. When medicines are no longer required, the school will return these to the parent to arrange for safe disposal. Sharps boxes are always to be used for the disposal of needles and other sharps.
- 9.1.9. Pupils 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 the healthcare plan.



- 9.1.10. 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 healthcare plan and inform parents so that an alternative option can be considered, if necessary.

## **10. Record keeping**

- 10.1. Written records are kept of all medicines administered to pupils for as long as these pupils are at the school. Parents will be informed if their child has been unwell at school.
- 10.2.

## **11. Emergency procedure**

- 11.1. Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' healthcare plans will clearly set out what constitutes an emergency and will explain what to do.
- 11.2. 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.

## **12. Equal Opportunities**

- 12.1. The school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so, wherever possible.
- 12.2. 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.
- 12.3. 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 and any relevant healthcare professionals will be consulted.

## **13. Unacceptable practice**

- 13.1. School staff should use their own discretion and judge each case individually with reference to the pupil's healthcare plan, but it is generally not acceptable to:
- 13.1.1. prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary
  - 13.1.2. assume that every pupil with the same condition requires the same treatment
  - 13.1.3. ignore the views of the pupil or their parents; or ignore medical evidence or opinion, (although this may be challenged)
  - 13.1.4. send pupils 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 individual healthcare plans
  - 13.1.5. if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable

- 13.1.6. penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- 13.1.7. prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- 13.1.8. require parents, 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.
- 13.1.9. prevent pupils from participating or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, eg: by requiring parents to accompany their child.
- 13.1.10. Administer, or ask pupils to administer, medicine in toilets.

#### **14. Liability and indemnity**

- 14.1. The Trust Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. SAND Academies Trust will ensure that they are a member of the Department for Education's risk protection arrangement.
- 14.2. All members of staff that are required to provide support to pupils with medical conditions are covered through the school's insurance policies. Details of the school's insurance policy can be requested from

#### **15. Complaints**

- 15.1. Should parents be dissatisfied with the support provided by the school they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint under SAND Academies Trust complaints procedure, which is available on our website.

#### **16. Monitoring arrangements**

- 16.1. This policy will be reviewed and approved by the board of Trustees annually.