



## Supporting Children with Medical Needs Policy

Document Name	Approval Date	Date of Next Revision
Supporting Children with Medical Needs - V1.0 based on December 2015 DfE guidance - V1.1 Board Review and Update		
	May 2016	
	March 2019	March 2022

The Directors have paid due regard to the impact of all aspects of equality in the writing of this policy

## 1. DEFINITION

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

- (a) Short term – affecting their participation in school activities when they are on a course of medication
- (b) Long term – potentially limiting their access to education and requiring extra care and support.

## 2. TRUST ETHOS

The Trust has a responsibility for ensuring that schools adopt the statutory guidance as set out in the DfE publication “Supporting pupils at school with medical conditions” (December 2015). This policy adopts that guidance.

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Pupils with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education. School leaders must consult health and social care professional, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

The Trust also has responsibility for the health and safety of staff and pupils in its care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the Trust is to make sure that safety measures cover the needs of all pupils while in school. This may mean making special arrangements for particular pupils so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required. The Trust is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that pupils with medical conditions (long or short term) may need.

Teachers and other school staff in charge of pupils must ensure the safety of all pupils in their care. To this end, we reserve the right to refuse admittance to a children with an infectious disease, where there may be a risk posed to others or to the health of the child involved. This duty also extends to teachers leading activities taking place off the Trust's sites.

The Trust recognises that parents of children with medical conditions may be concerned about the implications of their conditions on their health, overall well-being and learning. We will work with parents, and healthcare professionals, to adapt our provision to provide effective support. We will consider the social, emotional and educational impact of their medical condition and will plan accordingly for any emergency circumstances, frequent short terms absences and reintegration following any long term absence.

## 3. RESPONSIBILITIES

The Trust recognises its legal responsibility and accountability for fulfilling its statutory duty regarding the provision for children with medical conditions. The Trust will periodically review this policy in the light of any changes to statute or guidance.

The Trust delegates to each Head of School the day to day responsibility to ensure that this policy is implemented. The Head of School must ensure that:

- all staff are aware of this policy, receive appropriate and timely training and adopt the policy at all times
- all staff who need to know are aware of a pupil's condition and that properly trained staff are available at all times to provide the required support, including in contingency and emergency situations
- all children with medical conditions are identified, assessed and provision made for their support in line with this policy, including development of Individual Healthcare Plans if required
- other healthcare professionals are made aware of any condition and are consulted in the identification of the support required
- all records are maintained and secured as defined in this policy
- parents, carers and pupils are made aware of this policy and are consulted on the support provided.

The Trust delegates to the Local Governing Body (LGB) of the school the responsibility to oversee the arrangements to support pupils with medical conditions within each school. The LGB must ensure that, at least annually, a review is undertaken and a report presented to the LGB and the Trust Board which should at a minimum cover:

- confirmation that school maintains appropriate records for all children identified to have medical needs
- confirmation that training needs and records for staff are maintained
- confirmation that medicine storage and administration is in line with this Trust policy

It is the responsibility of parents and carers to provide the school with sufficient and up to date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and will be involved in determining the provision required, including the development of individual healthcare plans if required. They should carry out any agreed action required to support their child's care whilst in school as set out in an individual healthcare plan or otherwise determined. Parents must supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container. Parents must ensure that medicines to be given in school are in date and clearly labelled. Parents should co-operate in training their children to self-administer medicine if this is appropriate.

#### **4. AIMS**

The aims of this policy and procedure are:

- To support pupils with medical conditions, so that they have full access to education, including physical education and educational visits (off-site and residential)
- To ensure that Trust staff involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication
- To comply fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs
- To write, in association with healthcare professionals, Individual Healthcare Plans where necessary
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support

- To ensure that pupils are safe and are able to attend school regularly with their medical condition
- To ensure that parents, carers and pupils have confidence in the arrangements for support
- To support pupils with complex medical conditions and/or long term medical needs in partnership with Health professionals and parents to enable their access to education
- To adhere to the statutory guidance contained in “Supporting pupils at school with medical conditions” (DfE – December 2015), and “Multi-Agency Guidance for the Management of Long Term Health Conditions for Children and Young People” (DSCB 2011)
- To keep, monitor and review appropriate records.

## 5. INDIVIDUAL HEALTHCARE PLANS (IHCP)

Individual Healthcare Plans will often be required for pupils with medical conditions. The Head of School must determine on a case by case basis whether a plan is required and the level of information that is required on the IHCP. The Head of School should consider the views of parents and healthcare professionals in making this determination. The process to be followed is provided at Annex A to this policy.

In some cases the agreement of a request to administer medicines will be sufficient to cover short term conditions and treatment.

IHCPs will be tailored to meet the needs of short term, long term and/or complex medical conditions. When deciding what information should be recorded on an IHCP, the Head of School, in collaboration with the pupil, the parents/carers and healthcare professionals should consider the following:

- 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 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 of school 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; and
- 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

The IHCP must include the name of the member of staff who is appropriately trained and providing the agreed support. IHCPs must include details on emergency arrangements and these must be shared with all relevant staff, First Aiders and school office staff as applicable.

IHCPs will be kept under review by the Head of School and revised as required, or at least annually, to ensure that they reflect current medical needs (e.g., changes in medication).

Where pupils have been issued with an Education and Health Care (EHC) Plan by the local authority, any IHCP will be linked to, or become part of that EHC Plan.

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

## **6. UNACCEPTABLE PRACTICE**

While Trust staff will use their professional discretion in supporting individual pupils, it is unacceptable to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents/carers; ignore medical advice or opinion (although this may be challenged).
- Prevent children with medical conditions accessing the full curriculum, send children with medical conditions home frequently for reasons associated with their medical condition or prevent them staying for normal school activities, including lunch, unless specified in their Individual Healthcare Plan.
- If a child becomes ill to send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise children for their attendance record where this is related to a medical condition.
- Prevent children from eating, drinking or taking toilet breaks where this is part of effective management of their condition.
- Require parents, or make them feel obliged, to administer medicine where this interrupts their working day. No parent should have to give up working because the school is failing to support their child's medical needs
- Create unnecessary barriers to children participating in any aspect of school life, such as requiring parents to accompany their child with a medical condition on a school trip as a condition of that child taking part.

## **7. STAFF TRAINING AND SUPPORT**

The Trust provides full access to the curriculum for every child wherever possible. We believe that pupils with medical needs have equal entitlement and must receive necessary care and support so that they can take advantage of this. However we also recognise that employees have rights in relation to supporting pupils with medical needs. Specifically, staff cannot be required to administer medicines and where they agree to do so, appropriate training must be provided and staff must achieve the necessary level of competence.

Most medicines to be administered will not require professional training. Nevertheless, the school must ensure that staff supervising the administering of medicines will understand that accurate records are to be kept and are completed at the time of being administered. Staff who provide support must bring to the attention of the Head of School any concern or matter relating to the welfare or support provided to an individual pupil with a medical condition.

If child or young person is provided with an IHCP, additional training must be given by a qualified healthcare professional, e.g., use of a nebuliser, using Epipens. Training received or cascaded from parents will not be accepted unless otherwise instructed by a healthcare professional. Records of training must be completed and maintained.

The Head of School must ensure that this policy, and the school's arrangements for the support of children with medical needs, is included as part of annual staff awareness training and must ensure that the same is provided as part of any induction of new staff.

## **8. MANAGING AND ADMINISTRATION OF MEDICINES**

Schools should ensure that all staff are aware that:

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances 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 child or young person to involve their parents while respecting their right to confidentiality.
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- the school will only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- Before administering any medicine, staff must check that the medicine belongs to the child, must check that the dosage they are giving is correct, and that written permission has been given. Any child refusing to take medicine in school will not be made to do so, and parents will be informed about the dose being missed. All doses administered will be recorded in the Administration of Medicines record book.
- all medicines should be stored safely. Medicines needing refrigeration will be stored in an appropriate fridge. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. 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 school premises, e.g. on school trips. All medicines must be clearly labelled.

- Inhalers are kept in the child's classroom. Children have access to these inhalers at all times, though must inform a member of staff that they are taking a dose. All inhalers are marked with the child's name. All children with an inhaler must take them on educational visits, however short in duration.
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
- a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. Epi-pens are kept in locked cupboards in relevant children's teaching areas. In the case of Epi-pens all staff have access to the key which is clearly labelled and accessible. A record should be kept of any doses used and the amount of the controlled drug held
- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions.
- Essential medicines will be administered on educational visits, subject to the conditions above. A risk assessment may be needed before the visit takes place. Staff supervising the visit will be responsible for safe storage and administration of the medicine during the visit.

Schools must keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school

Epi-pen – Any member of staff can administer an Epi-pen in an emergency. The pen (cap off) should be pushed against the child's thigh, through clothing if necessary. The pen should be held for a count of 10 seconds before being withdrawn. Ambulances must be called for a child who may require an Epi-pen. Cetrizine may be given if slight tingling of the lips occurs following ingestion of possible irritants for nut allergy sufferers. This is a liquid medicine stored with the Epi-pen. If symptoms are more severe, the Epi-pen should be given immediately. An ambulance must be called immediately. Parents should be contacted after this call has been made.

## 9. INFORMATION

Children with serious medical conditions will have their photo and brief description of condition, along with other necessary information, in the staffroom. Children with medical conditions which may require emergency attention, e.g. epilepsy, diabetes, will have their names and an IHCP clearly accessible in their classroom, and all adults dealing with the child will have their attention drawn to this information. All other medical conditions will be noted from children's SIMs records and this information will be provided to class teachers annually.

## 10. IN AN EMERGENCY

In a medical emergency, support staff have been appropriately trained to administer basic emergency paediatric first aid if necessary. In all cases, the Trust's main First Aiders will be expected to attend.

If an ambulance needs to be called, staff will:

- Outline the full condition and how it occurred.
- Give details regarding the child's date of birth, address, parents' names and any known medical conditions.

Children will be accompanied to hospital by a member of staff if this is deemed appropriate. Staff cars should not be used for this purpose. Parents must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital

## **11. COMPLAINTS**

Should parents be unhappy with any aspect of their child's care at the Trust, they must discuss their concerns with the child's school. This will be with the child's class teacher in the first instance, with whom any issues should be managed. If this does not resolve the problem or allay concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Head of School. In the unlikely event of this not resolving the issue, the parents must make a formal complaint using the Trust's Complaints Procedure.

## **12. INSURANCE**

The Trust has made appropriate insurance arrangements through the DfE Risk Protection Arrangements.

Annex A: Process for developing individual healthcare plans