



**Shears Green Junior School**

# **Supporting Children with Medical Conditions Policy**

<b>Approved by:</b>	SGJS Governors	<b>Date:</b> October 2024
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### 1. Aims

This policy aims to ensure that:

- Pupils, staff and parents 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.
- Pupils' confidence and ability to self-care are promoted, where appropriate.
- The school works in partnership with healthcare professionals, parents, and pupils to ensure the needs of children with medical conditions are effectively supported.

The governing board will implement this policy by:

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

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

### 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 is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school.

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This policy complies with our funding agreement and articles of association.

The policy is also aligned with the Equality Act 2010 and the Special Educational Needs and Disability (SEND) Code of Practice.

Where applicable, this policy should be read in conjunction with the school's safeguarding policy.

### **3. Roles and responsibilities**

#### **3.1 The governing board**

The governing board has ultimate responsibility to make arrangements to support pupils 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. The governing body will also regularly review this policy and ensure it is readily accessible to parents and school staff.

#### **3.2 The headteacher/ deputy headteacher**

The headteacher/ deputy headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there are enough trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- Ensure that all staff who need to know are aware of a child's condition.
- 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 for any pupil who has a medical condition that may require support at school but has not yet been brought to the school nurse's attention.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.
- Ensure risk assessments for school visits, holidays, and other school activities outside the normal timetable are conducted for pupils with medical conditions. Monitor and review Individual Healthcare Plans (IHP) at least annually or earlier if evidence is presented that the child's needs have changed.

#### **3.3 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 will consider the needs of pupils with medical conditions 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.

Staff should also: - Be aware of the potential social problems that pupils with medical conditions may experience and use this knowledge to help prevent and deal with any problems.

#### **3.4 Parents**

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 IHP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.
- Provide any medication and equipment that their child requires and keep it up to date. Complete a parental agreement for school to administer medicine form before bringing medication into school.

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### 3.5 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. They are also expected to comply with their IHPs.

### 3.6 School nurses and other healthcare professionals

The school may refer to the **Community Nursing Team** for support with drawing up Individual Healthcare Plans. The **Community Nursing Team** can commission specialist medical training, liaise with lead clinicians and provide advice or support in relation to pupils with medical conditions.

Other **healthcare professionals, including GPs and paediatricians** should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy)

## 4. Equal opportunities

Our 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.

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 and any relevant healthcare professionals will be consulted.

The school will also consider the emotional implications of any medical conditions on pupils' wellbeing and provide appropriate support.

No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made, provided their attendance would not be detrimental to their own health or that of other pupils.

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

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 IHP.

The school will make every effort to ensure that arrangements are put into place promptly. For incoming Year 3 students, given sufficient notice, arrangements will be in place for the beginning of the school year. In cases of mid-term admissions or new diagnoses, the school will strive to establish necessary provisions within a two-week timeframe.

The school will not wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents.

**See Appendix 1.**

## 6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the deputy headteacher.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. The frequency of reviews will be determined by the complexity of the child's condition and the rate at which their need may change.

Plans will be developed with the pupil's best interests in mind and will set out:

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- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents, a relevant healthcare professional (such as the school nurse, specialist or paediatrician), the local authority, relevant medical practitioners, and the SEND team (where applicable). These stakeholders can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

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. In cases where a child has both an IHP and an EHCP, these will be reviewed alongside each other.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher / deputy headteacher, 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 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 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 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/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' written consent

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

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 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.

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

### **7.1 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.

Given the age of our pupils (7-11 years old), it is not appropriate for any pupil to have controlled drugs in their possession while at school. All controlled drugs that have been prescribed for a pupil must be handed in by a parent or carer, with the relevant documents completed. These medications will be securely stored in a non-portable container in the school office, and only named staff members will have access.

Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.

A member of 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. Schools should 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.

### **7.2 Pupils managing their own needs**

Pupils who are competent will be encouraged to manage their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Pupils who can take their medicines themselves or manage procedures may require an appropriate level of supervision. 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.

### **7.3 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

- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, 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 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 to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

## 8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). Where a child has an IHP, this should clearly 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 school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

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

## 9. Training

Staff responsible for supporting pupils with medical needs will receive suitable and sufficient training.

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 and will agree this with the deputy headteacher. 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 understand the specific medical conditions they are being asked to deal with, their implications and preventative measures

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

The training needs of staff should be assessed regularly, particularly when there are new staff or when the medical needs of a pupil change.

All staff should receive general awareness training on the school's policy for supporting pupils with medical conditions, including their role in its implementation. This will be provided for new staff during their induction.

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

## 10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

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IHPs are kept in a readily accessible place which all staff are aware of.

In addition to the administration of medicines, written records should be kept of all incidents and complaints related to the support of pupils with medical conditions.

The school should ensure that all staff protecting and promoting the welfare of children are aware of the need to pass on concerns about a child's welfare without delay and make a record of that concern.

Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.

### **11. Liability and indemnity**

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are: Insurance is organised through Kent County Council and is Zurich Municipal Policy number KSC - 122097853.

### **12. Complaints**

Parents with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the deputy headteacher in the first instance who will, where necessary, consult with the headteacher. The deputy headteacher will aim to respond to initial complaints within 5 working days. If the deputy headteacher/ headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

### **13. Monitoring arrangements**

This policy will be reviewed and approved by the governing board every 2 years, or sooner if there are significant changes in statutory guidance or school circumstances.

### **14. Links to other policies**

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality Policy
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy



## Appendix 1: Being notified a child has a medical condition.

