

# Supporting Pupils with Medical Conditions Policy

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<b>Last review date:</b>	September 2022			
<b>Next Review date:</b>	September 2023			
<b>Review Cycle:</b>	Annually			
<b>Statutory Policy:</b>	Yes			
<b>Publication:</b>	Website. <a href="#">G/Policies</a>			
<b>Owner:</b>				
<b>Date</b>	<b>Version</b>	<b>Reason for change</b>	<b>Overview of changes made</b>	<b>Source</b>
29.09.20	0.1	Scheduled Review	Logo and name updated. J Bowman	Original based on SCC policy
21.10.20	0.2	Scheduled Review	Internal Lead review – Minor changes to reflect changes in language. Removal of involvement of medical practitioners to reflect practice.	Original based on SCC policy
21.10.20	0.3	Scheduled Review	Board Lead review – No changes. P Lovern	Original based on SCC policy
20.11.20	1.0	Scheduled Review	Ratified by Board	
08.09.21	1.1	Scheduled Review - Internal Lead	No changes. SLT	
16.09.21	1.2	Scheduled Review - Board Lead	No changes. H Bowman	

05.11.21	2.0	Scheduled Review - Board	Ratified	
14.09.22	2.1	Scheduled Review	No changes. SLT	
15.09.22	2.2	Scheduled Review	No changes. M Havelock-Crozier	
30.09.22	3.0	Scheduled Review	Ratified by Board	

## **Supporting Pupils with Long Term Medical Conditions Policy**

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## **1. Aims**

This policy aims to ensure that:

- Pupils, staff and parents understand how our Trust 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

The Board of Directors will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, 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 (CARE PLANS)

## **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 bodies to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

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

## **3. Roles and responsibilities**

### **3.1 The Board of Directors**

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

### **3.2 The Chief Executive Officer (CEO)**

The CEO will:

- Ensure all staff are aware of this policy and understand their role in its implementation
- Ensure that there are a sufficient number of trained staff available to implement this policy and deliver against all individual Care Plans, including in contingency and emergency situations
- Take overall responsibility for the development of Care Plans
- Ensure that Trust staff are appropriately insured and aware that they are insured to support pupils 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

### **3.3 SENCO**

The SENCO will:

- Be responsible for developing Care Plans
- 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

### **3.4 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 take into account the needs of pupils with medical conditions that 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.

### **3.5 Parents**

Parents will:

- Provide the Trust with sufficient and up-to-date information about their child's medical needs, including updating school immediately with any changes
- Be involved in the development and review of their child's Care Plan and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the Care Plan e.g. provide medicines and equipment
- Annually, or earlier if needed in exceptional circumstances, complete a Google Form outlining all of their child's medical needs and procedures
- Sign and agree the final Care Plan

### **3.6 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, at an age appropriate level, and contribute as much as possible to the development of their Care Plans. They are also expected to comply with their Care Plans.

## **4. Equal opportunities**

Our Trust 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.

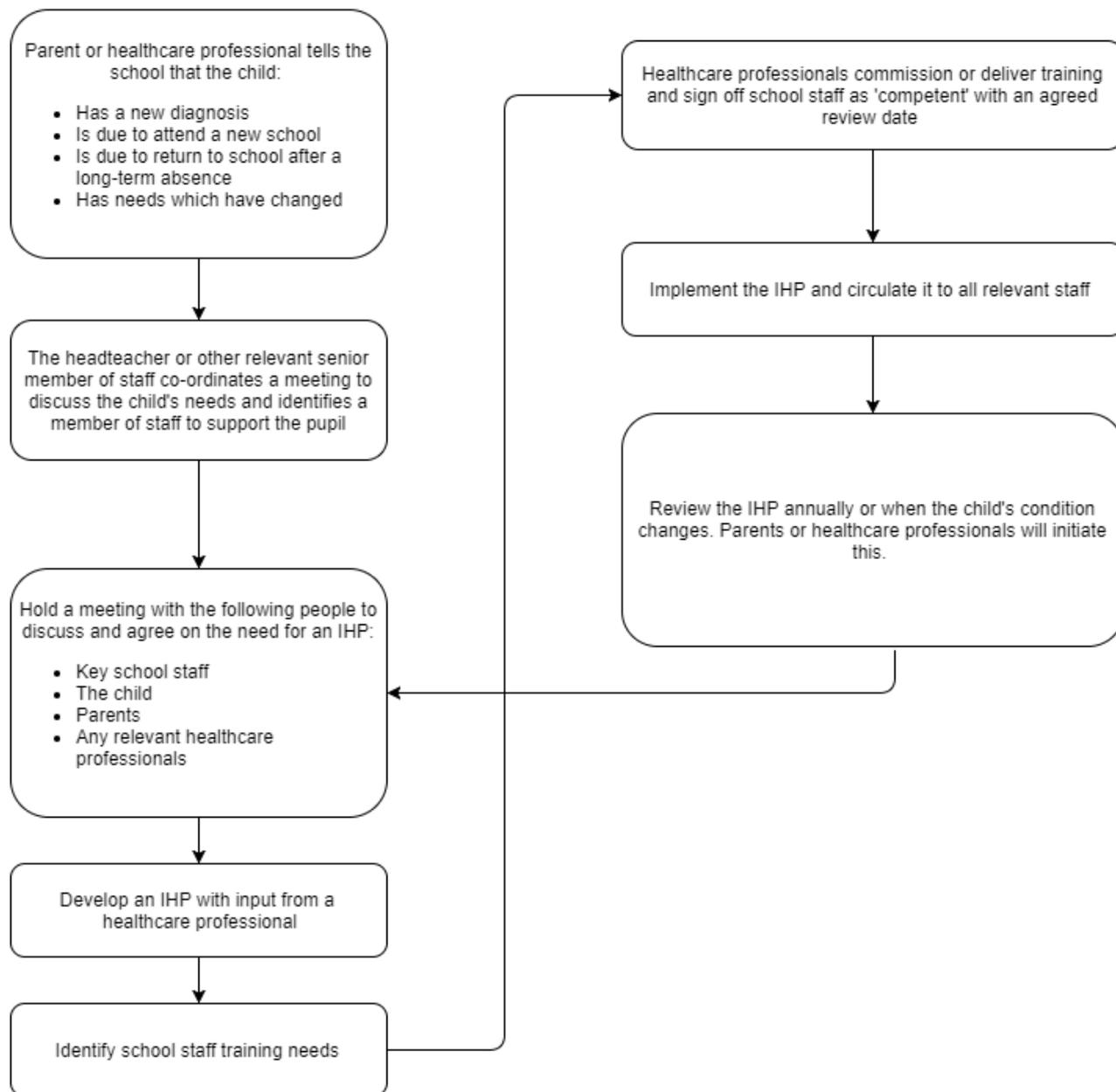
The Trust will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

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.

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

When the Trust is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires a Care Plan.

The Trust will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school. (IHP refers to Care Plans)



### 6. Individual healthcare plans

The Headteacher has overall responsibility for the development of Care Plans for pupils with medical conditions within their school, which the SENCO will draft.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

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

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require a Care Plan. It will be agreed between school and the parents when a Care Plan would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the Trust, parents and other relevant professionals where necessary. The pupil will be involved wherever appropriate.

Care Plans will be linked to, or become part of, any statement of special educational needs (SEN) or 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 Care Plan.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Board of Directors and the CEO will consider the following when deciding what information to record on Care Plans:

- 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 Trust 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 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

- Where staff have received appropriate training

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 Trust 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 Trust 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.

Please see our Administering Medication Policy for more details.

### **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.

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.

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

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

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 their Care Plans.

Pupils will be allowed to carry their own inhalers and epi-pens wherever possible, all other medicines will be kept by staff in a central location. 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 Care Plan and inform parents so that an alternative option can be considered, if necessary.

### **7.3 Unacceptable practice**

Staff should use their discretion and judge each case individually with reference to the pupil's Care Plan, 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 Care Plans
- 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). All pupils' Care Plans will clearly set out what constitutes an emergency and will explain what to do.

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.

## **9. Training**

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of Care Plans. 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 Headteacher/CEO. 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 Care Plans
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

On an individual needs level, healthcare professionals may 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.

## **10. Record keeping**

The Board of Directors will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

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

Where children have a condition which may require immediate action to be taken (i.e. in the case of an asthma or diabetic attack, or allergy), the Trust will request permission to display the child's photo, name, and relevant health need at relevant places around the school (i.e. classrooms, kitchen etc.) Permission will be sought from parents in order to do this, and the Trust will make clear that not giving consent may delay children receiving appropriate treatment.

## **11. Liability and indemnity**

The Board of Directors will ensure that the appropriate level of insurance is in place and appropriately reflects the Trust's level of risk.

## **12. Complaints**

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

## **13. Links to other policies**

This policy links to the following policies:

- Accessibility plan
- Asthma
- Complaints
- Equal Opportunities
- Illness & Accidents
- Administering Medication
- Health and safety
- Safeguarding
- Special Educational Needs