

Supporting Children at School with Medical Conditions Policy

Reference: WP/Safeguarding

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Who should use this policy?

This policy will apply to all parents and staff of the Academy for Character and Excellence in relation to supporting pupils at school with a medical condition.

This policy will be reviewed biannually unless significant changes occur before the review date.

I have come that they may have life, and have it to the full.

Our school’s approach to this policy follows that of the Church of England Education Office in that it seeks to be faith-sensitive and inclusive. It is underpinned by Our Vision of ‘*Life in all its fullness*’ and ensures that all of school life incorporates the values of the Christian Faith. These values are central to all that we do and determine how we will implement all policies and procedures. We want to ensure that through our gateways of citizenship, leadership, expression, exploration and flourishing, all pupils and adults are shown how to be compassionate, passionate, honest, inspiring and responsible individuals. By starting with our vision, we aim to ensure that all members of our school community understand our expectations, our practise and the ways in which we will implement this Policy.

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1. Introduction

- 1.1. Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them safe and well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. In these cases, the school would contact the Educational Welfare officer for further advice and support.
<https://new.devon.gov.uk/educationandfamilies/school-information/school-attendance>
- 1.2. In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition, develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. In these cases, the school would make contact with other professionals who will support with mental health needs.
- 1.3. The aim of this policy is 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 school life, remain healthy and achieve their academic potential. It is important to the Trust that parents feel confident that our schools will provide effective support for their child's medical condition and that pupils feel safe.
- 1.4. For children with SEND, this guidance should be read in conjunction with the School's Special Educational Needs and Disability (SEND) policy. <https://www.gov.uk/definition-of-disability-under-equality-act-2010>
<https://new.devon.gov.uk/educationandfamilies/special-educational-needs-and-disability-send-local-offer>

2. Role of the School

- 2.1. The school will ensure that arrangements are in place to support pupils with medical conditions, so that they can endeavour to access and enjoy the same opportunities at school as any other child.
- 2.2. The arrangements will focus on the needs of each individual child and how their medical condition impacts on their school life and will ensure:
 - a. sufficient staff are suitably trained;
 - b. all relevant staff are made aware of the child's condition;
 - c. cover arrangements are sufficient in case of staff absence or staff turnover to ensure someone is always available;
 - d. briefing for supply teachers are in place;
 - e. risk assessments for school visits, holidays, and other school activities outside the normal timetable will be in place; and

- f. individual healthcare plans will be in place and reviewed.

3. Role of the Parent/Carer:

Parents are required 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 the development and review of their child's individual healthcare plan, and will be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

4. Role of the Pupil

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. The pupil will 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 and to also ensure their personal dignity remains in place.

5. Staff Training

- 5.1. Staff will receive regular and ongoing training as part of their development. Staff who have specific responsibilities of supporting pupils with medical conditions will receive the appropriate and relevant training.
- 5.2. No member of staff will be able to administer prescription medicines or undertake any healthcare procedures without discussing this with the parent in the first instance, and also undergo training where necessary.
- 5.3. A record of all medical training will be held on the Medical Training file or on a central on line file.

6. Individual Healthcare Plans

- 6.1. The aim of an Individual Healthcare Plan (IHCP) is to capture the steps which a school should take to help the child manage their medical condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services.
- 6.2. The process that is followed is captured in a flowchart in Appendix 1.
- 6.3. When the school is notified of a medical condition if required an IHCP will be completed, which can help to ensure that schools effectively support pupils with medical conditions. (Appendix 2).
- 6.4. IHCP provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one.

- 6.5. The school, healthcare professional and parent will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the senior healthcare professional will make the final decision.
- 6.6. The healthcare plan will be easily accessible to all who need to refer to them, while preserving confidentiality. The plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. Where a child has SEND need but does not have a EHC plan, their special educational needs will be mentioned in their individual healthcare plan.
- 6.7. The Individual healthcare plans (and their review) will be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.
- 6.8. Where the child has an identified SEND need or EHC plan, the individual healthcare plan will be linked to or become part of the EHC plan.
- 6.9. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

7. Avoiding Unacceptable Practice

- 7.1. School staff will use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, however, the Trust agrees that it is not generally acceptable practice to:
 - a. prevent children from easily accessing their inhalers and administering when and where necessary;
 - b. assume that every child with the same condition requires the same treatment;
 - c. ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
 - d. Children with SEND and with medical conditions are at home more 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;
 - e. if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
 - f. penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
 - g. prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;

- h. 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 unable to support their child's medical needs; or
- i. prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips.
- j. Administer, or ask pupils to administer, medicine in school toilets.

8. Managing Medicines on School Premises

Refer to the Medication Policy for further information

9. Complaints

- 9.1. Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Appendix 1 - Procedure to be Followed when a Pupil has a Medical Condition



Appendix 2 - Individual Healthcare Plan Template



Photo

Childs Name	
Class	
Date of Birth	
Address	

Medical Diagnosis or condition	
Date	
Review Date	
Family Contact Information	
Name	
Contact number Work	
Home	
Mobile	
Relationship to child	
Clinic/Hospital Contact	
Name	
Phone	
G.P. Details	
Name of Doctors Surgery	
G.P. Name	
Phone	

Who is responsible for providing support in School?

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra- indications, administered by/self-administered with/without supervision.

Daily care requirements (if any)

Specific support for the pupil's educational, social and emotional needs (if relevant)

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with (medical person/team/parents)

Staff training needed/undertaken – who, what, when

Form copied to (teacher/allocated staff/parent or carer/medical team or person)

Signed.....

Print Name.....

Dated.....