



## Supporting Children with Medical Conditions



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## 1. Introduction and aims

This policy aims to ensure that

- Our School Development Plan has at its' core that all children with any disadvantage, including health needs, are fully supported, their needs addressed which allows them full access to the curriculum within an inclusive setting.
- Children, staff and parents understand how our school will support children with medical conditions.
- Children with medical conditions are properly supported to allow them to access the same education as other children, including school trips and sporting activities

The named person with responsibility for implementing this policy is the Head Teacher

## 2. Legislation and statutory responsibilities

- 2.1. This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#) which places a duty on Governing Bodys to make arrangements for supporting children at their school with medical conditions.
- 2.2. It is also based on the Department for Education's statutory guidance on [supporting children with medical conditions at school](#).

## 3. Roles and Responsibilities

- 3.1. The Governing Body has ultimate responsibility to ensure that the school have made arrangements to support children with medical conditions.
- 3.2. The Head Teacher working with support from SENDCo will:
  - Make sure all staff are aware of this policy and understand their role in its implementation
  - Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all Individual Healthcare Plans (IHPs), including in contingency and emergency situations.
  - Ensure all IHP's align with Educational Healthcare Plans (EHCP) where appropriate.
  - Ensure that all staff who need to know are aware of a child's condition
  - Will review IHPs developed by the SENDCo.
  - Work with the School Business Manager to make sure that school staff are appropriately insured and aware that they are insured to support a child in this way
  - Contact the school nursing service in the case of any child 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
  - 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. The staff will:
  - All support children with medical conditions during school hours as this is not the sole responsibility of one person. Any member of staff may be asked to provide support to children 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 children 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 children with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

#### 3.4. The 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
- Children with medical conditions will often be best placed to provide information about how their condition affects them. Children 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.

3.5. Our school nursing service will notify the school when a child has been identified as having a medical condition that will require support in school. This will be before the child starts school, wherever possible. They may also support staff to implement a child's IHP.

3.6. Healthcare professionals, such as GPs and pediatricians, will liaise with the school's nurses and notify them of any child identified as having a medical condition. They may also provide advice on developing IHPs.

## 4. Equal opportunities

4.1. Our school is clear about the need to actively support children with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

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

4.3. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. In doing so, children, their parents and any relevant healthcare professionals will be consulted.

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

5.1. When the school is notified that a child has a medical condition, the process outlined below will be followed to decide whether the child requires an IHP.

5.2. The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for children who are new to our school. See Appendix 1.

## 6. Temporary Medical Conditions

- 6.1. The school should be notified if a child has a significant temporary medical condition, in particular those that have received hospital treatment e.g. burns, broken bone etc.
- 6.2. The parents should notify the SEN team at school of the medical condition before the child attends school.
- 6.3. The SEN team will prepare a risk assessment to support the child during this period and agree this with the parents.
- 6.4. This risk assessment will be shared with all staff, discussed with those who work directly with the child and will be kept up dated as a live document during the child's period of recovery.

## 7. Individual healthcare plans

- 7.1. The Head Teacher has overall responsibility for the development of IHPs for children with medical conditions. This has been delegated to the SEND Team.
- 7.2. Plans will be reviewed at least annually, or earlier if there is evidence that the child's needs have changed.
- 7.3. Plans will be developed with the child's best interests in mind and will set out what needs to be done, when and by whom.
- 7.4. Not all children 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 Head Teacher will make the final decision.
- 7.5. Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the child's specific needs. The child will be involved wherever appropriate.
- 7.6. IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a child has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.
- 7.7. 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 Body and the Head Teacher/role of individual with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:
  - The medical condition, its triggers, signs, symptoms and treatments
  - The child'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 child'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 child 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 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 Teacher for medication to be administered by a member of staff, or self-administered by the child 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
- What to do in an emergency, including who to contact, and contingency arrangements

## 8. Managing medicines

- 8.1. Prescription and non-prescription medicines will only be administered at school:
  - When it would be detrimental to the child's health or school attendance not to do so and
  - Where we have parents' written consent
- 8.2. Children under 16 will not be given medicine containing aspirin unless prescribed by a doctor.
- 8.3. Anyone giving a child any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.
- 8.4. 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
- 8.5. The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.
- 8.6. All medicines will be stored safely. Children will be informed about where their medicines are at all times and staff will be able to access them immediately when required. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to the child and not locked away.
- 8.7. Medicines will be returned to parents to arrange for safe disposal when no longer required.

## 9. Controlled drugs

- 9.1. [Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.
- 9.2. A child 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 child to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.
- 9.3. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

## 10. Children managing their own needs

- 10.1. Children 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 IHPs.
- 10.2. Staff will not force a child 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.

## 11. Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the child's IHP, but it is generally not acceptable to:

- Prevent children from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child 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 child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent children 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 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

- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask children to administer, medicine in school toilets

## **12. Emergency procedures**

- 12.1. Staff will follow the school's normal emergency procedures (for example, calling 999). All children's IHPs will clearly set out what constitutes an emergency and will explain what to do.
- 12.2. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany the child to hospital by ambulance.

## **13. Training**

- 13.1. Staff who are responsible for supporting a child with medical needs will receive suitable and sufficient training to do so.
- 13.2. The training will be identified during the development or review of IHPs. Staff who provide support to children with medical conditions will be included in meetings where this is discussed.
- 13.3. The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the CLT/SEND Team. Training will be kept up to date.
- 13.4. Training will:
  - Be sufficient to ensure that staff are competent and have confidence in their ability to support the children
  - Fulfil the requirements in the IHPs
  - Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
- 13.5. Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- 13.6. 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.

## **14. Record keeping**

- 14.1. The Governing Body will ensure that written records are kept of all medicine administered to children for as long as these children are at the school. Parents will be informed if their child has been unwell at school.
- 14.2. IHPs are kept in a readily accessible place which all staff are aware of.

## **15. Liability and indemnity**

- 15.1. The Governing Body will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

15.2. The details of the school's insurance policy can be obtained from the office.

## **16. Complaints**

16.1. Parents with a complaint about their child's medical condition should discuss these directly with the SEND Team in the first instance. If they cannot resolve the matter it will be referred to the CLT and if it is still not resolved parents will be directed to the school's complaints procedure.

## **17. Monitoring arrangements**

This policy will be reviewed and approved by the Governing Body every year.

## **18. Equality Review**

18.1. Under the Equality Act 2010 we have a duty not to discriminate against people on the basis of their age, disability, gender, gender identity, pregnancy or maternity, race, religion or belief and sexual orientation.

18.2. This policy has been equality impact assessed and we believe that it is in line with the Equality Act 2010 as it is fair, it does not prioritise or disadvantage any pupil and it helps to promote equality at this school.

## **19. Links to other policies**

This policy links to the following policies:

Accessibility plan

Complaints

Equality information and objectives

First aid

Health and safety

Safeguarding

Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition



