



Cleves School  
Learning Together

# SUPPORTING CHILDREN WITH MEDICAL CONDITIONS

Reviewed on	15 <sup>th</sup> July 2021
Reviewed by	Children's Achievement and Wellbeing Committee on behalf of Cleves School Board of Trustees
Guidance referenced	<a href="https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3">https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3</a>
Review cycle	Every 3 Years
Next review date	Summer Term 2024

Cleves School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 – "Supporting pupils at school with medical conditions" under a statutory duty form section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014

The school will have regard to the statutory guidance issued. We take account of it; carefully consider it and we make all efforts to comply.

### **POLICY AIM**

- To ensure pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential
- To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents the pupils and themselves

### **PROCEDURE**

The Head Teacher is responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- Sufficient staff are suitably trained
- All relevant staff are made aware of a child's condition
- Cover arrangements in case of staff absence/turnover is always available
- Supply teachers are briefed
- Risk assessments for visits and activities out of the normal timetable are carried out
- Individual healthcare plans are monitored (at least annually)
- Transitional arrangements between schools are carried out
- If a child's need change, the above measures are adjusted accordingly

Where children are joining Cleves at the start of a new academic year, these arrangements should be in place for the start of term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible ideally within 2 weeks.

Any child with a medical condition requiring medication or support in school should have an individual healthcare plan which details what support the child needs.

If the parents, healthcare professional and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be kept in the schools medical record and the child's individual record.

## ROLES AND RESPONSIBILITIES

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

### **The Board of Trustees is responsible for:**

- Ensuring arrangements are in place to support pupils with medical conditions
- Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively
- Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation
- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs
- Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential
- Requiring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials
- Requiring written records are kept of, any and all, medicines administered to pupils
- Ensuring the policy sets out procedures in place for emergency situations
- Requiring the level of insurance in place reflects the level of risk
- Handling complaints regarding this policy as outlined in the school's Complaints Policy

### **The Headteacher is responsible for:**

- Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy
- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures
- Liaising with healthcare professionals regarding the training required for staff
- Identifying staff who need to be aware of a child's medical condition
- Developing Individual Healthcare Plans (IHPs)
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations
- If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy
- Continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition
- Ensuring confidentiality and data protection
- Assigning appropriate accommodation for medical treatment/ care
- Upkeep of the school defibrillator

### **Staff members are responsible for:**

- Supporting children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help  
*A first-aid certificate is not sufficient.*
- Knowing where controlled drugs are stored and where the key is held
- Taking account of the needs of pupils with medical conditions in lessons

- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility
- Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance

**Welfare Officer is responsible for:**

- Collaborating on developing an IHP in anticipation of a child with a medical condition starting school
- Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career
- Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs
- Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training

**Parents and carers are responsible for:**

- Keeping the school informed about any new medical condition or changes to their child/children's health
- Participating in the development and regular reviews of their child's IHP
- Completing a parental consent form to administer medicine or treatment before bringing medication into school
- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine
- Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times

**Pupils are responsible for:**

- Providing information on how their medical condition affects them
- Contributing to their IHP
- Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents

## TRAINING OF STAFF

- The clinical lead for each training area/session will be named on each IHP
- School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

## MEDICAL CONDITIONS/REGISTER/MEDAWARE

- Schools admissions forms should request information on pre-existing medical conditions.
- Parents must have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance
- A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. Each class / form tutor should have an overview of the list for the pupils in their care, within easy access
- Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to
- For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate

## INDIVIDUAL HEALTHCARE PLANS (IHPs)

- Where necessary an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, Welfare Officer, Headteacher, Special Educational Needs Coordinator (SENCO) and medical professionals
- IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors /parent helpers etc. may enter. If consent is sought from parents a photo and instructions may be

displayed. More discreet location for storage such as Intranet or locked file is more appropriate. ***P.S. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.***

- IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner
- Where a pupil has an Education, Health and Care plan the IHP will be linked to it or become part of it
- Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate

## TRANSPORT ARRANGEMENTS

- Where a pupil with an IHP is allocated school transport it is the responsibility of the LA to develop transport healthcare plans

## MEDICINES

- Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances
- Where a pupil is prescribed medication by a healthcare professional without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered

- A maximum of **four** weeks' supply of the medication may be provided to the school at one time
- 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
- Medications will be stored in the Welfare Office
- Any medications left over at the end of the course will be returned to the child's parents
- Written records will be kept of any medication administered to children.
- Pupils will never be prevented from accessing their medication
- General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the staff room
- Cleves School cannot be held responsible for side effects that occur when medication is taken correctly
- Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents

## EMERGENCIES

- Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms
- Pupils will be informed in general terms of what to do in an emergency such as telling a teacher
- If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive
- **Procedure for ambulance arrangements in emergencies regarding suspected broken bones:**
  - Welfare officer should call for a member of SLT for immediate joint assessment and decision.
  - If a fracture or break is suspected the ambulance service should be called as



standard. This is not only to request an ambulance but also to request advice. This initial discussion should include as much detail about the child's injury and discomfort as possible and ask if the dispatcher feels we could transport the child ourselves / or parent.

- This will ensure we have taken expert medical advice rather than making any decisions on our own.
- At this point it may be agreed in consultation with the ambulance service that we will immediately transport the child, or on arrival the parent will do so and the ambulance may be cancelled.
- After this discussion a member of SLT will contact parents whilst the welfare officer cares to the pupil. In the case of a serious injury another member of staff will join you so support is available.
- In contacting parents we will be direct about the likely injury and whilst not wanting to alarm or panic a parent we will relay that a call has been made to the ambulance service, explain their suggestions / refer to a possible break / fracture and be specific that a visit to A and E is required. This will allow the parent to know the severity of the situation immediately and arrive prepared.
- If we have agreed to wait for the ambulance we will phone after 15 minutes to chase and to get an estimated time of arrival and then continue to call every half an hour for updates. This will allow us to get further guidance on how to support a pupil as their condition alters (for the better or worse) but also review at each point if it is still better to wait or to transport the child to A and E.

## DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

- Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible
- To comply with best practice risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day

## AVOIDING UNACCEPTABLE PRACTICE

*Each case will be judged individually but in general the following is not considered acceptable.*

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assuming that pupils with the same condition require the same treatment

- Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion
- Sending pupils home frequently or preventing them from taking part in activities at school
- Sending the pupil to the medical room or school office alone or with an unsuitable escort if they become ill
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition

## INSURANCE

### **Insurance**

- Teachers who undertake responsibilities within this policy will be assured by the Headteacher that are covered by the school's insurance