



# Policy for Supporting Children in School with Medical Conditions

Friendly. Growth. Trust.

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## Revision History

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## Policy Statement

At Edukos Trust we strive to be: **EXCEPTIONAL. TOGETHER.** Creating great schools, ensuring better lives for all who we serve through our 3 core values:

- **Friendly**
- **Growth**
- **Trust**

## Purpose

This policy is designed to ensure that there is a clear and consistent approach to supporting children with medical conditions when they are in our schools. It will ensure that schools are able to meet their obligations in relation to giving the support that children need.

## Scope

This policy applies to all staff who will support children who have medical conditions for which support in school is needed.

## Responsibilities

The **Trust Board and the CEO** are responsible for monitoring the effectiveness of this policy, ensuring that a consistent approach to the Policy for Supporting Children in School with Medical Conditions, is applied across the Trust. They will also ensure the following:

- that the policy is developed collaboratively across services, clearly identifying roles and responsibilities.
- that the policy covers arrangements for children who are competent to manage their own health conditions.
- that the policy sets out the procedures for an emergency situation.
- the level of insurance in place, reflects the level of risk.

The **Head Teachers** are responsible for ensuring that staff adhere to this policy and procedure and that is implemented effectively on a day-to-day basis. They will also ensure the following:

- arrangements are in place to support children with medical conditions.
- that all children 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.
- that relevant training is delivered to a sufficient number of staff who will have responsibility for supporting children with medical conditions and that they are signed off as competent to do so.
- liaise with healthcare professionals regarding the training required for staff.
- staff to have access to information, resources and materials.
- written records are kept of any and all medicines administered to children.
- identifying staff who need to be aware of a child's medical condition.
- developing Individual Healthcare Plans (IHPs).
- where necessary, facilitate 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.

- provide continuous two-way liaison with the school nurses and school in the case of any child who has or develops an identified medical condition.
- confidentiality and data protection.
- assign appropriate accommodation for medical treatment/care.
- voluntarily hold a 'spare' salbutamol asthma inhaler for emergency use.

**Employees** are required to implement this policy as per the needs of the children in their class. They will also ensure the following:

- take appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a child with a medical condition needs help.
- know where controlled drugs are stored and where the key is held.
- take account of the needs of children with medical conditions in lessons.
- undertake training to achieve the necessary competency for supporting children with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- allow inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

**Local Governing Boards** are responsible for ensuring that the policy is being implemented and is effectively supporting children's medical conditions whilst in school.

## Equality and Diversity

Edukos Trust is committed to:

- Promoting equality and diversity in its policies, procedures and guidelines;
- Ensuring staff are protected from unlawful direct or indirect discrimination resulting from a protected characteristic (e.g. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation).
- Delivering high quality teaching and services that meet the diverse needs of its children and its workforce, ensuring that no individual or group is disadvantaged

## Definitions

- ‘Parent’ is a wide reference not only to child’s birth parents but to step and foster parents, or other persons who have parental responsibility for or who have care of a child.
- ‘Medical condition’ for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child requiring special adjustments for the school day, either ongoing or intermittently.  
This includes; a chronic or short-term condition, a long term health need or disability, an illness, injury or recovery from treatment or surgery.
- ‘Medication’ is defined as any prescribed or over the counter treatment.
- ‘Prescription medication’ is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- A ‘staff member’ is defined as any member of staff employed at a school in Edukos Trust.

## People with whom we work to support children with medical conditions

### School Nurse

We will work with the school nurse who will be 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 Head Teacher in identifying training needs and providers of training.

### Parents and carers

We will work with parents and carers who will be 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.

### Children

We will work with the children who will be 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

- Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Children with Medical Conditions' Policy as part of their induction.
- The clinical lead for each training area/session will be named on each IHP.
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.
- School will record on each child's IHP any training that school staff have undertaken and a list of staff who are qualified to undertake responsibilities under this policy.

## Medical conditions register/list

- 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.
- On each IHP there is a description of the needs for each medical condition specific to that child.
- For children on the medical conditions list key stage transition point meetings will 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)

See local school protocols for template IHP

- An Individual Healthcare Plan (IHP) will be developed in collaboration with the child, parents/carers, Head Teacher, Special Educational Needs Coordinator (SENCO) and medical professionals. (If needed Head Teachers will make the final decision)
- On the IHP a photo and instructions of medical needs and intervention required will be displayed.
- IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a child 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/Alternative provision and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

## Transport arrangements

- Where a child with an IHP is allocated school transport, the school will invite a member of DCC Transport team to participate in the IHP meeting, who will arrange for a driver or escort. A copy of the IHP will be copied to the Transport team and kept on the child's record. The IHP must be passed to the current operator for use by the driver /escort and the Transport team will ensure that the information is supplied when a change of operator takes place.
- For some medical conditions the driver/escort will require adequate training. For children who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that child's transport.

- When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name, dose etc.
- Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to the adult who takes responsibility for the child on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

## Education Health Needs (EHN) referrals

- All children of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such children.
- In order to provide the most appropriate provision for the condition the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.

## Medicines

- Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the child 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.
- 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 child securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency.
- 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.
- Children will never be prevented from accessing their medication.
- Emergency salbutamol inhaler kits are kept voluntarily in the school.
- General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the staff room.
- Our schools cannot be held responsible for side effects that occur when medication is taken correctly.
- Staff will not force a child if the child refuses to comply with their health procedure. 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.
- Children will be informed in general terms of what to do in an emergency such as telling a teacher.
- If a child needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

## Day trips, residential visits and sporting activities

- Arrangements should be made which are unambiguous and flexible enough to ensure children with medical conditions can participate in school trips, residential stays, sporting activities. They should not be prevented 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 children 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

The following behaviour is unacceptable in our schools:

- Preventing children from easily accessing their inhalers and medication and being able to administer their medication when necessary.
- Assuming that children with the same condition require the same treatment.
- Ignoring the views of the child and/or their parents or ignoring medical evidence or opinion.
- Sending children home frequently or preventing them from taking part in activities at school.
- Creating barriers to children participating in school life, including school trips.
- Sending children on their own or with an unsuitable escort for medical attention, if they become ill.
- Penalising children with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or that they are being forcing to attend school to administer medication or provide medical support, including toilet issues.
- Refusing to allow children to eat, drink or use the toilet when they need to in order to manage their condition.

## Insurance

- Staff who undertake responsibilities within this policy are assured that they are covered by the trust's insurance.
- Full written insurance policy documents are available to be viewed by members of staff who are providing support to children with medical conditions.

## Process for developing individual health care plans

