Supporting Pupils with Medical Conditions Policy

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SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

Relevant to: **Maintained Schools, Academies and MATs**

Status: **Statutory**

Schools/academies must also have policies for Children with Health Needs, who cannot Attend School. These could be combined into a single policy.

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1. Introduction

Children with medical conditions are entitled to a full education and have the same rights to admission to school as other children. The Discovery Educational Trust (DET) and its Schools do not refuse to admit a pupil on medical grounds, including those with long-term or complex medical conditions.

DET and its Schools are committed to ensuring that pupils with medical conditions are supported so that they have full access to education, including school trips and physical education.

Full account of the latest Department for Education (DfE) guidance, specifically: Supporting pupils at school with medical conditions (updated August 2017) is taken account of in the operation of the Policy.

See also:

- DET Health and Safety Policy;
- School First Aid Policies;
- DET Risk Assessment for Pupil Welfare Policy;
- DET Children with Health Needs Who Cannot Attend School Policy.

DET and its Schools are members of the DfE's Risk Protection Arrangement (RPA). This provides cover for staff, who provide support to pupils with medical conditions, including the administration of medication.

2. Principles

DET/its School staff:

- enable children to access their inhalers and medication and administer their medication when and where necessary;
- do not assume that every child with the same condition requires the same treatment;
- have proper regard to the views of the child or their parents/carers, and medical evidence or opinion;
- do not 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 Individual Health Care Plan (IHCP);
- if the child becomes ill, sends them to the Medical Officer at Chase High School (CHS), School Office at Hogarth Primary School (HPS), Kelvedon Hatch Community Primary School (KHCPS) and Larchwood Primary School (LPS), or Medical Room at St. Martin's School (SMS) accompanied by someone suitable;
- do not penalise children for their attendance record if their absences are related to their medical condition;
- do not prevent children from eating, drinking or taking toilet or other breaks whenever they need to, in order to manage their medical condition more effectively;
- do not require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues;*
- facilitate children to participate in all aspects of school life;

- Individual Care: recognise that each child's medical condition is different and requires tailored treatment and care plans;
- work closely with parents/carers, healthcare professionals and the pupils themselves to develop and update IHCPs;
- develop and maintain a clear protocol for emergency situations, and other medical emergencies;
- avoid unnecessary absences or exclusions from School activities due to medical conditions, unless specified in the IHCP.

*Note: HPS, KHCPS and LPS require parents/carers to come into School to administer **non-prescription** medication.

3. Responsibilities

Those with parental responsibilities are responsible for providing DET and its Schools with sufficient and up-to-date information about their child's medical needs. They must provide all medicines and equipment and ensure that they, or a nominated adult, are contactable at all times.

Without this information being provided, and updated **annually** when requested, DET and its Schools reserve the right to remove pupils from school trips and other external/after-school activities.

Staff consult with health and social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are properly understood.

4. Safeguarding

Staff and pupils must adhere to the DET Safeguarding and Child Protection Policy.

- DET and its Schools recognise that there is a need to treat all children with respect, especially when intimate care is given. No child should be attended to in a way that causes any distress, embarrassment or pain, and the care provided must be consistent.
- If a member of staff has any concerns about physical changes in a child's presentation (for example, any marks, bruises, unkempt appearance etc.) they must immediately follow the procedures detailed in the DET Safeguarding and Child Protection Policy. If a child makes an allegation against a member of staff, reference should be made to the DET Raising Allegations and Low-Level Concerns Policy.
- In line with safeguarding duties, DET and its Schools ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. Consequently, the Headteacher (HT) does not accept a child into School when to do so would be detrimental to the health of that child or others.
- If a child is hurt accidentally, they should be immediately reassured, and the adult should check that they are safe. Where safeguarding concerns exist, the incident must be reported immediately to the Designated Safeguarding Lead (DSL) (or Deputy DSL).

5. Procedures

When DET and its Schools are notified of a medical condition for a new or existing pupil, the following procedure is followed:

- The HT, or senior member of School staff to whom this has been delegated, coordinates a meeting to discuss the child's medical support needs and identifies member(s) of School staff, who will provide support to the pupil.

- The senior member of staff calls a meeting to discuss and agree if there is the need for an IHCP. The meeting includes key School staff, the child, parent/carer, relevant healthcare professionals and other medical/health clinicians, as appropriate (or written evidence provided by the medical/health clinician is relied upon if they are not in attendance).
- The senior member of staff coordinates the writing of an IHCP, if this is deemed appropriate, in partnership with the parents/carers and healthcare professionals.
- The senior member of staff identifies any training needs and ensures that training takes place.
- The IHCP is shared with all relevant members of staff and implemented.
- The senior member of staff organises the annual review of the IHCP or when the need arises, if sooner. The parents/carers are responsible for informing DET and its Schools of any changes that may require a review of the IHCP.
- If DET/School is notified that the child is to move school, the HT ensures that the receiving school is fully informed about the child's medical needs as soon as possible. When a child moves school, the IHCP is transferred with all of the child's records.

5.1 Individual Health Care Plans (IHCPs)

IHCPs vary in style and complexity according to each child's needs.

- IHCPs are confidential and are only shared with those individuals, who need to know the detail.
- IHCPs are drawn up in partnership with the School, parents/carers, relevant healthcare professionals and, if appropriate, the child.
- DET and its Schools take account of religious and cultural sensitivities.
- Where the child has Special Educational Needs (SEN), but does not have an Education and Health Care Plan (EHCP), their special needs are referenced in the IHCP.
- Where the child has an EHCP, the IHCP is linked to or becomes part of the EHCP.
- As a minimum, the IHCP includes:
  a) the medical condition, its triggers, signs, symptoms and treatments;
  b) the pupil's resulting needs, including medication and other treatments in sufficient detail to enable staff to manage the condition;
  c) specific support for the pupil's educational, social and emotional needs;
  d) the level of support needed and how much self-management the child has;
  e) who will provide the support, their training needs, competency and cover arrangements;
  f) who in the School needs to be aware of the condition and how this information is to be shared;
  g) written permission and agreement from parents/carers and the HT for medication to be administered by a member of staff or the pupil* during School hours;
  h) separate arrangements for procedures outside of School, including on residential visits, if appropriate;
  i) a risk assessment for the child;
  j) what to do in an emergency, including contact details and contingency arrangements.

*Note: If a child refuses to take medicine or carry out a necessary procedure included in their IHCP, staff do not force them to do so, but follow the procedure agreed in the IHCP. They ensure that the parents/carers are informed so that alternative options can be considered.

*Note: HPS and LPS do not permit any pupil to self-medicate or to self-manage medication.

6. Intimate Care

Intimate Care is any care that involves washing, touching or carrying out an invasive procedure that most children carry out for themselves, but which some are unable to do due to physical disability, SEN associated with learning difficulties, medical needs or needs arising from the child's stage of development.

Care may involve help with drinking, eating, dressing and toileting. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of rectal medication.

In most cases, Intimate Care involves procedures linked to personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure, only a person suitably trained and assessed as competent undertakes the procedure.

Intimate Care needs are planned carefully. Any child, who requires Intimate Care is always treated with respect and the welfare and dignity of the child is important.

Staff, who provide Intimate Care are trained to do so, and are aware of best practice. A child is supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff encourage each child to do as much as possible for themselves. This may mean, for example, giving the child responsibility for washing themselves. IHCPs are drawn up for children as appropriate to suit the circumstances of the child.

Each child's right to privacy is respected. Careful consideration is given to each child's situation in order to determine how many carers might need to be present when a child is attended to. Typically, one child is catered for by one staff member unless there is a sound reason for having more staff present. If this is the case, the reasons should be clearly documented. Recording equipment such as mobile phones and cameras must not be taken into areas where Intimate Care is undertaken.

If a child becomes distressed or unhappy about being cared for by a member of staff, the matter is discussed and reviewed, and outcomes recorded. Parents/carers are contacted at the earliest opportunity as part of this process in order to reach a resolution. Further advice is taken from outside agencies if necessary.

7. Resources

DET and its Schools ensure that all of the required resources, such as provisions for individual needs, Personal Protective Equipment (PPE), sharps bins, clinical waste bins etc. are provided.

8. Staff Training

Staff do not give prescription medicines or undertake healthcare procedures without appropriate training. It is for the HT to decide whether written instructions from the parent/carer or on the medication container are sufficient or whether additional training is necessary. Any training or guidance detailed in an IHCP must be followed.

All staff involved in the care of a child with a medical condition are suitably trained in line with the child's IHCP.

The HT or delegated senior member of staff is responsible for liaising with healthcare professionals and for ensuring that the training needs of all staff members required by an IHCP are fulfilled.

The HT arranges whole-School awareness training about the School's pupils with medical needs, at least, annually and as part of the induction of new staff.

9. Managing Medicines on School Premises

Medicines are only administered at School when it would be detrimental to a child's health or school attendance not to do so.

No medicines are given to a child without the written consent of a parent/carer. This might be in the form of an agreed IHCP.

DET and its Schools only accept prescribed medicines if these are in-date, labelled, provided in the original packaging and include instructions for administration, dosage and storage.

- When no longer required, medicines must be returned to the parent/carer.
- Sharps boxes are used for disposal of needles and other sharps.

All medicines are stored safely. Children must know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away, both in School and on school trips.

A child, who has been prescribed a controlled drug, may legally have it in their possession if they are permitted (by the School) and competent to do so, but passing it to another child for use is an offence. DET and its Schools, otherwise, keep controlled drugs that have been prescribed for a pupil, securely stored in a non-portable container and only named staff have access. Controlled drugs must be easily accessible in an emergency.

Children, who are permitted (by the School) and competent, are encouraged to take responsibility for managing their own medicines and procedures. This is reflected in IHCPs.

10. Record Keeping and Communication

The HT is responsible for ensuring that written records are kept of all medicines administered to children.

Communication with parents/carers about a child's Intimate Care is always through confidential and direct contact; details are not recorded in home/School communication books.

11. Risk Assessments for Activities in School and away from the School Site

The HT ensures that the risk assessment in each child's IHCP is reviewed, at least, annually and whenever there is a change of circumstances.

In the case of a medical emergency not covered by a risk assessment, DET and its Schools seek emergency medical assistance by calling 999, or the local emergency number, if abroad, for an ambulance. School staff remain with the child until a parent/carer arrives.

12. Complaints

If a pupil or parent/carer is dissatisfied with the support provided by DET and its Schools, they should refer to the DET Complaints Policy and Procedure.