



Supporting Pupils with Medical Needs Policy

Document Management Information

Applicable to:	All staff in all Academies and Central Support Services including individuals employed by the Trust, contractors and agency staff. All Members and Trustees.
Development and Consultation:	The policy has been developed with reference to statutory guidance.
Dissemination:	The policy will be available to staff via Every.
Implementation:	Staff in all academies will use the policy.
Training:	All staff should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility for supporting pupils with medical conditions.
Review Frequency:	The policy will be reviewed every three years. The policy will be reviewed earlier if needed in the light of new evidence/legislation/guidance.
Policy Author:	Penny Rawlins, Director of Governance and Compliance
Executive Policy Owner:	Kim Duff, Deputy CEO.
Approval by:	Education Committee.
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Contents

Contents	3
1. Introduction.....	4
2. Policy Scope	4
3. Legal and Regulatory Framework.....	4
4. Definitions.....	5
5. The Trust's policy on supporting pupils with medical needs.....	5
6. Record keeping	7
7. Roles and Responsibilities	7
8. Reporting and Consequences of Non-Compliance	8
9. Policy Status	8
10. Related Policies.....	8
11. Appendices	9
11.1 Appendix A - What to include in an Individual Health Care Plan:.....	9
11.2 Appendix B - Examples of unacceptable practice	9

1. Introduction

- 1.1.** This Trust is committed to fulfilling its statutory duties to support pupils with medical conditions at school. This includes during activities taking place off site as part of the curriculum as well as during physical education on site. The Trust will establish effective relationships with health and social care professionals, parents and pupils in ensuring the needs of individual children are properly understood, effectively supported and that pupils feel safe.
- 1.2.** The Trust will ensure that academy staff are suitably prepared to help pupils with long-term and complex medical conditions that require ongoing support, medicines and care while they are at school, as well as those requiring monitoring and intervention in emergency circumstances.
- 1.3.** The Trust is aware of the social and emotional implications for children with medical conditions. They may be self-conscious about their condition or develop depression or anxiety around it and the long-term absences which may arise from treatment and recovery. Academy staff will also support short term absences arising from appointments with medical professionals, to limit the impact on the child's attainment and wellbeing.
- 1.4.** The Trust acknowledges that these pupils may be vulnerable to bullying and will take all precautions to prevent any such harassment, or discrimination.
- 1.5.** The Trust is committed to ensuring that all staff are appropriately insured, and that staff know that they are insured to support pupils with medical conditions.

2. Policy Scope

- 2.1.** This policy applies to staff in all academies
- 2.2.** It is the responsibility of all individuals in the Trust to familiarise themselves with this policy and comply with its provisions.

3. Legal and Regulatory Framework

- 3.1.** This Policy takes its legal framework from the following legislation and statutory guidance:
 - Supporting pupils at school with medical conditions 2015 (updated 2017)
 - The Early Years Foundation Stage statutory framework 2014 (updated 2021)
 - The special educational needs and disability (SEND) Code of practice 2015
 - Keeping Children Safe in Education (DfE document updated annually)
 - Working together to improve school attendance 2022
 - Working together to safeguard children 2015 (updated 2020)
 - Mental health and behaviour in schools 2014 (updated 2018)
 - Schools' statutory guidance on admissions 2017
 - Alternative provision: statutory guidance 2013 (updated 2016)
 - Equality Act 2013 (updated 2018)
 - First aid in schools 2014
 - Guidance on the use of emergency salbutamol inhalers in schools 2015
 - Guidance on the use of adrenalin auto-injectors in schools 2017

- Automated external defibrillators (AEDs): a guide for maintained schools and academies 2014 (updated 2019)
- Standards for school premises 2013 (updated 2015)
- DfE and ACPO drug advice for schools 2012
- Ensuring a Good Education for Children who cannot attend school because of health needs Jan 2013

4. Definitions

- 4.1. Trust** means all Academies within Pathfinder Schools as well as central team operations.
- 4.2. Executive Team** means the Chief Executive Officer ("CEO") and the direct line management reports of the CEO (the "Directors").
- 4.3.** Pupils' medical needs may be broadly summarised as **Short-term** affecting their participation in school activities, whilst they are on a course of medication or **Long-term** potentially limiting their access to education and requiring extra care and support (deemed special medical needs).
- 4.4. Individual Health Care Plans:** (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 cases, especially where medical conditions are long term and complex. However, not all pupils will need one. Plans should be easily accessible to all who need to refer to them, while preserving confidentiality.
- 4.5. Controlled drugs:** Controlled drugs are subject to strict legal controls and legislation determines how they are prescribed, supplied, stored and destroyed. Controlled drugs are managed and used in a variety of settings by health and social care practitioners and by people who are prescribed them to manage their condition(s). Controlled drugs are closely regulated as they are susceptible to being misused or diverted and can cause harm. To ensure they are managed and used safely, legal frameworks for governing their use have been established.

5. The Trust's policy on supporting pupils with medical needs

- 5.1. Arrangements to be followed when the academy is notified that a pupil has a medical condition.** The member of staff with designated responsibility for supporting pupils with medical needs will ensure that accurate information about the pupils' medical condition and needs are recorded prior to admission. Notification also includes the transitional arrangements between schools or alternative providers, as well as prior to reintegration after a period of absence or when pupils' needs change. Arrangements should be in place before the pupil starts at the academy, which will include all required training for the staff supporting the pupil. These plans will be shared with relevant staff, so they are aware of the child's condition.
- 5.2. Individual health care plans:** The plans should include the key information and actions that are required to support the pupil effectively. Plans will be personalised to the pupils' condition and the level of support required. Where a pupil with SEN has an EHCP, the EHCP and IHCP will be linked. Where a pupil with identified SEND does not have an EHCP, their special educational needs will be mentioned in the IHCP. IHCPs and any review may be initiated by a member of staff caring for the pupil at the academy or by a healthcare professional and always in consultation with the parent. IHCPs will always be reviewed when a pupil returns to the academy from a period in hospital education, alternative provision or home tuition. The plan will include actions to ensure the pupil's

reintegration is successful. Some pupils may have an emergency health care plan prepared by their clinician which should also be used to inform their IHCP.

5.2.1. Details that should be recorded in the IHCP can be found in Appendix 1.

5.3. Arrangements for pupils who are competent to manage their own health needs and medicines: Pupils who are competent should be encouraged to take responsibility for managing their own medicines and procedures. These decisions should always be made in discussion with the pupils' parents and the necessary arrangements recorded in the IHCP. Wherever possible, pupils should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Pupils who can take their medicines themselves or manage procedures may require some supervision. If it is not appropriate for a child to self-manage, suitably trained staff should help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan and inform the parents immediately so that alternative options can be considered.

5.4. Arrangements for the administration of medication

- medicines should only be administered at the academy when it would be detrimental to the pupil's health or attendance not to do so.
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. Every effort should be made to encourage the pupil to involve their parents while respecting their right to confidentiality. Early Years Foundation Stage settings will not administer prescribed or unprescribed medicines without written permission to do so from the child's parents. Academies will not expect parents to make appointments with their child's doctor to obtain prescriptions for medication that can normally be obtained over the counter, other than for medicines containing aspirin.
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- medication, e.g. for pain relief, should never be administered without parental consent and without first checking maximum dosages and when the previous dose was taken.
- academies will only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available inside an insulin pen or a pump.
- academies may hold asthma inhalers for emergency use.
- all medicines will be stored safely. Pupils should know where their medicines are at all times and be able to access them immediately. Pupils should know who holds the key to the storage facility if relevant. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens must not be locked away including on educational trips and visits.

- when no longer required, medicines should be returned to the parent to arrange for safe disposal.
- sharps boxes should always be used for the disposal of needles and other sharps 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 should be in place. Academies 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. A record should be kept of any doses used and the amount of the controlled drug held.
- academy staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions.

5.5. Emergency arrangements: all academies must have arrangements in place for dealing with emergencies on academy premises and when off site during educational visits and activities. Academy leaders must ensure that all staff know of the emergency symptoms and procedures in each of the IHCPs for pupils with medical conditions attending the academy. Other pupils should know in general terms how to alert a member of staff if they think help is needed. Staff must know when to call an ambulance, understand the local emergency services' cover arrangements and be able to provide the correct information. Staff will accompany a pupil to hospital and stay with them until the parent is arrives at the hospital.

5.6. Supporting pupils with medical conditions on educational trips, residential visits and sporting activities. Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate fully and safely according to their own abilities. Academies will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. The activity or trip leader will always carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This must include consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. Pupils with medical needs will be supported by a suitably trained member of staff on these visits and trips. The administration of any medication during an activity or visits will be recorded in accordance with the academy's recording systems and processes.

5.7. Complaints: Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the Principal / Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the academy's complaints procedure.

6. Record keeping

- 6.1.** The Trust will retain records evidencing compliance with this policy, as set out in the Trust's Records Retention Policy.
- 6.2.** Academies will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the academy should be noted in academy records.

7. Roles and Responsibilities

- 7.1.** The principal /headteacher holds the designated responsibility for ensuring the policy is

developed and implemented. They should ensure that sufficient staff are suitably trained to carry out their roles and that they are competent before they take on the responsibility for supporting pupils with medical needs. Training for relevant staff will include the drawing up of IHCPs, administering medication and how to respond in emergency and contingency situations. The principal / headteacher must ensure that sufficient cover arrangements are always in place so that suitably qualified staff are available despite any staff absences. The principal / headteacher will ensure that all supply staff and adults temporarily working with pupils know how to support the pupils with medical conditions. The principal / headteacher will also take steps to share the details of an IHCP and emergency procedures with other providers, such as the LA responsible for home school transport, with the parents' agreement.

- 7.2.** Any member of academy staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should consider the needs of pupils with medical conditions that they teach. Any member of academy staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- 7.3.** Parents should provide the academy with sufficient and up-to-date information about their child's medical needs. Where these are known medical needs at the time of admission, the parent should inform the academy immediately and thereafter keep the academy informed of any changes in diagnosis and treatment. Parents should be involved in the drafting, development and review of their child's individual healthcare plan and they should carry out any action they have agreed to as part of its implementation.
- 7.4.** Pupils should 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.
- 7.5.** Healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. The school nursing services should then liaise with the academy, wherever possible, before the child starts at the school. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. Community nursing teams will also be a valuable potential resource for an academy seeking advice and support in relation to children with a medical condition. GPs and paediatricians may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with conditions such as asthma, diabetes, epilepsy.

8. Reporting and Consequences of Non-Compliance

- 8.1.** Compliance will be reported through the academy principals / headteachers to the DCEO. Non-compliance will be treated as a disciplinary matter.

9. Policy Status

- 9.1.** This policy does not form part of any employee's contract of employment.

10. Related Policies

- 10.1.** This policy is related to the following Trust policies:

- Special Educational Needs Policy which includes provision for the education of children with health needs who cannot attend school
- First Aid procedures
- Educational Trips and Visits Policy
- Health and Safety Policy

11. Appendices

11.1 Appendix A - What to include in an Individual Health Care Plan:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication dose, side effects and storage of medication
- other treatments, time, facilities, equipment, testing,
- access to food and drink where this is used to manage their condition, dietary requirements environmental issues, e.g. crowded corridors, travel time between lessons;
- support for the pupil'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. If a child is self-managing their medication, this should 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 academy needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil 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; and
- what to do in an emergency, including support for the pupil, whom to contact, and contingency arrangements.

11.2 Appendix B - Examples of unacceptable practice

- 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; or 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 individual healthcare plans;
- 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 pupils 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; or
- 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 the child.