Supporting pupils with medical conditions

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Written By	LAT Director of Safeguarding
Ratified By Trustees	
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1 Aim of this policy

1.1 As proprietor of one or more schools, Liberty Academy Trust (LAT) has a legal duty to make arrangements for supporting pupils at the school with medical conditions. The board of LAT has delegated this responsibility to the school.

1.2 The school has adopted this policy to set out the arrangements it has put in place for its pupils with medical conditions.

1.3 The school has adopted a separate standalone allergy safety policy, which sets out the arrangements to reduce the risk for individuals coming into contact with their known allergens (e.g. food or contact allergens) and sets out emergency response plans. The allergy safety policy sits alongside this policy. Where a pupil has an allergy, the allergy safety policy must also be cross-referenced, including when making any decision or taking any action.

2 Overriding principles

Children and young people with medical conditions are entitled to a full education. The school is committed to ensuring that pupils with medical conditions are properly supported in school so that they can play a full and active role in school life, remain healthy, and achieve their academic potential. We want all pupils, as far as possible, to access and enjoy the same opportunities at school as any other child. This will include actively supporting pupils with medical conditions to participate in school trips/visits and/or in sporting activities.

3 Definition of medical condition

1.4 For the purposes of this policy, a "medical condition" is any illness or disability which a pupil has. It can be:

- Physical or mental.
- A single episode or recurrent.
- Short-term or long-term.
- Relatively straightforward (e.g., the pupil can manage the condition themselves without support or monitoring) or complex (requiring ongoing support, medicines, or care whilst at school to help the pupil manage their condition and keep them well).
- Involving medication or medical equipment.
- Affecting participation in school activities or limiting access to education.

1.5 Medical conditions may change over time in ways that cannot always be predicted.

1.6 Allergy is a medical condition and is defined in the school's allergy safety policy.

1.7 Intolerance to foods or an ingredient that the body is unable to digest is different to allergy, and does not cause a serious allergic reaction. It can cause long term health problems if not avoided. Common food intolerances include lactose and gluten. Coeliac disease is intolerance to gluten, found in rye, barley, and wheat.

4 Policy implementation

1.8 The person with overall responsibility for the successful administering and implementation of this policy is the Principal.

1.9 The Principal has overall responsibility for ensuring:

- Sufficient staff are suitably trained to meet the known medical conditions of pupils at the school.
- All relevant staff are made aware of the pupil's medical condition and supply teachers are properly briefed.
- Cover arrangements are in place to cover staff absences/turnover to ensure that someone is always available and on site.
- Risk assessments for school visits, holidays, and other school activities outside of the normal timetable are completed.
- Individual healthcare plans are prepared where appropriate, and these are monitored.

5 Notification that a pupil has a medical condition

1.10 Ordinarily, the pupil's parent/carer will notify the school that their child has a medical condition. Parents/carers should ideally provide this information in writing addressed to Mr David Ritchie, Designated Safeguarding Lead. However, they may sometimes pass this information on to a class teacher or another member of staff. Any staff member receiving notification that a pupil has a medical condition should notify Mr David Ritchie, Designated Safeguarding Lead as soon as practicable.

1.11 A pupil may disclose themselves that they have a medical condition. The staff member to whom the disclosure is made should notify Mr David Ritchie, Designated Safeguarding Lead as soon as practicable.

1.12 Notification may also be received directly from the pupil's healthcare provider or from a school from which a child may be joining the school. The school may also instigate the procedure themselves where the pupil is returning to the school after a long-term absence.

6 Procedure following notification that a pupil has a medical condition

1.13 Except in exceptional circumstances where the pupil does not wish their parent/carer to know about their medical condition, the pupil's parents/carers will be contacted by the Mr David Ritchie, Designated Safeguarding Lead or someone designated by them as soon as practicable to discuss what, if any, arrangements need to be put into place to support the pupil. Every effort will be made to encourage the child to involve their parents while respecting their right to confidentiality. If a decision is made not to inform a parent/carer then the reasons for this should be documented and the decision should be reviewed by a senior member of staff.

1.14 Unless the medical condition is short-term and relatively straightforward (e.g., the pupil can manage the condition themselves without any support or monitoring), a meeting will normally be held to:

- Discuss the pupil's medical support needs.
- Identify a member of school staff who will provide support to the pupil where appropriate.
- Determine whether an individual healthcare plan (IHP) is needed and, if so, what information it should contain.

1.15 Where possible, the pupil will be enabled and encouraged to attend the meeting and speak on their own behalf, taking into account the pupil's age and understanding. Where this is not appropriate, the pupil will be given the opportunity to feed in their views by other means, such as setting their views out in writing.

1.16 The healthcare professional(s) with responsibility for the pupil may be invited to the meeting or be asked to prepare written evidence about the pupil's medical condition for consideration. Where possible, their advice will be sought on the need for, and the contents of an IHP.

1.17 In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, the Mr David Ritchie, Designated Safeguarding Lead will exercise their professional judgement, based on the available evidence, to determine whether an IHP is needed and/or what support to provide.

1.18 For children joining the school at the start of the school year, any support arrangements will be made in time for the start of the school term, where possible. In other cases, such as a new diagnosis or a child moving to the school mid-term, every effort will be made to ensure that any support arrangements are put in place within two weeks.

1.19 In line with our safeguarding duties, the school will ensure that pupil's health is not put at unnecessary risk from, for example, infectious diseases. The school will not accept a pupil into the school at times where it will be detrimental to the health of that child or others.

7 Pupils with health needs who cannot attend school

1.20 Where a pupil cannot attend school because of health needs, unless it is evident at the outset that the pupil will be absent for 15 or more days, the school will initially follow the usual process around attendance and mark the pupil as ill for the purposes of the register.

1.21 The school will provide support to pupils who are absent from school because of illness for a period shorter than 15 days. This may include providing pupils with relevant information, curriculum materials, and resources.

1.22 In accordance with the Department for Education's statutory guidance[1], as soon as it is clear that a pupil will be away from school for 15 days or more (either consecutive or over the course of a school year) because of their health needs, the local authority should:

1.22.1 Be ready to take responsibility for arranging suitable full-time education for that pupil.

1.22.2 Arrange for this provision to be in place as soon as it is clear that the absence will last for more than 15 days.

The school will inform and work collaboratively with the local authority to support these responsibilities.

1.23 The school will work collaboratively with the local authority, relevant medical professionals, relevant education provider, parents and, where appropriate, the pupil to identify and meet the pupil's educational needs throughout the period of absence, and to remain in touch with the pupil throughout.

1.24 When a pupil is considered well enough to return to full-time education at the school, Mr David Ritchie, Designated Safeguarding Lead or someone designated by them will develop a reintegration plan in partnership with the appropriate individuals/organisations.

8 Individual healthcare plans (IHP) – see Annex 1

1.25 Where it is decided that an IHP should be developed for the pupil, this shall be developed in partnership between the school, the pupil's parents/carers, the pupil, and the relevant healthcare professional(s) who can best advise on the particular needs of the pupil; this may include the school nursing service. The local authority will also be asked to contribute where the pupil accesses home-to-school transport, to ensure that the authority's own transport healthcare plans are consistent with the IHP.

1.26 The aim of the IHP is to capture the steps which the school needs to take to help the pupil manage their condition and overcome any potential barriers to getting the most from their education. It will be developed with the pupil's best interests in mind. In preparing the IHP, the school will need to assess and manage the risk to the pupil's education, health and social wellbeing, and to minimise disruption.

1.27 IHPs may include:

- Details of the medical condition, its triggers, signs, symptoms, and treatments.
- The pupil'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 or travel time between lessons.
- Specific 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, or counselling sessions.
- The level of support needed (some children will be able to take responsibility for their own health needs), including in emergencies; if a pupil 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 pupil'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 pupil's condition and the support required.

- Arrangements for written permission from parents/carers and Mr David Ritchie, Designated Safeguarding Lead 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 pupil can participate, e.g., risk assessments.
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including whom to contact and contingency arrangements; some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP.

1.28 The IHP will also clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a pupil (regardless of whether they have an IHP) needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany a pupil taken to hospital by ambulance.

1.29 Except in exceptional circumstances or where the healthcare provider deems that they are better placed to do so, the school will take the lead in writing the plan and ensuring that it is finalised and implemented.

1.30 Where a pupil is returning to the school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the IHP identifies the support the pupil will need to reintegrate effectively.

1.31 Where the pupil has a special educational need identified in an Education Health and Care Plan (EHCP), the IHP will be linked to, or become part of that EHCP.

1.32 Where a pupil has an allergy, their Allergy Action Plan and/or Asthma Action Plan will be attached to their IHP.

9 Reviewing individual healthcare plans (IHP)

1.33 Every IHP shall be reviewed at least annually. Mr David Ritchie, Designated Safeguarding Lead (or someone designated by them) shall, as soon as

practicable, contact the pupil's parents/carers and the relevant healthcare provider, to ascertain whether the current IHP is still needed or needs to be changed. If the school receives notification that the pupil's needs have changed, a review of the IHP will be undertaken as soon as practicable.

1.34 Where practicable, staff who provide support to the pupil with the medical condition shall be included in any meetings where the pupil's condition is discussed.

10 Staff training

1.35 Mr David Ritchie, Designated Safeguarding Lead is responsible for:

- Ensuring that all staff (including new staff) are aware of this policy for supporting pupils with medical conditions and understand their role in its implementation.
- Working with relevant healthcare professionals and other external agencies to identify staff training requirements, and commission training required.
- Ensuring that there are sufficient numbers of trained staff available to implement the policy and deliver against all IHPs, including in contingency and emergency situations.

1.36 In addition, all members of school staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

1.37 The school has in place appropriate levels of insurance regarding staff providing support to pupils with medical conditions, including the administration of medication. Copies of the school's insurance policies can be made accessible to staff as required.

11 Administering medication

1.38 Written permission from parents/carers and Mr David Ritchie, Designated Safeguarding Lead is required for prescription or non-prescription medication to be administered by a member of staff or self-administered by the pupil during school hours. Whilst a student may be able to self-administer medication, medication should normally be stored in a secure designated location. Where appropriate, and as agreed within the student's Individual Healthcare Plan (IHP), medication may remain on the student's person or be otherwise readily accessible. Self-administration should be supervised by a member of staff, unless the IHP specifies otherwise. Medicines will only be administered at the school when it would be

detrimental to a pupil's health or school attendance not to do so. Where clinically possible, medicines should be administered in dose frequencies which enable them to be taken outside of school hours.

1.39 If a pupil requires medicines or medical devices, such as asthma inhalers, blood glucose testing meters, or adrenaline pens in school, it is vital that the parent/carer advises the school accordingly so that the process for storing and administering medication can be properly discussed.

1.40 The school will only accept medicines that are in date, labelled, provided in the original container, 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 rather than its original container.

1.41 The medication must be accompanied by a complete written instruction form signed by the pupil's parent/carer. The school will not make changes to dosages labelled on the medicine or device on parental instructions.

1.42 The pupil and staff supporting the pupil with their medical condition should know where their medicines are at all times and be able to access them when needed. The most appropriate method for storing medicines and medical devices will be discussed with the pupil's parent/carer but the school will ultimately decide the approach to be taken.

1.43 Pupils will be able to access their medicines quickly and easily in accordance with their Individual Healthcare Plan (IHP). Where appropriate and agreed within the IHP, pupils may carry their own medicines and relevant medical devices. Pupils will be encouraged to administer their own medication where they are assessed as competent to do so, under appropriate staff supervision. Staff administering medication should do so in accordance with the labelled instructions. Staff who volunteer to assist in the administration of medication will receive appropriate training and guidance before administering medication.

1.44 The school will keep a record of all medicines administered to individual pupils, stating what, how, and how much was administered, when, and by whom. Any side-effects of the medication will be noted.

1.45 If a pupil refuses to take their medication, staff will not force them to do so and will inform the parent/carer of the refusal as a matter of urgency. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

1.46 It is the parent/carers' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

1.47 It is the responsibility of parents/carers to notify the school in writing if the pupil's need for medication has ceased. When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles.

12 Spare adrenaline auto-injectors (AAIs)

12.1 The school will maintain a supply of spare, clearly labelled AAIs for use in an emergency.

12.2 All AAIs will be stored at room temperature and not locked away or kept in any location where access is restricted.

12.3 All AAIs will be stored Medical Room.

12.4 Spare AAIs held by the school are for emergency use only and are not a substitute for a pupil's own prescribed AAI.

12.5 Spare AAIs will be stored in a clearly marked, accessible and safe location known to all relevant staff. They will be contained in an "Emergency Anaphylaxis Kit" clearly marked as such and separate to the first aid kit. They will be stored in pairs along with instructions for use.

13 Serious incidents and near misses

13.1 The school recognises that however effective its policies and procedures are in relation to pupils and staff or visitors with medical conditions, they can never completely remove the risk of a serious incident happening.

13.2 Serious incidents and 'near misses' will be treated seriously and in accordance with the school's health and safety policies and procedures.

14 Information sharing.

14.1 A pupil's health information is considered special category data. The school has a lawful basis to hold, use, and share a child or young person's special category health data. The school will need to hold, use, and share this information in order to ensure the pupil receives the support they need to stay safe and be included in education.

14.2 All individual pupil health data will be stored and processed in accordance with the school's student privacy notice.

15 Support for the wellbeing of pupils with medical conditions

15.1 Measures the school will take to support the wellbeing of pupils with medical conditions and/or allergy and allergy awareness may include:

15.1.1 The school will involve the pupil's parents and, where appropriate, the pupil themselves in developing and reviewing their IHP.

15.1.2 The school will ensure regular communication with members of the school community about medical conditions and the awareness and appreciation of ongoing risks, as appropriate.

15.1.3 The school will address and respond to any bullying related to medical conditions under its anti-bullying policy.

15.1.4 The school will consider any appropriate support to the pupil and their parent/carer following any serious incident.

16 Unacceptable practice

Although Mr David Ritchie, Designated Safeguarding Lead and other school staff should use their discretion and judge each case on its merits with reference to the pupil's IHP, it will not be generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents/carers or ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP.
- If the pupil 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/carers 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/carer should have to give up

working because the school is failing to support their child's medical needs.

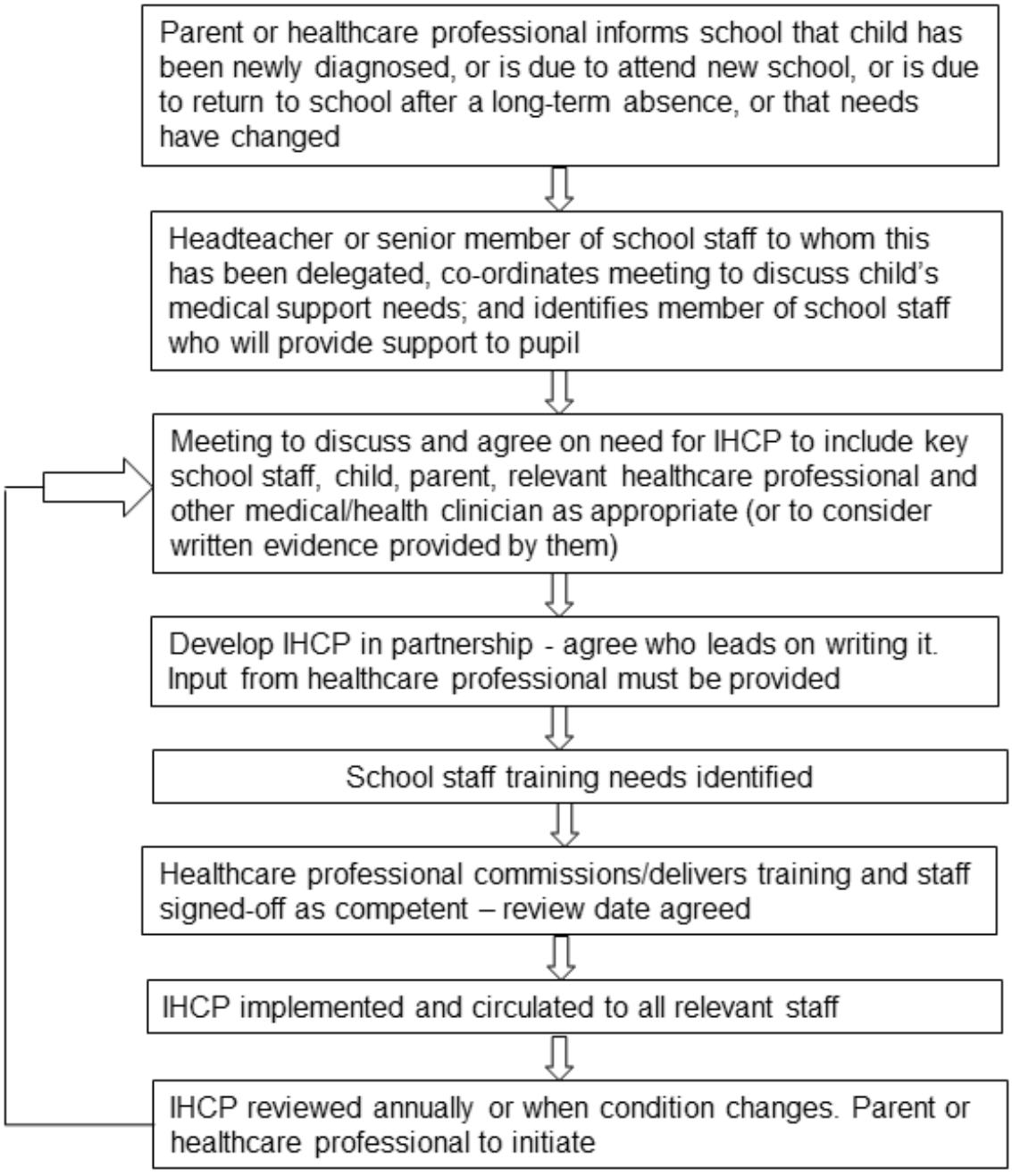
- Prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g., by requiring parents/carers to accompany the child.

17 Complaints

Complaints regarding this policy or the support provided to pupils with medical conditions should be raised under the school's usual complaints procedure.

Annex 1 Process for developing individual healthcare plans

(Supporting pupils at school with medical conditions)



Annex 2 DfE templates

(Supporting pupils at school with medical conditions)

Department for Education

Templates

Supporting pupils with medical conditions

May 2014

Introduction

In response to requests from stakeholders during discussions about the development of the statutory guidance for supporting pupils with medical conditions, we have prepared the following templates. They are provided as an aid to schools and their use is entirely voluntary. Schools are free to adapt them as they wish to meet local needs, to design their own templates or to use templates from another source.

Template A: individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family Contact Information	
Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	
Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template D: record of medicine administered to all children

Name of school/setting

Date	Child's name	Time	Name of	Dose given	Any reactions	Signature	Print name

Template E: staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely