

# THE OAK TREE FEDERATION

## POLICY FOR SUPPORTING PUPILS WITH MEDICAL CONDITIONS



**September 2024**

Reviewed January 2018, January 2019, March 2020, March 2022, November 2022, September 2023, May 2024, September 2024

### 1. INTRODUCTION

1. The Children and Families Act 2014 includes a duty for schools to support children with medical conditions.
2. Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEN Code of Practice will also apply.
3. All children have a right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well.
4. We recognise that medical conditions may impact on social and emotional development, as well as having educational implications.
5. Our school will build relationships with healthcare professionals and other agencies and in order to effectively support pupils with medical conditions.
6. We will have regard to the guidance issued by the Secretary of State [Supporting pupils at school with medical conditions - Gov.UK](#)
7. A “Named Person” will be appointed to ensure effective implementation of this Policy. The Named Person on 4 October 2022 for Laughton CP School is Lisa Geer and for Firle CEP the named person is Teresa Horan.
8. This policy should be read in conjunction with the following school policies: SEN Policy; Safeguarding Policy; Administration and Storage of Medicines; Complaints Procedure.

### 2. DEFINITION OF CHILD WITH A MEDICAL CONDITION

In this policy, a “child with a medical condition” is defined as follows:

1. A child whose physical or mental condition is long term, (which may have acute episodes), requiring ongoing support, and involves the need for medication or care whilst at school. The condition will need monitoring at school and could require immediate intervention in an emergency, or
2. A child who has a disability which involves the need for medication or care whilst at school, or
3. A child with an illness or ailment, whether permanent or temporary, for which medication or care must be administered during the school day.

### **3. ROLE OF GOVERNING BODY**

The Governors will determine the School’s general policy, and ensure that arrangements are in place to support children with medical conditions. To this end:

1. The School will ensure that pupils with a medical condition can access and enjoy the same opportunities as any other child.
2. The School will work with local authorities, health professionals and other support services to ensure that children with a medical condition receive a full education.
3. The focus of the school is on the needs of each individual child and how their medical condition impacts on their school life.
4. The School will ensure that the arrangements show an understanding of how a medical condition impacts on a child’s ability to learn, as well as increase their confidence and promote self-care.
5. Staff will be trained to provide the necessary support to children with a medical condition.

### **4. STAFF TRAINING AND SUPPORT**

1. No member of staff shall provide support to a pupil with a medical condition unless they have received suitable training.
2. When a child has been identified as having a medical condition, it is the responsibility of the Executive Headteacher, in conjunction with the Named Person, to identify the training needs of each member of staff who will be asked to support that child.
3. Training will be arranged internally at the school where appropriate, or by attending a course provided externally.
4. Suitable training may, where appropriate, be provided by the pupil’s parent.
5. A record will be kept of such training.

6. Training needs will be kept under annual review, unless there is a material change to the medical condition of a child which necessitates further training for staff, when an earlier review will be required.

## **5. STAFF RESPONSIBILITIES UNDER THE POLICY**

1. The Executive Headteacher is responsible for:
  - a. *Supervising the management and provision of support for children with medical conditions.*
  - b. *Ensuring that sufficient trained members of staff are available to implement this Policy; to give effect to individual healthcare plans, and to cover absence of staff through sickness or for other reasons.*
2. Teachers, Education Support Staff and Lunchtime Supervisory Assistants and other supporting staff are responsible for:
  - a. *Undertaking appropriate training in relation to children attending the School who have a medical condition.*
  - b. *Day to day management of the medical conditions of children with whom they work.*
  - c. *Implementation of IHPs.*
  - d. *Liaising with the Named Person to ensure that risk assessments are carried out for activities outside the normal timetable.*

## **6. POLICY IMPLEMENTATION**

The responsibilities of the Named Person towards a child or children with a medical condition include in particular:

- a. *Ensuring that staff are suitably trained.*
- b. *Ensuring that all staff are made aware of a child's medical condition.*
- c. *Arranging cover for absent staff to ensure that a suitably trained person is always available to assist a child with a medical condition.*
- d. *Briefing supply teachers.*
- e. *Carrying out risk assessments for school visits and activities outside the normal timetable for which no risk assessment exists.*
- f. *Monitoring and development of Individual Healthcare Plans (IHCP).*
- g. *Working with, and receiving information from, parents, pupils, healthcare professionals and other agencies.*

## **7. PROCEDURE WHEN SCHOOL IS NOTIFIED THAT A PUPIL HAS A MEDICAL CONDITION**

- a. The Named Person will liaise with parents, the pupil and health professionals to decide on the level of support from the School required by the child.
- b. Where appropriate, an IHCP will be prepared, following the model procedure contained in the statutory guidance and included at the end of this document

## **8. INDIVIDUAL HEALTHCARE PLANS**

- a. Where a pupil has a medical condition that is long term and complex, an IHCP will be considered and, where appropriate an IHCP will be written.
- b. The IHCP will stipulate what steps must be taken for the child, and when. The IHCP will set out special requirements, medicines required, what constitutes an emergency and action to be taken in the event of an emergency and by whom these will be done.
- c. IHCPs will be reviewed annually, or earlier where there is evidence that the child's needs have changed.
- d. IHCPs will be developed with the child's best interests in mind, to ensure that the School assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.
- e. Where an IHCP has been considered, this will be co-produced with the parents.
- f. Parents should provide sufficient and up to date information and notify the school immediately of any changes to any medical conditions or treatment plan in relation to the IHCP.

## **9. ADMINISTERING MEDICINES**

- a. Medicines will be administered in accordance with the School's Policy on administering medicines.
- b. No medicine will be administered to any child until a signed parental agreement has been received.
- c. Only one member of staff should be responsible for administering the medicine to a particular child to avoid accidentally giving a double dose.
- d. Prescription medicines will only be accepted for administration when they are in-date and labelled in their original container, accompanied by the original instructions from a pharmacist as to the dosage and storage requirements.
- e. An exception to d above is made for insulin, which must be in-date, but may be supplied in an insulin pen pump rather than an original container.
- f. Medicines will be stored in a safe place.
- g. A record will be maintained when medication is received and when administered.

- h. Where pupils are competent to manage their own health needs and medication, provided this has been agreed with the parent, the pupil will be permitted to have access to their medication for self-medication under the supervision of a member of staff.

## **10. MEDICATION ERRORS**

A medication error is when the administration deviates from the instructions of the medical professional and parent. Medication errors typically occur when schools have more than one pupil with the same name. Some examples of medication errors include administration of:

- a. Medication to the wrong pupil.
- b. The wrong medication to a pupil.
- c. The wrong dosage of medication to a pupil.
- d. The medication via the wrong route.
- e. The medication at the wrong time.

Each medication error must be reported to the Executive Headteacher, DSL and the parents. The incident will also be reported via the ESCC online incident reporting system. Procedures are in place to minimise the risk of medication errors.

## **11. ACTIVITIES OUTSIDE THE USUAL TIMETABLE**

- 1. Reasonable adjustments will be made to provide active support which enables pupils with medical needs to participate fully in school trips and visits, or in sporting and artistic activities.
- 2. After liaison with parents, pupils will be supported to participate according to their abilities, and the School will make reasonable adjustments for inclusion of pupils unless evidence from a clinician or GP states that this is not possible.

## **12. UNACCEPTABLE PRACTICE**

Although staff will use their discretion to respond to each child in the most appropriate way, it is not generally acceptable practice to:

- a. *Prevent children from accessing their inhalers and medication and administering their medication when necessary.*
- b. *Assume that every child with the same condition requires the same treatment.*
- c. *Ignore the views of the child or parents, or ignore medical opinion or evidence.*
- d. *Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCP.*

- e. *Send a child who has become ill to the school office unaccompanied.*
- f. *Penalise children for their attendance record if absences are related to their medical condition e.g. for hospital appointments.*
- g. *Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.*
- h. *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 work because the school is failing to support their child's medical needs.*
- i. *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.*

### **13. COMPLAINTS**

Should a parent or pupil be dissatisfied with the support provided, they should discuss their concerns in the first instance with the Executive Headteacher. If the issue remains unresolved, they may make a formal complaint using the school's complaints procedure.

### **14. ACTION IN EMERGENCIES:** (To be printed and kept beside School phone)

Dial 999 and request an ambulance. Speak slowly and clearly, and have ready the following information:

- a. Phone number
- b. Your name
- c. The location
- d. Postcode for Laughton CP is BN8 6AH postcode for Firle CEP is BN8 6LF
- e. The location of the patient within school premises
- f. The name of the child
- g. Brief description of symptoms
- h. How access will be provided into the school

Where possible, ask a colleague to meet the ambulance outside the school to assist the crew in gaining entry.

## Model process for developing individual healthcare plans

