



# Supporting Pupils with Medical Conditions Policy

Policy Type:	Health
Updated:	September 2024
Next Review:	September 2025

# Supporting Pupils with Medical Conditions Policy

## 1. Statement of intent

James Montgomery Academy Trust (JMAT) has a duty to ensure arrangements are in place to support children with medical conditions. The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school visits and physical education) and achieve their academic potential.

JMAT and its schools believe it is important that parents/carers of children with medical conditions feel confident that the school provides effective support for their child's medical condition, and that children feel safe in the school environment.

There may also be social and emotional implications associated with medical conditions. Children with medical conditions may develop other areas of need, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of children experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some children with medical conditions may also have special educational needs and disabilities (SEND) and have an Education, Health and Care Plan (EHCP) collating their health, social and SEND provision. For these children, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

To ensure that the needs of our children with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, children and their parents/carers.

This policy sets out how JMAT and its schools intend to manage the arrangements for supporting children with medical needs, personal care where additional staff training is required, and those who require medication to be given in school. Most children with medical needs are able to attend school regularly and, with support from the school, take part in most routine activities, whilst others with more significant medical needs require an Individual Health Care Plan (IHCP **Appendix 1**) to be completed.

## 2. Legal framework

This policy has due regard to legislation including, but not limited to:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The NHS Act 2006
- The Equality Act 2010
- The Health and Safety at Work Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014

This policy also has due regard to the following guidance:

- DfE (2015) Special educational needs and disability code of practice: 0-25 years
- DfE (2015) Supporting children at school with medical conditions
- DfE (2000) First aid in schools

- Ofsted (2019, updated July 2022) 'The common inspection framework: education, skills and early years'

### **3. The role of the Local Governing Body (LGB)**

The Local Governing Body:

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support children with medical conditions.
- Ensures that children with medical conditions can access and enjoy the same opportunities as any other child at the school.
- Ensures that the focus is on the needs of each child and what support is required to support their individual needs.
- Instils confidence in parents/carers and children in the school's ability to provide effective support.
- Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensures that no prospective child is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures that children's health is not put at unnecessary risk. As a result, it holds the right to not accept a child into school at times where it would be detrimental to the health of that child or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.
- Ensures that the JMAT's policy covers the role of individual healthcare plans, who is responsible for their development and ensure that plans are reviewed at least annually.

### **4. The role of the headteacher**

The headteacher:

- Accepts responsibility to ensure that school policy is effectively implemented and practice complies with the employer's health and safety regulations. This includes responsibility on behalf of the employer for school staff administering or supervising the taking of prescribed medication or medical care during the school day. The acceptance of responsibility may depend, however, upon the nature of any individual needs.
- Works with the LA, health professionals, commissioners and support services to ensure that children with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, children with medical conditions are reintegrated effectively.
- Will seek to identify staff to agree to administer medicine. However, teachers' conditions of service do not allow for headteachers to require teachers to give medication or supervise the taking of medicine.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare (IHC) plans, including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring children with medical conditions are properly supported.
- Has overall responsibility for the development of IHC plans. IHC plans must be uploaded and logged on a child's chronology on RecordMy.
- Ensures that staff are fully covered by their employer's public liability insurance in the event of a claim. If legal action over an allegation of negligence were pursued, the employer rather than the employee is likely to be held responsible.
- Contacts the school nursing service where a child with a medical condition requires support that has not yet been identified.

### **5. The role of parents/carers**

Parents/carers:

- Notify the school if their child has a medical condition.

- Provide the school with sufficient and up-to-date information about their child's medical needs, or any changes in their child's condition or treatment.
- Should ensure that where their child has a significant medical need and health professionals advise that an Individual Health Care Plan is required, they will be expected to fully participate in providing information in relation to the medical condition, agreeing and signing the plan for their child.
- Are subsequently involved in the development and review of their child's IHC plan.
- Carry out any agreed actions contained in the IHC plan.
- Ensure that they, or another nominated adult, are contactable at all times.

## **6. The role of children**

Children:

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHC plan (in an age appropriate way).
- Are sensitive to the needs of children with medical conditions.

## **7. The role of school staff**

School staff:

- May be asked to provide support to children with medical conditions, including the administering of medicines, but are not required to do so.
- Take into account the needs of children with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting children with medical conditions.
- Know what to do and respond accordingly when they become aware that a child with a medical condition needs help.
- Are aware of the requirement to log incidents/concerns regarding a child's medical needs/condition on the medical section of RecordMy.

## **8. Admissions**

No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.

A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

Where the headteacher decides that they cannot meet the medical needs in individual cases, this decision will be notified to the parents/carers promptly.

## **9. Staff training and support**

Any staff member providing support to a child with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training.

Training needs are assessed (in conjunction with a healthcare professional if applicable) through the development and review of IHC plans, on a regular basis for all school staff, and when a new staff member arrives.

Through training, staff have the requisite competency and confidence to support children with medical conditions and fulfil the requirements set out in IHC plans. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

A first-aid certificate does not constitute appropriate training for supporting children with medical conditions.

The SENDCo identifies suitable training opportunities that ensure all medical conditions affecting children in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

A record of who delivered the training and who received the training will be kept by the school. A date for review of further training will be agreed at the first training session, if applicable.

The SENDCo will provide details of further continuing professional development opportunities for staff regarding supporting children with medical conditions.

## **10. Self-management**

Following discussion with parents/carers, children who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHC plan if applicable.

Where a parent/carer considers their child to be capable and mature enough to self-medicate prescription, e.g. asthma inhalers, the parent/carer should complete a Medical Consent Form and return it to the school office giving their permission.

Where it is not possible for children to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHC plan is followed. Following such an event, parents/carers are informed so that alternative options can be considered. Details of the incident will be recorded on the medical section of RecordMy.

## **11. Supply teachers and staff absence**

Supply teachers are:

- Informed of all relevant medical conditions of children in the class they are providing cover for.
- Covered under the school's insurance arrangements.

## **12. Individual healthcare (IHC) plans**

The school, healthcare professionals and parent/carers agree, based on evidence, whether an IHC plan is required for a child, or whether it would be inappropriate or disproportionate. If no consensus can be reached, the headteacher makes the final decision.

The school, parent/carers and a relevant healthcare professional (if applicable) work in partnership to create and review IHC plans. Where appropriate, the child is also involved in the process.

IHC plans include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The child's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the child's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the child's condition and the support required.
- Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the child.
- Separate arrangements or procedures required during school trips and activities.

Where confidentiality issues are raised by the parent/carers or child, the designated individual to be entrusted with information about the child's medical condition.

What to do in an emergency, including contact details and contingency arrangements.

Where a child has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHC plan.

IHC plans are easily accessible to those who need to refer to them, but confidentiality is preserved.

IHC plans are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a child has an education, health and care plan (EHCP), the IHC plan is linked to it or becomes part of it. The plan will be uploaded to the child's chronology on the medical section of RecordMy.

Where a child has SEND but does not have an EHCP, their SEND should be mentioned in their IHC plan.

Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHC plan identifies the support the child needs to reintegrate.

### **13. Monitoring, evaluation and policy review**

Members of staff are required to familiarise themselves with this policy as part of their induction programmes. The policy will be promoted and implemented throughout the JMAT schools.

This policy will be assessed for its implementation and effectiveness annually by the Trust.

**Individual Health Care Plan**

<b>Name:</b>		<b>Date of plan:</b>	
<b>DOB:</b>		<b>NHS No:</b>	
<b>School:</b>		<b>Care plan by:</b>	
<b>Review date of plan:</b>			

<b>Health care need:</b>

<b>Plan:</b>

<b>Equipment provision:</b>

<b>Members of staff responsible for home / school liaison:</b>

<b>Members of staff identified to support..... with personal care:</b>

<b>Useful addresses and telephone numbers (if needed):</b>		
<b>Service</b>	<b>Name</b>	<b>Address and telephone No.</b>

See next page for consent.

**Parental / Guardian consent:**

I give consent for staff to assist in the circumstances described in this document.

I will undertake to inform the school of any changes to .....’s condition / needs.

**Signed:****Date:****Print name:****School staff member:****Signed:****Date:****Print name:****School (SLT):****Signed:****Date:****Print name:**