



Wigston Academies Trust

SUPPORTING CHILDREN WITH MEDICAL CONDITIONS POLICY: STATUTORY

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Signed by Chair of Trustees:

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1. INTRODUCTION

On 1 September 2014 a new statutory duty that requires governing bodies to make arrangements to support students at school with medical conditions, came into force. Section 100 of the **Children and Families Act 2014 places a duty on the** governing bodies of academies to make arrangements for supporting students at their school with medical conditions. In meeting the duty, the Trustees **must** have regard to the guidance issued by the Secretary of State under this Section.

This policy is a statement of the aims, principles and strategies for dealing with children with medical needs who require medication to be administered while at school or involved in school controlled activities off site or for children who require medication for short periods of time. This policy sets out the steps we will take to ensure full access to learning and school life for all our children that require medication.

Parent/carers of children with students with long-term and/or complex medical conditions can often be concerned that their child's health and wellbeing could deteriorate when they attend school. These concerns are frequently based around the fact that whilst at school in order to help these children manage their condition and to keep them safe and well they may require on-going support, administration of medicines, regularly monitoring and they may even require interventions in emergency circumstances.

It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences.

It is therefore important that parent/carers feel confident that schools will provide effective support for their child's medical condition and that students feel safe. In order to help schools make the decisions about the support they provide they should establish relationships with both the parent/carers and the relevant local health services. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parent/carers and students.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term and frequent absences, including those for appointments connected with a student's medical condition, which can often be lengthy, also need to be effectively managed and appropriate support put in place in order to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the Wigston Academy SEN code of practice.

2 AIMS

Wigston Academies Trust will strive to ensure that all children with medical conditions, in terms of both physical and mental health, 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. Wigston Academies Trust is committed to reducing barriers to sharing school life and learning for all students.

3. 1 ROLES AND RESPONSIBILITIES

3.2 The Trustees- will make arrangements to support students with medical conditions in school, including making sure that their policy for supporting students with medical conditions in school is developed and implemented. They should ensure that a student with medical conditions is supported to enable the fullest participation possible in all aspects of school life. The Trustees will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will also ensure that any members of school staff who provide support to students with medical conditions are able to access information and other teaching support materials as needed.

3.3 The Deputy Headteacher (DHT) in charge of Safeguarding – will ensure that their school’s policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation. The DHT will ensure that all staff who need to know, are aware of the child’s condition. They will also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The DHT has overall responsibility for the development of individual healthcare plans. They will also make sure that school staff are appropriately insured and are aware that they are insured to support students in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

3.4 School staff - any member of school staff may be asked to provide support to students 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 take into account the needs of students with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

3.5 School nurses - every school has access to School Nursing Services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child’s individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – for example there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

3.6 Other 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. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).

3.7 Students – with medical conditions will often be best placed to provide information about how their condition affects them. They 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. Other students will often be sensitive to the needs of those with medical conditions.

3.8 Parent/carers – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parent/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times. They should co-operate fully with the school to ensure the best outcomes for their son/daughter. It is also the parents/carers' responsibility to inform the school of any changes to medication or condition.

4 STAFF TRAINING AND SUPPORT

School staff providing support to a student with medical needs should receive suitable training. This should have been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to students with medical conditions should be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained and should ensure this remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support students with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals or the school nurse will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The school will set out arrangements for whole school awareness training so that all staff are aware of the school's policy for supporting students with medical conditions and their role in implementing that policy. Induction arrangements for new staff will be included. The relevant healthcare professional to advise on training that will help ensure that all medical conditions affecting students in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parent/carers will be asked for their views through the questionnaire and generation of the Individual Health Care Plan. They should provide specific advice, but should not be the sole trainer.

5 THE CHILD'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS

After discussion with parent/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Healthcare Plans.

Wherever possible and appropriate, children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the Individual Healthcare Plan. Parent/carers should be informed so that alternative options can be considered.

6 MANAGING MEDICINES ON SCHOOL PREMISES

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

No child under 16 should be given prescription or non-prescription medicines without their parent/carer's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parent/carers. In such cases, every effort should be made to encourage the child or young person to involve their parent/carers while respecting their right to confidentiality

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 first checking maximum dosages and when the previous dose was taken and parent/carer consent has been given. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours

Only accept prescribed medicines that are in-date, labelled appropriately including the student's name and details, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage will be administered. Any Adrenalin Auto Injector Pens need to be brought in a plastic box with lid for storage and safe transportation after use.

All medicines should be stored safely by the appropriately designated person. Children should 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 should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips. 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 may be necessary. Controlled drugs that have been prescribed for a student will be securely stored in a non-portable container and only named staff to 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 in school.

School staff may administer a controlled drug to the child for whom it has been prescribed. However, administering medicines should be carried out in accordance with the prescriber's instructions. A record of all medicines administered to individual children will be kept, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.

In line with the relevant Act of Parliament (October 2014) Wigston Academies Trust will hold spare salbutamol inhalers for use in cases of emergency.

These said metered dose salbutamol inhalers will only be available to children who already have been prescribed this medication by their doctor.

When no longer required, medicines should be returned to the parent/carer to arrange safe disposal.

7 RECORD KEEPING

Written records will be kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parent/carers should be informed if their child has been unwell at school.

8 EMERGENCY PROCEDURES

Where a child has an individual healthcare plan, this should 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 students in the school should know what to do in general terms, such as informing a member of staff immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.

9. DAY 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 according to their own abilities and with any reasonable adjustments. When planning 'activities' arrangements for the inclusion of students in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

Reasonable adjustments should be considered to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. This will require consultation with parent/carers and students and advice from the relevant healthcare professional to ensure that students can participate safely.

10 OTHER ISSUES FOR CONSIDERATION

Home to school transport – this is the responsibility of local authorities, who may find it helpful to be aware of a student's Individual Healthcare Plan and what it contains, especially in respect of emergency situations. This is essential in developing transport healthcare plans for students with life threatening conditions;

Asthma inhalers –schools are now able to hold Salbutamol asthma inhalers for emergency use. These can only be made available for those children who have been proscribed a Salbutamol asthma inhaler.

11 UNACCEPTABLE PRACTICE

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- 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 parent/carers; or ignore medical evidence or opinion,
- send children with medical conditions home frequently 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; (normally a sick child will be sent to the Library with a 'friend'. In severe cases a child would remain in situ and a first-aider would attend and take charge of the situation)
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parent/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; 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 parent/carers to accompany the child.

12 LIABILITY AND INDEMNITY

The Trustees will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. Also ensure insurance arrangements are in place which cover staff providing support to students with medical conditions. Insurance policies should be accessible to staff providing such support.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

13 COMPLAINTS

Should parent/carers or students be dissatisfied with the support provided they should discuss their concerns directly with the school following the complaints procedure.