








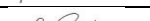






“A Caring Christian Family Where We Grow Together”

SUPPORTING PUPILS WITH MEDICAL CONDITIONS PROCEDURE

Review Date: March 2025 Annual

Review Date	Signed Head Teacher	Signed Director RCSAT
08/10/2019		
30/09/2020		
30/09/2021		
30/09/2022		
01/03/2023		
05/02/2024		

Persons Responsible for Policy:	Executive Headteacher RCSAT
Approval Date	08/10/2019
Signed:	Director RCSAT
Signed:	Executive Headteacher RCSAT

Procedure to be followed when notification is received that a pupil has a medical condition

- 1.1. Ensure that arrangements are put into place to cover transition from another setting, upon being notified that a child is coming into the academy with a medical condition.
- 1.2. These may vary from child to child, according to existing HCPs. (Health Care Plans).
- 1.3. Put arrangements into place in time for the start of the new school term
- 1.4. Provide support to pupils where it is judged by professionals that there is likely to be a medical condition. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put into place.
- 1.5. Any staff training needs are identified and met

2. Protocol when a child with medical needs cannot attend school:

- 2.1. Local authorities are responsible for arranging suitable full-time education otherwise than at school for children who cannot attend school because of illness or other reasons and who therefore would not receive suitable education without such provision. This applies whether or not the child is on the roll of a school and whatever the type of school they attend. It applies to children who are pupils in academies, free schools, special schools and independent schools as well as those in maintained schools.
- 2.2. The law does not define full-time education but children with health needs should have provision which is equivalent to the education they would receive in school. If they receive one-to-one tuition, for example, the hours of face-to-face provision could be fewer as the provision is more concentrated.
- 2.3. Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, LAs should provide part-time education on a basis they consider to be in the child's best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science.
- 2.4. The guidance states that under the Education (Pupil Registration) (England) Regulations 2006, a school can only remove a pupil who is unable to attend the school due to health needs from the roll where:
 - 2.4.1.1. The pupil has been certified by the school medical officer as unlikely to be in a fit state of health to attend school, before ceasing to be of compulsory school age, and
 - 2.4.1.2. Neither the pupil nor their parent has indicated to the school the intention to continue to attend the school, after ceasing to be of compulsory school age
- 2.5. A child unable to attend school because of health needs must not, therefore, be removed from the school register without parental consent and certification, even if the local authority (LA) has become responsible for the child's education as a result of the pupil being absent from school for 15 or more days. Continuity is important for children and knowing that they can return to their familiar surroundings and school friends can help their recovery and their educational progress.

3. Individual Healthcare Plans

- 3.1. The Academy's Inclusion Manager will be responsible for developing IHPs (Individual Health Plans, Refer to Appendix A re: a Model process for developing Individual Healthcare Plans)). Their purpose is to ensure that they 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 they are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The Academy, healthcare professionals and parents should agree, based on evidence, when a healthcare plan would

be inappropriate or disproportionate. If consensus cannot be reached, the Principal is best placed to take a final view.

- 3.2. The healthcare plan is a confidential document. The level of detail within will depend on the complexity of the child's condition and the degree of support needed. Where a child has a special educational need, but does not have a statement or EHC plan, their special educational needs will be mentioned in their Individual Healthcare Plan. Individual Healthcare Plans, and their review, may be initiated, in consultation with the parent/carer, a member of the academy staff or a healthcare professional involved in providing care for the child. Plans will be drawn up in partnership between the academy, parents, and a relevant healthcare professional, eg. a Specialist or Community Nurse. Wherever possible, the child will also be involved in the process. The aim is to capture the steps which a school should take too help the child manage their condition and overcome any potential barriers to getting the most from their education. Responsibility for ensuring the plan is finalised rests with the academy.
- 3.3. The Individual Healthcare Plans are reviewed annually, or earlier, if evidence is presented that the child's needs have changed. The plans are devised with the child's best interests in mind, ensuring that an assessment of risk to the child's education, health and social well-being is managed minimising disruption. Reviews will be linked to any education healthcare plan the child may have.
- 3.4. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are in place within two weeks.

4. The information to be recorded

When deciding on the information to be recorded on individual healthcare plans, the following will be considered:

- 4.1. The medical condition, its triggers, signs, symptoms and treatments;
 - 4.2. 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 eg. Crowded corridors, travel time between lessons;
 - 4.3. Specific support for the pupil's educational, social and emotional needs – for example, exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
 - 4.4. The level of support needed, including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
 - 4.5. Who will provide the 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.
 - 4.6. Who in the academy needs to be aware of the child's condition and the support required.
 - 4.7. Arrangements for written permission from parents and the Principal for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
 - 4.8. 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, eg. Risk assessments
 - 4.9. Where confidentiality issues are raised by the parent or child, the designated individuals to be entrusted with information about the child's condition, and
 - 4.10. 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 the development of their individual healthcare plan.

5. Staff Training and Support

- 5.1. Training needs for staff will be assessed by looking at the current and anticipated needs of pupils already on the roll. It may be possible to determine training needs by early information relating to a child about to be admitted to the academy. All members of staff providing support to a child with medical needs will have been trained beforehand. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.
- 5.2. The type of training, and frequency of refresher training, will be determined by the actual medical condition that a child may have, this will be supported by the Board of Trustees. Some training may be arranged by the academy, and other types may make use of the skills and knowledge provide by the school nurse service, or specialist nurse services, among others. Other training may involve on-site or off-site provision. Parents and carers will be asked to supply specific advice and then this will be reinforced with healthcare professional advice.
- 5.3. All staff will be made aware of the specific needs of each child with a medical condition and will be competent and confident enough to deliver the support.
- 5.4. It must be noted that a First Aid certificate alone will not suffice for training to support children with medical conditions.
- 5.5. The Supporting Pupils with Medical Conditions Policy will be subject to whole staff consultation as part of the draft, and subsequent reviews. All members of staff will be informed of it and it will be included in the induction arrangements for new staff to the academy.

6. The Child's Role in Managing their own Medical Needs

At Rural Church Schools Academy Trust, the children who require medication or other procedures will be supervised in administering them or receive them from a relevant member of staff. If a child refuses to take medicine or carry out a medical procedure, staff will not force him or her to do so, but follow the procedure agreed in the individual healthcare plan and Medical Conditions and Procedures document. Parents and carers will be informed so that alternative options can be considered.

7. Managing medicines on school premises

Where clinically possible, medicines should be prescribed in dose frequencies, which enable them to be taken outside school hours. Where this is not possible, the following will apply: Medicines will 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 will 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 or carers.

- 7.1. The academy will only accept prescribed medicines that are in-date, labelled, provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage. The exception to this is Insulin, which must be in-date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.

- 7.2. Medicines will be stored safely. Children who need to access their medicines immediately, such as those requiring asthma inhalers, keep their inhalers in the classroom. On educational visits, medicines will also be available. These will be looked after by a relevant member of staff on the visit.
- 7.3. If a controlled drug has been prescribed, it will be kept securely and stored in a non-portable container. Named staff only will have access to such medication so that it can be administered to the specific child.
- 7.4. 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. Parents should be informed.
- 7.5. The academy will keep a record of doses administered, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered will be recorded.
- 7.6. When no longer required, medicines should be returned to the parent to arrange for safe disposal.
- 7.7. Records will be kept of all medicines administered to children. Parents and carers will be informed if their child has been unwell at school.

8. Emergency procedures

- 8.1. A child's individual healthcare plan and Medical Conditions and Procedures will clearly define what constitutes an emergency and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms and procedures. It may be necessary to inform other pupils in general terms so that they can inform a member of staff immediately if they think help is needed.
- 8.2. If a child is taken to hospital, staff should stay with the child until the parent or carer arrives at the hospital, or accompany the child when taken to hospital by ambulance. Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital.

9. Day Trips, Residential Visits and Sporting Activities

- 9.1. The school will consider how a child's medical condition will impact on their participation. We will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.
- 9.2. The Academy will consider what reasonable adjustments may need to be made after carrying out a risk assessment so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

10. Unacceptable practice

Although academy 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:

- 10.1. Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- 10.2. Assume that every child with the same condition requires the same treatment;
- 10.3. Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- 10.4. 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;

- 10.5. If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- 10.6. Penalise children for their attendance record if their absences are related to their medical condition eg: Hospital appointments;
- 10.7. Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- 10.8. Require parents and carers, or otherwise make them feel obliged, to attend the academy to administer medication or provide medical support to their child, including with toileting issues. No parent or carer should have to give up working because the academy is failing to support their child's medical needs; or
- 10.9. Prevent children from participating, or create unnecessary barriers to children participating in any aspect of academy life, including educational visits, by requiring parents and carers to accompany the child.

11. Other issues for consideration

The Academy has a number of trained First Aiders, Adult Mental Health First Aiders and Youth Mental Health First Aid amongst the staff.

- 11.1. All schools within Rural Church School Academy Trust have a Defibrillator on site. Sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Staff members appointed as first-aiders are already be trained in the use of CPR and the Defibrillator.

Due regard has been given to writing this procedure with the following in mind:

- *Dfe Statutory Guidance, 'Supporting pupils at school with medical conditions', December 2015 (revised version from September 2014).*
- *Children and Families Act 2014 (Section 100)*
- *Special Educational Needs Code of Practice*