Supporting Pupils with Medical Conditions

(APPROVED BY TRUST BOARD)

SEN Trust Southend

SEN TRUST SOUTHEND

KINGSDOWN SCHOOL

LANCASTER SCHOOL

ST. NICHOLAS SCHOOL

THE ST. CHRISTOPHER SCHOOL

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SEN TRUST SOUTHEND Supporting Pupils with Medical Conditions

(This policy has been adopted by all schools in SEN Trust Southend

Lancaster School, St. Nicholas School, Kingsdown School, The St. Christopher School)

KEY CONTACTS WITHIN THE SCHOOLS

SCHOOL NAME:	**Kingsdown School**	**Lancaster School**	**St. Nicholas School**	**The St. Christopher School**
DESIGNATED RESPONSIBLE PERSON	Lisa Stroud	Tom Jackson-Owens	Sharon Gillespie	Wendy Millington
HEADTEACHER	Lisa Stroud	Tom Jackson-Owens	Laura Fox	Elspeth Kirk

1. Aim of this policy

1.1. As proprietor of one or more academies, the SEN Trust Southend has a legal duty to make arrangements for supporting pupils at the academy with medical conditions. The board of the SEN Trust Southend has delegated this responsibility to the academy.

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

2. Overriding principles

Children and young people with medical conditions are entitled to a full education. The academy 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

3.1. 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.

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

4. Policy implementation

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

The Headteacher has overall responsibility for ensuring:

- Sufficient staff are suitably trained to meet the known medical conditions of pupils at the academy
- 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 monitored.

5. Notification that a pupil has a medical condition

5.1. Ordinarily, the pupil's parent/carer will notify the academy that their child has a medical condition. Parents/carers should ideally provide this information in writing addressed to the Responsible Person at each school (see Key Contacts). 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 the Responsible Person as soon as practicable.

5.2. A pupil may disclose themselves that they have a medical condition. The staff member to whom the disclosure is made should notify the Responsible Person as soon as practicable.

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

6. Procedure following notification that a pupil has a medical condition

6.1. 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 Responsible Person 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.

6.2. 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

6.3. 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.

6.4. 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.

6.5. In cases where a pupil's medical condition is unclear or where there is a difference of opinion, the Responsible Person will exercise their professional judgement, based on the available evidence, to determine whether an IHP is needed and/or what support to provide.

6.6. For children joining the academy 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 academy mid-term, every effort will be made to ensure that any support arrangements are put in place within two weeks.

6.7. In line with our safeguarding duties, the academy will ensure that pupil's health is not put at unnecessary risk from, for example, infectious diseases. The academy 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

7.1. 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 academy will initially follow the usual process around attendance and mark the pupil as ill for the purposes of the register.

7.2. The academy 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.

7.3. 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:

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

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

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

7.5. The academy 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.

7.6. When a pupil is considered well enough to return to full-time education at the academy, the Responsible Person 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

8.1. Where it is decided that an IHP should be developed for the pupil, this shall be developed in partnership between the academy, 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.

8.2. The aim of the IHP is to capture the steps which the academy 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 academy will need to assess and manage the risk to the pupil's education, health and social wellbeing and minimise disruption.

8.3. 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/

[1] Arranging education for children who cannot attend school because of health needs (December 2023)

- 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 academy needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents/carers and the Responsible Person 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.

8.4. 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 academy 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.

8.5. The IHP will be written in conjunction with relevant healthcare professionals and other external agencies to ensure that it is finalised and implemented.

8.6. Where a pupil's medical needs involve more complex medical procedures and interventions (for example, gastrostomy, tracheostomy care, postural support), this clinical support must be carried out by a suitable, qualified healthcare professional and be commissioned by the local integrated care board (ICB).

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

8.8. 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.

9. Reviewing individual healthcare plans (IHP)

9.1. Every IHP shall be reviewed at least annually. The Responsible Person (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 academy receives notification that the pupil's needs have changed, a review of the IHP will be undertaken as soon as practicable.

9.2. 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

10.1. The Responsible Person 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.

10.2. 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.

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

11. Administering medication

11.1. No pupil will be given any medication or access to a medical device during school hours unless the medication has a prescription label attached and a medical form, signed by parents and countersigned by either the Responsible Person or someone designated by them, has been completed. Medicines will only be administered at the academy 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.

11.2. 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 academy accordingly so that the process for storing and administering medication can be properly discussed.

11.3. The academy 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.

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

11.5. 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 academy will ultimately decide the approach to be taken.

11.6. Wherever possible, pupils will be allowed to carry their own medicines and relevant devices or be able to access their medicines for self-medication quickly and easily. Where it is appropriate to do so, pupils will be encouraged to administer their own medication, under staff supervision if necessary. 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.

11.7. The academy 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.

11.8. 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.

11.9. 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.

11.10. It is the responsibility of parents/carers to notify the academy 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. Unacceptable practice

Although the Responsible Person 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 academy 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.

13. Complaints

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

14. Review of policy

This policy is based on a model policy provided by Browne Jacobson, the policy will be reviewed and updated every 3 years by the Trust. We will monitor the application and outcomes of this policy to ensure it is working effectively.

15. Annex 1 - Process for developing individual healthcare plans

