



Supporting Children with Medical Conditions Policy

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support children with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The Governing Body will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring care plans

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The Governing Body

The Governing Body has ultimate responsibility to make arrangements to supporting children with medical conditions. The Governing Body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all care plans, including in contingency and emergency situations
- Take overall responsibility for the development of care plans
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient, accurate and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's care plan and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the care plan e.g. provide medicines and equipment.

3.5 Pupils

Pupils should be involved in discussions, appropriate to their age and understanding, about their medical support needs and contribute as much as possible to the development of their care plan. They are also expected to comply with their care plan.

3.6 School nurses and other healthcare professionals

The school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the schools' nurses and notify them of any pupils identified as having a medical condition.

4. Equal opportunities

Our academy is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities.

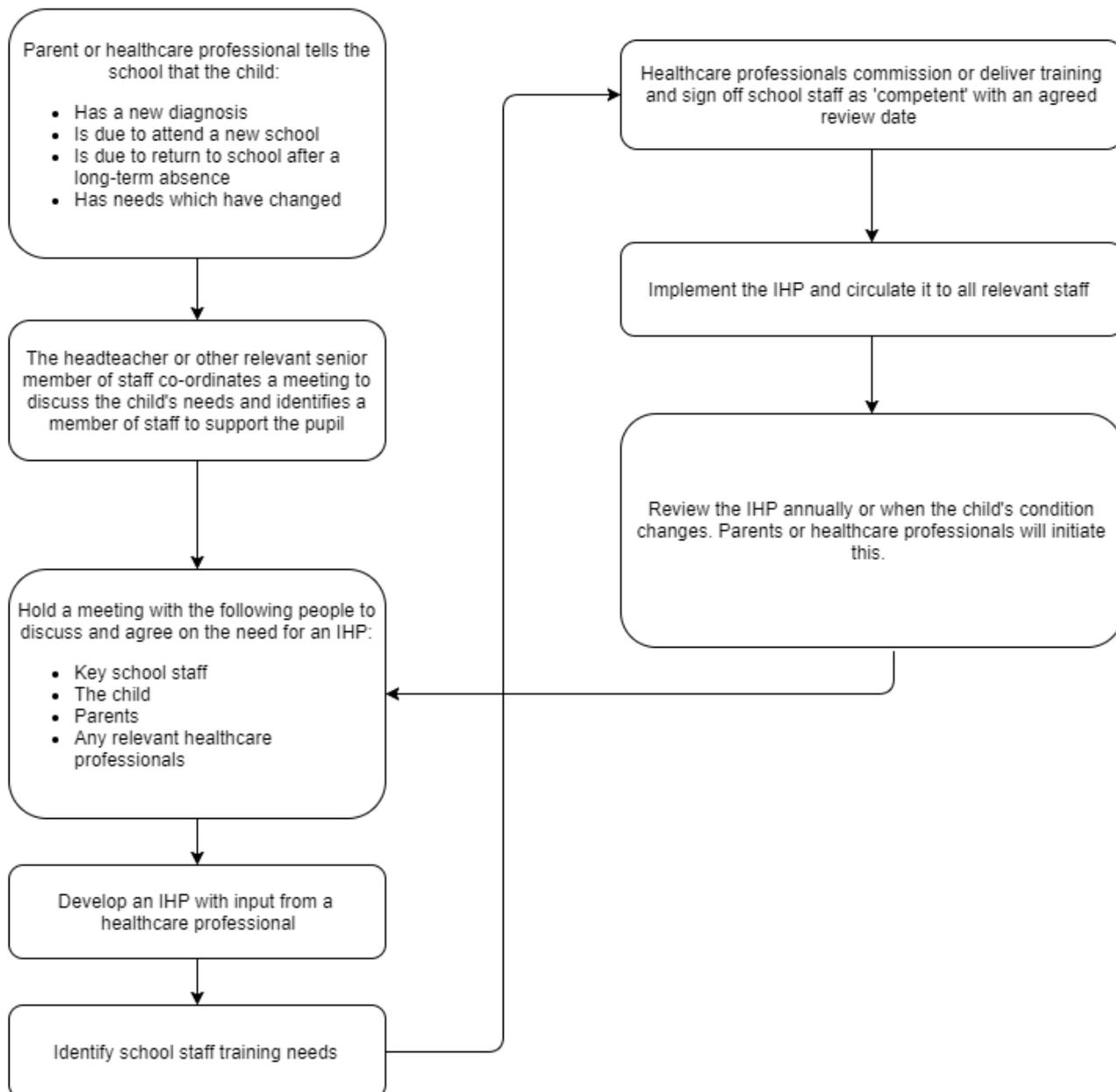
The school will consider what reasonable adjustments can be made to endeavor to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires a care plan.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.



6. Individual care plans

The Headteacher has overall responsibility for the development of care plans for pupils with medical conditions. This has been delegated to SENDCO.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require a care plan. It will be agreed with a healthcare professional and the parents when an care plan would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

Care plans will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the care plan.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Governing Body and the Headteacher/SENDCO will consider the following when deciding what information to record on care plans:

- 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, 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, counselling sessions
- The level of support needed, 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 school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher 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 who to contact, and contingency arrangements

School practice

School staff should use their discretion and judge each case individually with reference to the pupil's care plan.

- Pupils will have easy access to their inhalers and medication, and to have them administered when and where necessary
- Pupils, even with the same conditions, will be treated as individuals. The views of the pupil and their parents will be considered.
- We will follow advice and guidance provided by medical practitioners in a care plan.
- Medical conditions will be dealt with in school unless the child is unfit to remain in school.
- If the pupil becomes ill, they will be accompanied to the medical room or to another suitable adult.
- We understand that children with medical conditions may be absent as a result of their condition, e.g. hospital appointments, and their attendance record will reflect this.
- Pupils may drink, eat or take toilet or other breaks whenever they need to in order to manage their medical condition effectively
- School staff will follow procedures contained in a child's care plan, however, there may be occasions when the child's medical needs are outside the parameters of the care plan and parents will be consulted and may be required to attend school.
- Working with parents and medical practitioners, school will consider the impact on the care plan and risk assessment of any planned trips.

7. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' care plans will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

8. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of care plans. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher/SENDCO. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the care plans
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

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

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

9. Record keeping

The Governing Body will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

Care plans are kept in a readily accessible place which all staff are aware of.

10. Liability and indemnity

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

11. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher/SENDCO in the first instance. If the Headteacher/SENDCO cannot resolve the matter, they will direct parents to the schools' complaints procedure.

History of document

Issue No.	Author/Owner	Date Reviewed	Approved by Governing Body	Comments
1	Curriculum Committee	October 2014	October 2014	3 yearly – October 2017
2	Curriculum Committee	January 2018	March 2018	3 yearly – March 2021