



# Supporting Children with Medical Needs Policy

## Our Mission

“Together we work as one family to ensure excellence for all.”

## Our Vision

To be an ambitious, inclusive, collaborative family of schools, ensuring fullness of life and excellence in education, whilst celebrating individuality.

Policy Reviewed and Adopted by Board of Directors:	Autumn Term 2024
Date of Next Review:	Autumn Term 2028
Responsible Officer:	Lindsey Vollans

## Introduction

Section 100 of The Children and Families Act 2014 places a duty on the Board of Directors of One Excellence Multi Academy Trust, to make arrangements for supporting children at all of their premises with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their 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.

It is our policy to ensure that all medical information will be treated confidentially by the all staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEN Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

## Key Roles and Responsibilities

**Statutory Requirement: The Board of Directors should ensure that the Trust's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.**

Board of Directors are responsible for:

Making arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They will ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Board of Directors 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 pupils with medical conditions are able to access information and other teaching support materials as needed.

The Headteacher's are responsible for:

Ensuring that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher 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. The Headteacher 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 pupils in this way. They will 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.

Teachers and Support Staff are responsible for:

Any member of school staff may be asked to provide support to pupils 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 pupils with medical conditions that they teach. School staff will 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 pupil with a medical condition needs help.

The School Link Nurse is responsible for:

This 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 will not usually have an extensive role in ensuring that the school is 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 the school when seeking advice and support in relation to children with a medical condition.

### **Local Arrangements – Identifying Children**

**Statutory Requirement: Board of Directors will ensure that the policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.**

We will aim to identify children with medical needs on entry to the school by working in partnership with parents / carers and following the process outlined in the document. We will use the 'Health Questionnaire for Schools' to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly. We will regularly communicate this procedure through our newsletters to parents.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

### **Individual Health Care Plans**

**Statutory Requirement: Board of Directors will ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development in supporting children at school with medical conditions.**

We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and 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 school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of the Headteacher and Inclusion Leader to work with parents and relevant healthcare professionals to write the plan. The parent welfare officer may also be involved to support the family.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The Headteacher and Inclusion Leader will work in partnership with the parents/carer, and a relevant healthcare professional eg. school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a

special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

We will use the individual healthcare plan template produced by the DfE to record the plan.

If a child is returning following a period of hospital education or alternative provision (including home tuition), that we will work with the education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

**Statutory Requirement: Board of Directors should ensure that all plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages the risks to the child's education, health and social well-being and minimise disruption.**

The Inclusions Leader meets with all Class Teachers on a termly basis and plans will be reviewed as part of this process

- **Statutory Requirement: When deciding what information should be recorded on individual healthcare plans, Board of Directors should consider the following:**
- 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 eg crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should 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 child'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 child'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 child can participate, eg risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- 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 individual healthcare plan

## Staff Training

**Statutory Requirement:** Board of Directors should ensure that this policy clearly sets out how staff will be supported in carrying out their role to support children with medical conditions, and how this will be reviewed. It should specify how training needs will be assessed and by whom training will be commissioned and provided.

The school policy should be clear that any member of school staff providing support to a child with medical needs should have received suitable training.

Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any individual healthcare plans)

All new staff will be inducted on the policy when they join the school through their Staff Information Pack. Records of this training will be stored in the individual's personnel file.

All nominated staff will be provided awareness training on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This training will be carried out annually.

The awareness training will be provided to staff by Inset Day training at the beginning of each academic year.

We will retain evidence that staff have been provided the relevant awareness training on the policy by completing signature sheets.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from.

This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

A 'Staff training record – administration of medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

## The Child's Role

**Statutory Requirement:** Board of Directors will ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity). However, in this setting, it is usual for children to be supported by a member of staff when taking their medication.

## Managing Medicines on School Premises

**Statutory Requirement: Board of Directors will ensure that the school's policy is clear about the procedures to be followed for managing medicines.**

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carer's written consent (a 'parental agreement for setting to administer medicines' form will be used to record this). Documented tracking system to record all medicines received in and out of the premises will be put in place. The tracking system used is The Children's Services Medication Tracking Form.

The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

We 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, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

As the children in the school's are too young or immature to take personal responsibility for their inhaler, with parent's consent, staff will make sure that inhalers are stored in a safe but readily accessible place, and clearly marked with the child's name.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents. Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Headteacher.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication ie. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

## **Storage**

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premise.

Where medicines need to be refrigerated, they will be stored in a fridge in the in a clearly labelled airtight container. There must be restricted access to a refrigerator holding medicines.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

## **Disposal**

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

Sharps boxes, if required, will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through a named company (see Administration team's)

## **Medical Accommodation**

There will be a designated space for medical administration/treatment purposes. The location/room will be made available when required.

## **Record Keeping**

**Statutory Requirement:** Board of Directors should ensure that written records are kept of all medicines administered to children.

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

## **Emergency Procedures**

**Statutory Requirement:** Board of Directors will ensure that the school's policy sets out what should happen in an emergency situation.

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency ie. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

### **Day Trips / Offsite Activities**

**Statutory Requirement: *Board of Directors should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.***

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

### **Other Issues**

Home-to-school transport – this is the responsibility of the local authority, who may find it helpful to be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plan for pupils with life-threatening conditions.

### **Unacceptable Practice**

**Statutory Requirement: Board of Directors will ensure that the school's policy is explicit about what practice is not acceptable.**

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, 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 parents; 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 individual healthcare plans;
- if the child 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, eg. 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, 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 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 eg. by requiring parents to accompany the child.

### **Liability and Indemnity**

**Statutory Requirement: Board of Directors will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.**

Staff at the schools are indemnified under the Trusts self-insurance arrangements.

The schools are self-insured and have extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

### **Complaints**

**Statutory Requirement: Board of Directors will ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.**

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

The treatment table details the procedures where cover is provided under the Trust's Public Liability indemnity. Procedures not covered by this table would need to be referred to the insurers for consideration. Cover would not apply to health care professionals.

Procedure - Activity	Public Liability	Medical Malpractice Policy
Acupuncture	No, but may be considered on receipt of written procedures.	No
Administration of medicines	Yes, subject to being pre-prescribed by a medical practitioner and following written guidelines. Via nasogastric tube, gastroonomy tube or orally.  Where the medicine is administered under the Health and Social Care Act 2012 ( and any equivalent legislation ) the risk falls to be covered under the medical malpractice policy	No. Where the medicine is administered under the Health and Social Care Act 2012 ( and any equivalent legislation ) the risk falls to be covered under the medical malpractice policy.
Apnea monitoring	Yes, in respect of monitoring via a machine following written guidelines. There is no cover available in respect of visual monitoring.	No
Bathing	Yes, following training and in accordance with written guidelines.	No
Blood samples	Yes, but only by Glucometer following written guidelines	No
Buccal midazolam	Yes, following written guidelines.	No
Bladder wash out	No.	Yes
Catheters	Yes, following written guidelines for the changing of bags and the cleaning of tubes. There is no cover available for the insertion of tubes.	No
Colostomy / stoma care	Yes, following written guidelines in respect of both cleaning and changing of bags.	No
Chest drainage exercise	Yes, following written health care plan provided under the direction a medical practitioner.	No
Dressings	Yes, following written health care plan for both application and replacement of dressings.	No
Defibrillators - first aid only	Yes, following written instruction and appropriate documented training.	No
Denture cleaning	Yes, following appropriate training.	No
Ear syringe	No.	Yes
Ear / nose drops	Yes, following written guidelines.	No
Epipen / medipens	Yes, following written guidelines with a pre-assembled pen.	No
Enema suppositories	No.	Yes
Eye care	Yes, following written guidelines for persons unable to close eyes.	No

Procedure - Activity	Public Liability	Medical Malpractice Policy
First aid	Yes, should be qualified first aiders and applies during the course of the business for the benefit of employees and others.	No
Gastronomy tube – peg feeding	Yes, cover available in respect of feeding and cleaning following written guidelines but no cover available for tube insertion.	No
Hearing aids	Yes, for assistance in fitting / replacement of hearing aids following written guidelines.	No
Inhalers, cartridges and nebulisers	Yes, for both mechanical and held following written procedures.	No
Injections	Yes, but only for the administering of pre-packaged dose on a regular basis pre-prescribed by a medical practitioner and following written guidelines.  Where the medicine is administered under the Health and Social Care Act 2012 ( and any equivalent legislation ) the risk falls to be covered under the medical malpractice policy.	No.  Where the medicine is administered under the Health and Social Care Act 2012 ( and any equivalent legislation ) the risk falls to be covered under the medical malpractice policy
Insulin injections	Yes, where possible, these should be self-administered but can be undertaken by trained staff in accordance with written care plan. Cover will operate in respect of the administration of doses that need to be determined due to individual needs of the person as long as this is set out in their individual health care plan, and for school children, has parental approval.	No
Intranasal midazolam	Yes, following written guidelines.	No
Manual evacuation	Yes.	No
Mouth toilet	Yes.	No
Naso-gastric tube feeding	Yes, following written guidelines but cover is only available for feeding and cleaning of the tube. There is no cover available for tube insertion or re-insertion, which should be carried out by a medical practitioner.	No
Occupational therapy.	No	Yes
Oxygen – administration of and assistance with.	Yes, following written guidelines and suitable training in the use of the equipment including oxygen saturation monitoring where required.	No

	Excludes filling oxygen cylinders from main tank.	
Pessaries	No.	Yes
Reiki	Yes.	No
Physiotherapy	Yes, when undertaken by suitably trained staff but excluding treatment by a qualified physiotherapist.	No, cover available for a qualified physiotherapist subject to details of activities.
Pressure bandages	Yes, following written guidelines.	No
Rectal midazolam in pre-packaged doses.	Yes, following written guidelines and 2 [ two ] members of staff must be present.	No

Procedure - Activity	Public Liability	Medical Malpractice Policy
Rectal diazepam in pre-packaged doses.	Yes, following written guidelines and 2 [ two ] members of staff must be present.	No
Rectal paraldehyde	No.	Yes, 2 [two] members of staff must be present.
Splints	Yes, as directed by a medical practitioner.	No
Suction machine	No.	Yes
Syringe drivers - programming of.	No.	Yes
Suppositories	No, other than rectal diazepam and midazolam.	Yes
Swabs - external	Yes, following written guidelines.	No
Swabs - internal	No, other than oral following written guidelines.	Yes
Toe nail cutting	Yes, following written guidelines.	No
Tracheostomy	No, cover is only available for cleaning around the edges of the tube only, following written guidelines.	Yes

Vaccinations	Yes, subject to being pre-prescribed by a medical practitioner and following written guidelines. Where the medicine is administered under the Health and Social Care Act 2012 ( and any equivalent legislation ) the risk falls to be covered under the medical malpractice policy.	No.  Where the medicine is administered under the Health and Social Care Act 2012 ( and any equivalent legislation ) the risk falls to be covered under the medical malpractice policy.
Ventilators	No, other than for a person with a predictable medical condition and stable ventilation requirements following written guidelines.	No

