

[Academy Name]

A policy for Supporting Pupils with Medical Conditions

Policy Type:	Trust Core Policy
Approved By:	St. Benet's MAT Trust Board
Approval Date:	15.10.18
Date Adopted by LGB:	
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Person Responsible:	Chief Executive Officer

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Roles and Accountabilities

The Diocese of Norwich St. Benet's Multi Academy Trust (the "Trust") is accountable for all policies across its Academies. All policies, whether relating to an individual academy or the whole Trust, will be written and implemented in line with our ethos and values as articulated in our prospectus. We are committed to the provision of high quality education in the context of the Christian values of responsibility, respect and dignity where individuals are valued, aspirations are high, hope is nurtured and talents released.

A Scheme of Delegation for each academy sets out the responsibilities of the Local Governing Body and Principal / Head Teacher. The Principal / Head Teacher of each academy is responsible for the implementation of all policies of the Academy Trust.

All employees of the Academy Trust are subject to the Trust's policies.

Introduction

The Children and Families Act 2014 places a duty on the Trust as a proprietor of academies to make arrangements for supporting pupils in Trust academies with medical conditions. In meeting this duty, the Trust must have regard to current DFE guidance.

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

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

All children have a right to access the full curriculum (including school trips and physical education) adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well and the Trust shall ensure that arrangements in place in its academies to support pupils with medical conditions.

The Trust recognises that medical conditions may impact social and emotional development as well as having educational implications.

Trust academies will require that school leaders consult and build relationships with healthcare professionals and other agencies and in order to effectively support effectively pupils with medical conditions.

Roles and Responsibilities

There will be **named person** responsible for children with medical conditions in each school.

The named person is responsible for:

- developing, monitoring and reviewing individual healthcare plans (as per Appendix 1)
- informing relevant staff of any medical condition
- arranging appropriate training for identified staff

- ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information
- assisting with risk assessment for school visits and other activities outside of the normal timetable
- working together with parents, pupils, healthcare professionals and other agencies

The Trust is responsible for:

- determining the school's general policy and ensuring that arrangements are in place to support children with medical conditions

The Local Governing Body is responsible for:

- approving and reviewing any local additions/variations to this Policy
- reviewing the local operation of this policy on an annual basis

The Head Teacher is responsible for:

- overseeing the management and provision of support for children with medical conditions including ensuring that individual healthcare plans are reviewed at least annually
- ensuring that sufficient trained numbers of staff are available to implement the policy and deliver individual healthcare plans, including to cover absence and staff turnover
- ensuring that school staff are appropriately insured and are aware that they are insured
- reporting annually to the Local Governing Body on the effectiveness of implementation of this policy

Teachers and Support Staff are responsible for:

- the day to day management of the medical conditions of children they work with, in line with training received and as set out in individual healthcare plans
- working with the named person and ensuring that risk assessments are carried out for school visits and other activities outside of the normal timetable
- providing information about medical conditions to supply staff who will be covering their role where the need for supply staff is known in advance

NB. Any teacher or support staff member may be asked to provide support to a child with a medical condition, including administering medicines. However, no member of staff can be required to provide this support.

Administering medicines

Written consent from parents must be received before administering any medicine to a child at school.

Medicines will only be accepted for administration if they are:

1. In-date
2. Labelled
3. Provided in the original container as dispensed by a 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 inside an insulin pen or pump, rather than in its original container.

The Administration of Medicine Policy provides more detail but the key points to note are:

- medicines should be stored safely
- children should know where their medicines are at all times
 - written records will be kept of all medicines administered to children
 - pupils who are competent to manage their own health needs and medicines, after discussion with parents/carers will be allowed to carry their own medicines and relevant devices or will be allowed to access their medicines for self-medication .

Any additional requirements specific to a school may be set out locally.

Action in case of emergencies

A copy of this information will be displayed in the office and staff room

- Request an ambulance – dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked.

1. The school's telephone number: [school telephone number]
2. Your name
3. Your location: [school address]
4. Provide the exact location of the patient within the school
5. Provide the name of the child and a brief description of their symptoms
6. Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient

- contact the parents to inform them of the situation
- a member of staff should stay with the pupil until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance

Activities beyond the curriculum

- reasonable adjustments will be made to enable pupils with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum
- when carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted where appropriate

Unacceptable Practice

The following items are not generally acceptable practice with regard to children with medical conditions, although the school will use discretion to respond to each individual case in the most appropriate manner:

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assuming 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)
- sending 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, sending them to the school office or medical room unaccompanied or with someone unsuitable
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- requiring parents, or otherwise making 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
- preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

Complaints

- an individual wishing to make a complaint about actions regarding the school's actions in supporting a child with medical conditions should discuss this with the school in the first instance
- if the issue is not resolved, then a formal complaint may be made, following the complaints procedure as set out in our complaints policy

Equality Impact Statement

The Trust will do all it can to ensure that this policy does not discriminate, directly or indirectly. We shall do this through regular monitoring and evaluation of our policies in each school. On review we shall assess and consult relevant stakeholders on the likely impact of our policies on the promotion of all aspects of equality, as laid down in the Equality Act (2010). This will include, but not necessarily be limited to: race; gender; sexual orientation; disability; ethnicity; religion; cultural beliefs and pregnancy/maternity. We ask our academies to use an appropriate Equality Impact Assessment to monitor the impact of all our policies and the policy may be amended as a result of this assessment.

Appendix 1: Process for developing Individual Healthcare Plans

- Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed
- Headteacher or senior member of school staff to who this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil
- Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence proved by them)
- Develop IHCP in partnership – agree who leads on writing it. Input from healthcare profession must be provided
- School staff training needs identified
- Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed
- IHCP implemented and circulated to all relevant staff
- IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate