

Supporting Children with Medical Conditions

PARTNERSHIPS | OPPORTUNITY | INTEGRITY | EQUITY | EXCELLENCE | PEOPLE-CENTRED

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Consilium
Evolve

Enriching Lives, Inspiring Ambitions

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As a proprietor of one or more academies, Consilium Academies has a legal duty to make arrangements for supporting students at the school with medical conditions. The Trust Board has delegated this responsibility to the academy.

Consilium Evolve has adopted this policy to set out the arrangements it has put in place for its students with medical conditions.

Overriding Principles

Children and young people with medical conditions are entitled to a full education. The school is committed to ensuring that students 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 students, as far as possible, to access and enjoy the same opportunities at school as any other child. This will include actively supporting students with medical conditions to participate in school trips/visits and or in sporting activities.

1 Definition of “medical condition”

1.1 For the purposes of this policy, a medical condition is any illness or disability which a student has. It can be:

- physical or mental
- a single episode or recurrent
- short-term or long-term
- relatively straightforward (e.g., the student can manage the condition themselves without support or monitoring) or complex (requiring on-going support, medicines, or care whilst at school to help the student manage their condition and keep them well)
- involving medication or medical equipment
- affecting participation in school activities or limiting access to education

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

2 Policy implementation

2.1 The person with overall responsibility for the successful administering and implementation of this policy is the Head teacher and M Delacey.

2.2 The Head teacher has overall responsibility for ensuring:

- that sufficient staff are suitably trained to meet the known medical conditions of students at the academy
- all relevant staff are made aware of the student’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.

3 Notification that a student has a medical condition

3.1 Ordinarily, the student’s parent/carer will notify the school that their child has a medical condition. Parents/carers should ideally provide this information in writing addressed to the Head teacher. However, they may sometimes pass this information on to a class teacher or another member of staff. Any staff member receiving notification that a student has a medical condition should notify the Head teacher as soon as practicable.

3.2 A student themselves may disclose that they have a medical condition. The staff member to whom the disclosure is made should notify the Head teacher and M Delacey as soon as practicable.

3.3 Notification may also be received direct from the student’s healthcare provider or from a school from which a child may be joining the academy. The school may also instigate the procedure themselves where the student is returning to the school after a long-term absence.

4 Procedure following notification that a student has a medical condition

- 4.1 Except in exceptional circumstances where the student does not wish their parent/carer to know about their medical condition, the student's parents/carers will be contacted by M Delacey, as soon as practicable to discuss what, if any, arrangements need to be put into place to support the student. Every effort will be made to encourage the child to involve their parents while respecting their right to confidentiality.
- 4.2 Unless the medical condition is short-term and relatively straightforward (e.g., the student can manage the condition themselves without any support or monitoring), a meeting will normally be held to:
- discuss the student's medical support needs
 - identify a member of school staff who will provide support to the student where appropriate
 - determine whether an individual healthcare plan (IHP) is needed and, if so, what information it should contain.
- 4.3 Where possible, the student will be enabled and encouraged to attend the meeting and speak on his/her own behalf, considering the student's age and understanding. Where this is not appropriate, the student will be given the opportunity to feed in his/ her views by other means, such as setting their views out in writing.
- 5.3 The healthcare professional(s) with responsibility for the student may be invited to the meeting or be asked to prepare written evidence about the student's medical condition for consideration. Where possible, their advice will be sought on the need for, and the contents of, an IHP.
- 6.3 In cases where a student's medical condition is unclear, or where there is a difference of opinion, the Head teacher will exercise his/ her professional judgement based on the available evidence to determine whether an IHP is needed and/or what support to provide.
- 7.3 If a student has a new diagnosis or a child moving to the school mid-term, every effort will be made to ensure that any support arrangements are put in place within two weeks.
- 8.3 In line with our safeguarding duties, the school will ensure that student's health is not put at unnecessary risk from, for example, infectious diseases. The school will not accept a student into the school at times where it will be detrimental to the health of that child or others.

5 Individual Healthcare Plans (IHP) – see Annex A

- 5.1 Where it is decided that an IHP should be developed for the student, this shall be developed in partnership between the school, the student's parents/carers, the student, and the relevant healthcare professional(s) who can best advise on the particular needs of the student. This may include the school nursing service. The local authority will also be asked to contribute where the student accesses home-to-school transport to ensure that the authority's own transport healthcare plans are consistent with the IHP.
- 5.2 The aim of the IHP is to capture the steps which the school needs to take to help the student manage their condition and overcome any potential barriers to getting the most from their education. It will be developed with the student's best interests in mind. In preparing the IHP the academy will need to assess and manage the risk to the student's education, health and social well-being and minimise disruption.
- 5.3 IHP's may include:
- details of the medical condition, its triggers, signs, symptoms, and treatments
 - the student'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 student'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
 - the level of support needed (some children will be able to take responsibility for their own health needs), including in emergencies; if a student 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 student'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 student's condition and the support required

- arrangements for written permission from parents/carers and the Head teacher for medication to be administered by a member of staff, or self-administered by the student 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 student can participate, e.g., risk assessments
- where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student'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.

5.4 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 students in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a student (regardless of whether they have an IHP) needs to be taken to hospital, staff will stay with the student until the parent/carer arrives, or accompany a student taken to hospital by ambulance.

6.4 Except in exceptional circumstances, or where the healthcare provider deems that they are better placed to do so, the school will take the lead in writing the plan and ensuring that it is finalised and implemented.

7.4 Where a student is returning to the school following a period of hospital education the school will work with the local authority and education provider to ensure that the IHP identifies the support the student will need to reintegrate effectively.

8.4 Where the student 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.

6 Reviewing Individual Healthcare Plans (IHP)

6.1 Every IHP shall be reviewed at least annually. M Delacey shall, as soon as practicable, contact the student'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 student's needs have changed, a review of the IHP will be undertaken as soon as practicable.

6.2 Where practicable, staff who provide support to the student with the medical condition shall be included in any meetings where the student's condition is discussed.

7 Staff training

7.1 The Head teacher is responsible for:

- ensuring that all staff (including new staff) are aware of this policy for supporting students 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.

7.2 In addition, all members of school staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

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

8 Administering medication

8.1 Written permission from parents/carers and the Head teacher is required for prescription or non-prescription medication to be administered by a member of staff or self-administered by the student during school hours. Medicines will only be administered at the academy when it would be detrimental to a student'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.

8.2 If a student 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 school accordingly, so that the process for storing and administering medication can be properly discussed.

- 8.3 The academy will only accept medicines that are in-date, with the pupils name on, 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.
- 8.4 The medication must be accompanied by a complete written instruction form signed by the student's parent/carer. The school will not make changes to dosages labelled on the medicine or device on parental instructions.
- 8.5 The student and staff supporting the student 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 student's parent/carer but the school will ultimately decide the approach to be taken.
- 8.6 Wherever possible, students will be allowed to carry their devices e.g. Epi-pen, inhaler and insulin. They will be able to access their medicines for self-medication quickly and easily. Where it is appropriate to do so, students 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.
- 8.7 The school will keep a record of all medicines administered to individual students (log book in First aid cupboard), stating what, how and how much was administered, when and by whom. Any side effects of the medication will be noted. This will be witnessed by another member of staff and logged
- 8.8 If a student 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.
- 8.9 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. M Delacey will inform parents/carers when the medication is running low.
- 8.10 It is the responsibility of parents/carers to notify the school in writing if the student'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.

9 Unacceptable practice

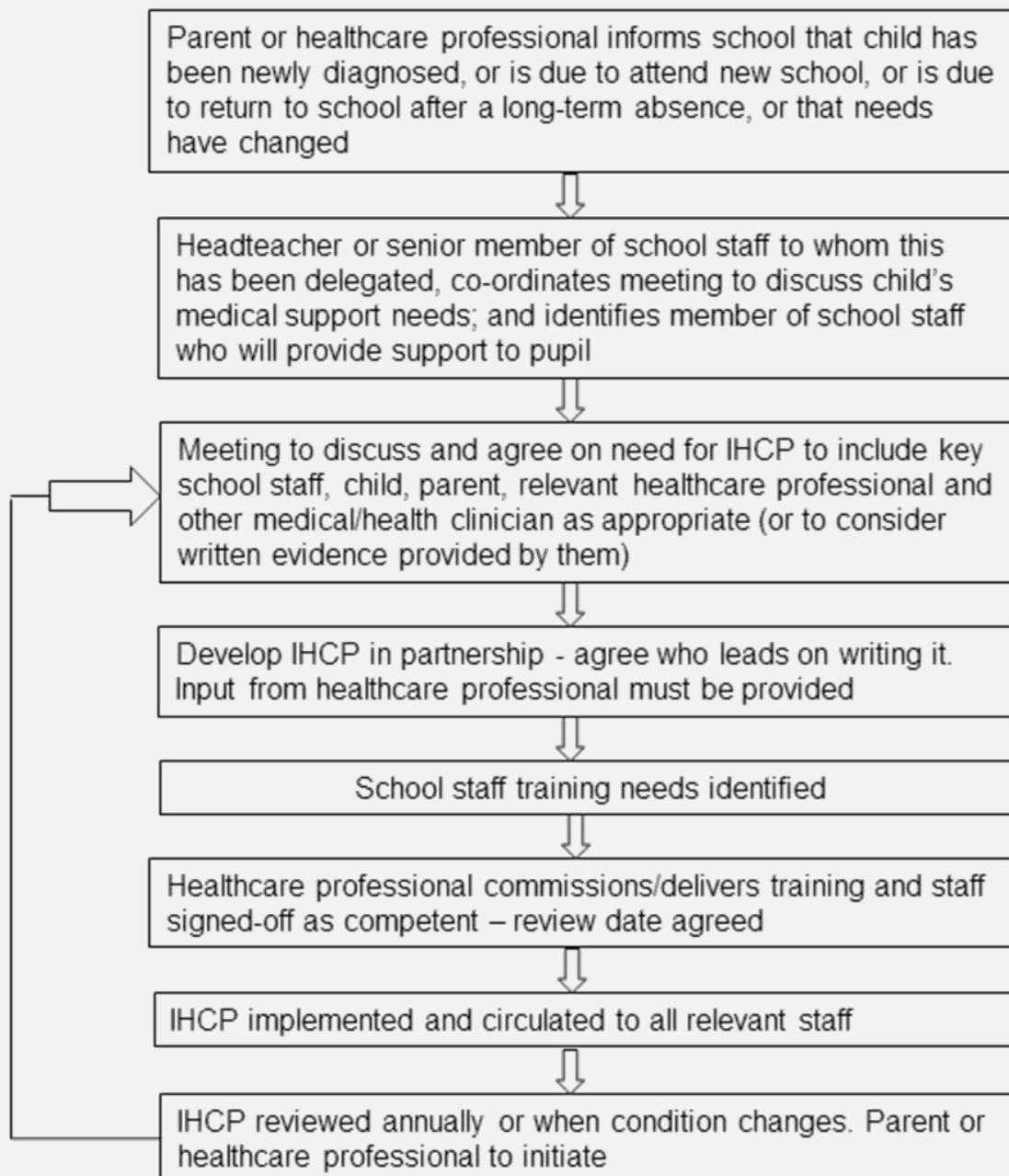
Although the Head teacher and other school staff should use their discretion and judge each case on its merits with reference to the student's IHP, it will not generally acceptable practice to:

- prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every student with the same condition requires the same treatment
- ignore the views of the student 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
- prevent students 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; or
- 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
-

10 Complaints

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

Annex 1 - Process for developing individual healthcare plans (Supporting students at school with medical conditions)



Templates

Supporting pupils with medical conditions

May 2014

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Introduction

In response to requests from stakeholders during discussions about the development of the statutory guidance for supporting pupils with medical conditions, we have prepared the following templates. They are provided as an aid to schools and their use is entirely voluntary. Schools are free to adapt them as they wish to meet local needs, to design their own templates or to use templates from another source.

Template A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

--

Daily care requirements

--

Specific support for the pupil's educational, social and emotional needs

--

Arrangements for school visits/trips etc

--

Other information

--

Describe what constitutes an emergency, and the action to take if this occurs

--

Who is responsible in an emergency (*state if different for off-site activities*)

--

Plan developed with

--

Staff training needed/undertaken – who, what, when

--

Form copied to

--

Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

--

Name of school/setting

--

Name of child

--

Date of birth

--

Group/class/form

--

Medical condition or illness

--

Medicine

Name/type of medicine
(as described on the container)

--

Expiry date

--

Dosage and method

--

Timing

--

Special precautions/other instructions

--

Are there any side effects that the school/setting needs to know about?

--

Self-administration – y/n

--

Procedures to take in an emergency

--

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

--

Daytime telephone no.

--

Relationship to child

--

Address

[agreed member of staff]

I understand that I must deliver the medicine personally to

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Template C: record of medicine administered to an individual child

Name of school/setting

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature

Signature of parent _____

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given
 Name of member of staff
 Staff initials

C: Record of medicine administered to an individual child (Continued)

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

Type of training received
Date of training completed
Training provided by
Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature

Date _____

I confirm that I have received the training detailed above.

Staff signature

Date _____

Suggested review date _____

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to

support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely