



Marches Academy Trust

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Supporting Children with Medical Conditions

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1. Definition

Children's medical needs may be broadly summarised as being of two types:

- (a) Short-term: affecting their participation in school activities whilst they are on a course of medication.
- (b) Long-term: potentially limiting their access to education and requiring extra care and support (deemed **special medical needs**).

2. Rationale

Local authorities and schools have a responsibility for the health and safety of children in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of children with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all children at each school in the Trust. This may mean making special arrangements for particular children who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these children may need.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. **Children with special medical needs have the same right of admission to school as other children and cannot be refused admission, or excluded from school, on medical grounds alone.** However, teachers and other school staff in charge of children have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent/carer, who is responsible for the child's medication, and should supply the school with information. The Trust takes advice and guidance from the Shropshire Council Medicines in Schools section of the Health and Safety Policy, which encourages self-administration of medication when possible.

3. Aims

The Marches Academy Trust aims to:

- assist parents/carers in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- adopt and implement the Local Authority (LA) policy of Medication in Schools;
- arrange training for volunteer staff to support individual children;
- liaise as necessary with medical services in support of the individual child;
- ensure access to full education if possible;
- monitor and keep appropriate records.

4. Entitlement

The Trust accepts that children with medical needs should be assisted, if at all possible, and that they have a right to the full education available to other children. The Trust believes that children with medical needs should be enabled to have full attendance, and receive necessary care and support.

The Trust accepts that all employees have rights in relation to supporting children with medical needs as follows:

- To choose whether or not they are prepared to be involved.
- To receive appropriate training.
- To work to clear guidelines.
- To have concerns about legal liability.
- To bring to the attention of management any concern or matter relating to supporting children with medical needs.

5. Expectations

It is expected that parents/carers will be encouraged to cooperate in training children to self-administer medication, if this is practicable, and that members of staff will only be asked to be involved if there is no alternative.

The person with overall responsibility for this policy's implementation is currently the Chief Executive Officer, working with the Headteacher at each school. Other people with responsibility include: line managers responsible for the Medical Room/First Aid provisions at each school, and the Special Educational Needs and Disability Co-ordinator (SENDCO) at each school, who has responsibility for Education, Health and Care Plans (EHCP) and Individual Health Care Plans (IHCP) and supporting this at child level.

The Headteacher and SENDCO are responsible for ensuring that sufficient staff are suitably trained, following each school's commitment to ensuring that all relevant staff will be made aware of a child's condition.

The SENDCO will ensure that cover arrangements, in case of staff absence or staff turnover, are in place to ensure a designated member of staff is always available, as well as advising on risk assessments for school visits, holidays, and other school activities outside of the normal timetable. SENDCO's are responsible for monitoring of EHCP and IHCP and/or Personal Emergency Evacuation Plans (PEEP).

6. Procedure to be followed when notification is received that a child has a medical condition

For children starting at a new school, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis, or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

In cases where a child's medical condition is unclear, or where there is a difference of opinion, SENDCOs will make judgements about what support to provide, based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

7. Roles and Responsibilities

The Trust works to ensure that a child with a medical condition is supported to enable the fullest participation possible in all aspects of school life.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school's ability to provide effective support will depend, to an appreciable extent, on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents/carers and children is critical.

Any members of school staff who provide support to children with medical conditions are able to access information about that child via the school's management information system, and through liaison with the SENDCO. There will be other teaching support materials as required, with all staff being made aware of the policy for supporting children with medical conditions, and enabled to understand their role in its implementation.

Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficiently trained numbers of staff are available to implement the policy and deliver against all EHCP, or IHCP and/or PEEP, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of EHCP, or IHCP and/or PEEP. They should also make sure that school staff are appropriately insured, and are aware that they are insured to support children in this way. They should 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.

School staff

Any member of school staff may be asked to provide support to children with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of a teacher's professional duties, they should take into account the needs of children with medical conditions that they teach. 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 child with a medical condition needs help.

School nurses 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 and may support staff on implementing a child's EHCP, or IHCP and/or PEEP and provide advice and liaison, for example, on training.

Other healthcare professionals, including GPs and paediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing EHCP, or IHCP and/or PEEP. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes).

Children with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs, and contribute as much as possible to the development of, and comply with, their EHCP, or IHCP and/or PEEP. Other children will often be sensitive to the needs of those with medical conditions.

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners, and should be involved in the development and review of their child's EHCP, or IHCP and/or PEEP, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

Local authorities are commissioners of school nurses for maintained schools and academies; they have a duty to promote cooperation between relevant partners. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within EHCP, or IHCP and/or PEEP, can be delivered effectively. Local authorities should work with schools to support children with medical conditions to attend full time. Where children would not receive a suitable education in a mainstream school because of their health needs, the Local Authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Providers of health services should cooperate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals, such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical Commissioning Groups (CCGs) commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to cooperate with schools supporting children with medical conditions.

8. Unacceptable Practice

Although school staff should use their discretion, and judge each case on its merits with reference to the child's EHCP, or IHCP and/or PEEP, 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/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 EHCP, or IHCP and/or PEEP;
- (if the child becomes ill) send them to the school office or Medical Room/First Aider unaccompanied, or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments;
- prevent children 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 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/carers to accompany the child.

9. Staff Training

Any member of school staff providing support to a child with medical needs, and/or personal care needs, should have received suitable training.

This will be identified during the development or review of EHCP, or IHCP and/or PEEP. Some staff may already have some knowledge of the specific support needed by a child with a medical condition, and so extensive training may not be required. Staff who provide support to children with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. The school will ensure training remains up-to-date.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support children with medical conditions, and to fulfil the requirements as set out in EHCP, or IHCP and/or PEEP. They will be given an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff will not give prescription medicines, or undertake health care procedures without appropriate training (updated to reflect any EHCP, or IHCP and/or PEEP). This should be done via Medical Room/First Aid staff. A First Aid certificate does not constitute appropriate training in supporting children with medical conditions.

Arrangements for whole school awareness training, so that all staff are aware of the Trust's policy for supporting children with medical conditions, and their role in implementing that policy, will be clear, and shared through internal emails and briefing, and will include induction arrangements for new staff.

10. The child's role in managing their own medical needs

If the medical condition or the child's care plans states, children should be allowed to carry their own medicines and relevant devices. Children should be able to access their medicines for self-medication quickly and easily. Generally, children should not walk around site carrying medicines. These can be left in the Medical Room/designated First Aid area until needed, unless the care plan says otherwise.

After discussion with parents/carers, children who are competent, should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within EHCP, or IHCP and/or PEEP.

Children who can take their medicines themselves, or manage procedures, may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but should follow the procedure agreed in the EHCP, or IHCP and/or PEEP. Parents/carers should be informed, so that alternative options can be considered.

11. Managing medicines on school premises

The Trust will ensure that each school's policy is clear about the procedures to be followed for managing medicines.

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

No child under 16 should be given prescription or non-prescription medicines without their parent's written consent, except in exceptional circumstances, where the medicine has been prescribed to the child without the knowledge of the parents/carers. In such cases, every effort should be made to encourage the child or young person to involve their parents/carers, while respecting their right to confidentiality.

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered

without first checking maximum dosages and when the previous dose was taken. Parents/carers should be informed and permission gained.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

The school will only accept prescribed medicines that are in-date, labelled, 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 still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

Where parents/carers have asked the school to administer the medication for their child they must ask the pharmacist to supply any such medication to be dispensed in a separate container, containing only the quantity required for school use. The prescription and dosage regime should be typed or printed clearly on the outside. The school will only administer medicines in which the dosage is required four times a day; three times a day can be administered at home, as it does not require a lunchtime dose. The name of the pharmacist should be visible. Any medications not presented properly will not be accepted by school staff. Children should not bring in their own medicine, this should be brought into school by parents/carers, because they will have to sign a permission form.

All medicines will be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility and where to meet them.

Medicines and devices, such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away.

Arrangements for school trips will be agreed in advance.

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Otherwise the school will keep controlled drugs that have been prescribed for a child securely stored in a non-portable container and only named staff will have access.

Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.

School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Each school keeps a record of all medicines administered to individual children, stating what, how, and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

12. Record Keeping

Records offer protection to staff and children, and provide evidence that agreed procedures have been followed. Parents/carers should be informed if their child has been unwell at school.

Any visit to the Medical Room/First Aider, is recorded on a carbon copy slip. The top copy will be attached to the child's planner so parents/carers will have knowledge of the visit. The bottom copy remains in the book, which will be archived.

Parents/carers will be contacted via telephone if the visit or situation requires this.

13. Emergency Procedures

Where a child has an EHCP, or IHCP and/or PEEP, this will clearly define what constitutes an emergency, and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

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

14. Day trips, residential visits and sporting activities

Teachers should be aware of how a child's medical condition will impact on their participation but there should be enough flexibility for all children to participate, according to their own abilities and with any reasonable adjustments. The school will make arrangements for the inclusion of children in such activities with any adjustments as required, unless evidence from a clinician such as a GP states that this is not possible, or the level of adjustment required is not reasonable or practicable.

In line with best practice, the school will carry out a risk assessment, so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This will require consultation with parents/carers and children, and advice from the relevant healthcare professional, to ensure that children can participate safely. It will also take into account children's ability to self-medicate, and their general health in the lead-up to the trip.

Asthma inhalers – regulations have now changed, schools can hold asthma inhalers for emergency use. This is entirely voluntary.

15. Liability and Indemnity

The Marches Academy Trust will ensure that the appropriate level of insurance is in place that appropriately reflects the level of risk.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance policy, such as the need for staff to be trained, should be made clear and complied with.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

16. Complaints

Should parents/carers or children be dissatisfied with the support provided, they should discuss their concerns directly with the relevant school. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the Trust's Complaints Procedure.

Making a formal complaint to the Department for Education should only occur if it comes within scope of Section 496/497 of the Education Act 1996, and after other attempts at resolution have been exhausted.

Appendix A

Information recorded on an EHCP, or IHCP and/or PEEP:

- The medical condition, its triggers, signs, symptoms and treatments.
- The child'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 child'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 (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/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the child 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 parents/carers/child, the designated individuals to be entrusted with information about the child's condition.
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an EHCP, or IHCP and / or PEEP prepared by their lead clinician that could be used to inform development of their EHCP, or IHCP and / or PEEP