



Supporting Students With Medical Conditions Policy

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1. Policy Statement

Hampstead School’s policy on Supporting Students With Medical Conditions underpins its ethos and has regard to Article 24 of the UN Convention of the Rights of the Child – namely that “Children have the right to the best health care possible.” It also adheres to Department for Education guidance on Supporting Pupils at School with Medical Conditions (December 2015), First Aid in Schools, Early

Years and Further Education' (February 2022) and Special Educational Needs and Disability Code of Practice: 0 to 25 years' (January 2015).

This policy aims to ensure that:

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

The Governing Board will implement this policy by:

- making sure sufficient staff are suitably trained
- making staff aware of students' conditions, where appropriate
- making sure there are cover arrangements to ensure someone is always available to support students with medical conditions
- providing supply teachers with appropriate information about the policy and relevant students
- developing and monitoring individual medical and emergency care plans.

The specific employees with responsibility for implementing this policy are the Deputy Head/Designated Safeguarding Lead and the Special Educational Needs Coordinator.

2. Legislation & Statutory Responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting students at their school with medical conditions. It is also based on the Department for Education's statutory guidance on supporting students with medical conditions at school.

3. Roles & Responsibilities

3.1. The Governing Board

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

3.2. Staff

Supporting students with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to students with medical conditions, although they will not be required to do so unless it is a designate duty in their job description and they have received appropriate training. This includes the administration of medicines.

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

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

3.3. Parents

Parents will:

- provide the school with sufficient and up-to-date information about their child's medical needs
- be involved in the development and review of their child's medical plan and may be involved in its drafting
- carry out any action they have agreed to as part of the implementation of the individual medical and emergency care plan e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.4. Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their medical care plan. They are also expected to comply with their plan.

3.5. School nurses and other healthcare professionals

Our school nursing service will notify the school when a student has been identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible. They may also support staff to implement a child's medical care plan.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any students identified as having a medical condition. They may also provide advice on developing individual plans.

4. Equal Opportunities

Our school is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

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

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

5. Notification That a Child Has a Medical Condition

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

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

6. Individual Medical & Emergency Care Plans

The Deputy Head/Designated Safeguarding Lead and the Special Educational Needs Coordinator has overall responsibility for the development of these plans for students with medical conditions.

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

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

- what needs to be done
- when
- by whom

Not all students with a medical condition will require a plan. It will be agreed with a healthcare professional and the parents when a plan would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, The Deputy Head/Designated Safeguarding Lead and the Special Educational Needs Coordinator will make the final decision.

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

Individual medical and emergency care plans will be linked to, or become part of, any education, health and care (EHC) plan. If a student has SEN but does not have an EHC plan, the SEN will be mentioned in the plan.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Governing Board and the Deputy Head/Designated Safeguarding Lead and the Special Educational Needs Coordinator will consider the following when deciding what information to record on Individual medical and emergency care plans:

- 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, 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, counselling sessions
- the level of support needed, 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 and the Deputy Head i/c Welfare/SENCO 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 who to contact, and contingency arrangements

Where there is a medical diagnosis /prognosis that a student will be absent for a prolonged period or on numerous occasions, the Head of Year will co-ordinate the sending home of work.

1. This work will be dispatched to the student within three school days after the school is informed of the student’s absence.
2. This work will, as far as possible, reflect the broad and balanced nature of the school’s curriculum. It will be appropriate and challenging for the student.
3. The school will provide access to assessments.
4. On return to school, a planned and individualised reintegration programme will be put in place.
5. The school will liaise with external bodies (awarding bodies), where appropriate, to ensure that the student is not disadvantaged by his/her absence.
6. The school will alert Camden LA to cases where a student is likely to be absent for a prolonged period where the LA may need to make special arrangements.

7. Managing Medicines

The First Aid Policy should be followed in all circumstances, ensuring prescription medicines will only be administered at school:

- when it would be detrimental to the student’s health or school attendance not to do so and
- where we have parents’ written consent

The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parents.

Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school 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, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Students will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to students and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1. Students managing their own needs

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their plan.

Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the Individual medical and emergency care plan and inform parents so that an alternative option can be considered, if necessary.

7.2. Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the student's medical plan, but it is generally not acceptable 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
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their medical plan.
- If the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments

- 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, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their student, including with toileting issues.
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask students to administer, medicine in school toilets

8. Emergency Procedures

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

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

9. Training

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

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

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with Deputy Head i/c Welfare/SENCO. Training will be kept up to date.

Training will:

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

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

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

10. Record Keeping

The Governing Board will ensure that the school has appropriate retention policies in place to keep written records of all medicine administered to students for as long as these students are at the school. Parents will be informed if their child has been unwell at school.

Individual medical and emergency care plans are kept in a readily accessible place which all staff are aware of.

11. Liability & Indemnity

The Governing Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

12. Complaints

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

13. Supporting Documents

This policy links to the following policies and procedures:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

14. Children with Health Needs who Cannot Attend School

The Governing Board is also required to consider the school's approach to children with health needs who cannot attend school. This statutory requirement is met by the school endeavouring to follow the guidance on education for children with health needs who cannot attend school that has been prepared for local authorities (Accessed 20th October, <https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>).

If the school can't make suitable arrangements, the London Borough of Camden will become responsible for arranging suitable education for these children.

In cases where the local authority makes arrangements, the school will:

- Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the pupil
- Share information with the local authority and relevant health services as required
- Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully

When reintegration is anticipated, the school will work with the local authority to:

- Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school, as far as is possible
- Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school)
- Create individually tailored reintegration plans for each child returning to school
- Consider whether any reasonable adjustments need to be made

15. Policy Consultation & Review

This policy is available on our school website and available on request from the Administration Office.

This policy was last reviewed by the Personnel & Safeguarding Committee on Tuesday 1st November 2022 and agreed by the Full Governing Board on Friday 4th November 2022. The policy will be reviewed on an annual basis. It is due to be reviewed again in the academic year 2023-24.