



The Charter Schools Educational Trust

Pupils with medical conditions

THE CHARTER SCHOOLS EDUCATIONAL TRUST

POLICY for MANAGING PUPILS WITH MEDICAL CONDITIONS

The Charter Schools' Mission

To transform lives through the power of inclusive education.

PRINCIPLES

At The Charter Schools Educational Trust, we believe that pupils with medical conditions should be supported, as best we can, to play an active role in school life, enjoy the same opportunities as any other pupil and have full access to all aspects of education. The Governing Boards have arrangements in place to see that this is achieved and the Trust liaises fully with health professionals where appropriate. It is important that parents feel confident that the Trust will provide effective support for their child's medical condition and that pupils themselves feel safe. For these reasons, the Trust will liaise with health and social care professionals, pupils and their parents to achieve this.

Objectives and targets

The purpose of this policy is to explain how The Charter Schools Educational Trust implements procedures for dealing with pupils who have medical conditions, in line with government requirements, with a view that all pupils will receive the best education possible for them, despite any medical conditions that they may have to contend with.

Action plan

The schools' Governing Boards are ultimately responsible for the implementation of this policy. The respective Headteacher is in charge on a day-to-day basis and named individuals are responsible for the provision of support to individual pupils with medical conditions. Where pupils have disabilities and/or special needs as well as a medical condition, these are taken into consideration at all times.

The role of the Headteacher

The Headteacher ensures that:

- Sufficient staff are suitably trained and available to implement the policy.
- All staff are aware of the policy and their role in implementing it. Relevant staff will be made aware of any child with a medical condition.
- Cover arrangements are in place in case of staff absence, staff turnover and in emergency and contingency situations, to ensure someone is always available.
- Any supply teachers are aware of the medical condition where appropriate.
- Staff are appropriately insured and are aware that they are insured to support pupils with medical conditions.
- Staff are able to examine insurance policies relating to providing support to pupils with medical conditions should they wish to *if there is one in place*

- The Trust nurse/s (external named person assigned to The Charter Schools Educational Trust) is aware of any child who has a medical condition that may require support at school, and is also aware of any child with a medical condition who has not yet had a formal diagnosis.
- Risk assessments for school visits, holidays, and other school activities outside of the normal timetable include consideration for any child with a medical condition.
- Individual healthcare plans (IHPs, and/or EHCPs) are initiated, monitored and reviewed at least annually.
- The focus of support is on the needs of each individual child and how their medical condition impacts on their school life.
- Consideration is given as to how children will be reintegrated back into school after periods of absence due to their medical condition.

The role of school staff

Any member of staff may be asked to provide support to pupils with medical conditions. Administering medicines is not part of teachers' professional duties but they are expected to take into account the needs of pupils with medical conditions that they teach. All 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 role of the School Nurse

The Charter Schools Educational Trust has access to the external school nursing service which is responsible for notifying the Trust when a child has been identified as having a medical condition which will require support in school. Wherever possible, this will be done before the child starts at a school. The school's nursing service will liaise between medical practitioners and school staff on implementing a child's IHP/EHCP and provide advice and training.

The role of other healthcare professionals, including GPs and paediatricians

The GP or other healthcare professional will notify the Trust nurse when a child has been identified as having a medical condition that will require support at school. They will be involved in drawing up IHPs/EHCPs. Specialist local health teams are also available to provide support for children with particular conditions (e.g. asthma, diabetes).

The role of the individual pupil

Pupils with medical conditions will be fully involved in discussions about their medical support needs and expected to comply with their IHP/EHCP.

After discussion with parents, children who are competent are encouraged to take responsibility for managing their own medicines and procedures and this will be reflected within their IHP/EHCP wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access their medicines for self-medication quickly and easily. Children who cannot 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 will help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the IHP. Parents will be informed so that alternative options can be considered.

The role of the parents

Parents are expected to provide the Trust with sufficient and up-to-date information about their child's medical needs. Parents are key partners and will be involved in the drafting, development and review of their child's IHP/EHCP. They are expected to carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment, and must ensure they or another nominated adult are contactable at all times.

The role of the Local Authority

Southwark Local Authority (LA) provides school nurses for its maintained schools and academies. The LA provides support, advice and guidance, including suitable training for school staff, to ensure that the support specified within IHPs can be delivered effectively. The LA works with The Charter Schools Educational Trust to support pupils with medical conditions to attend full time but has a duty to make other arrangements when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the Trust year).

Procedure to be followed when notification is received that a pupil has a medical condition

Where possible the Trust will not wait for a formal diagnosis before providing support to a pupil with medical needs. Support will be provided based on the available medical evidence and after consultation with parents.

For children starting at The Charter Schools Educational Trust, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or changed circumstances, every effort will be made to ensure that arrangements are put in place within two weeks. For children moving on to another school, relevant information will be passed to the new school as soon as possible.

Individual Healthcare Plans (IHPs)/Education Health Care Plans (EHCPs)

Many pupils with medical conditions will require an IHP/EHCP which will help to ensure that each pupil's medical conditions are supported. The Trust, healthcare professionals and parents will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will take a final view.

- IHP/EHCPs may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Those involved will agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the Trust.
- IHP/EHCPs will be developed with the child's best interests in mind
- IHP/EHCPs will ensure that the Trust assesses and manages risks to the child's education, health and social well-being and minimise disruption
- IHP/EHCPs will be drawn up in partnership between the Trust, parents, and a named relevant healthcare professional who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.
- When a child is returning to school following a period of hospital education or alternative provision (including home tuition) the Trust will work with the LA and education provider to ensure that the IHP/EHCP identifies the support the child will need to reintegrate effectively
- The IHP/EHCP will state the steps which the Trust will take to help the child manage their condition and overcome any potential barriers to getting the most from their education. The format of IHP/EHCPs will vary to enable the Trust to choose what is most effective for the specific needs of each pupil, and the

level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. However, all will contain the following information:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resultant 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 pupil's educational, social and emotional needs – e.g. 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.
- Level of support needed including in emergencies. If a child 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 child's medical condition from a healthcare professional.
- Cover arrangements for when the usual support person is 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. Parents will have a copy of the procedures to be followed when administering medicines.
- 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, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/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 emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP/EHCP).
- IHP/EHCPs will be easily accessible to all who need to refer to them while preserving confidentiality.
- Where a child has SEN but does not have a statement or education, health and care (EHCP) plan, their SEN needs will be mentioned in their IHP/EHCP.
- Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

A flow chart for identifying and agreeing the support a child needs and developing an IHP is provided at appendix A. A template for a pupil's healthcare plan is provided at appendix B.

Staff training

Periodical training is undertaken so that all staff are aware of the Trust's policy for supporting pupils with medical conditions and their role in implementing that policy and to keep them up-to-date with procedures to

be followed. New staff will receive training through their induction process. The named relevant healthcare professional advises the Trust on training that will help ensure that all medical conditions affecting pupils in the Trust are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

During the development or review of IHP/EHCPs suitable training requirements for staff who will be involved with the individual pupil will be discussed. The relevant healthcare professional will normally lead on identifying, and agreeing with the Trust, the type and level of training required, and how this can be obtained. Once trained, the healthcare professional will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The family of a child will be able to provide relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. However, they will not be the sole trainer.

Managing medicines in the Trust

Details of how the respective schools manage medicines can be found in the Trust's policy on administration of medicines. Medicines are carefully labelled and stored. Access is readily available when the need arises, subject to consent form being signed by parents (Appendix C). The Trust ensures that written records are kept of all medicines administered to children, and parents are informed if their child has been unwell at school.

School trips and sports activities

At The Charter Schools Educational Trust pupils with medical conditions are encouraged to participate in school trips and visits, or in sporting activities, and will not be prevented from doing so wherever possible. Teachers will be aware of how a child's medical condition will impact on their participation. A risk assessment is undertaken so that planning arrangements, with any reasonable adjustments, take account of any steps needed to allow all children to participate according to their own abilities. Parents and pupils will be consulted and advice taken from the relevant healthcare professional to ensure that pupils can participate safely, if at all.

Emergency situations

Pupils in the Trust will know to inform a teacher immediately if they think help is needed. Staff will follow the Trust's procedures to contact emergency services if necessary.

Where a child has an IHP/EHCP, it 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 arrives, or, if an ambulance needs to be called, will accompany the child to hospital and stay until a parent arrives there.

The Charter Schools Educational Trust holds emergency salbutamol inhalers for use only in extreme circumstances. The inhalers may only be used by children whose parents have agreed the use of the emergency inhaler and who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler will be used if the pupil's prescribed inhaler is not available (e.g. because it is broken, or empty).

The Charter Schools Educational Trust possesses an automatic external defibrillator (AED) for emergency use and appropriate staff are trained to operate this equipment.

Unacceptable practice

It is considered as unacceptable to:

- Prevent children from easily accessing their inhalers and medication and from 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 IHP/EHCP.
- Send a child with a medical condition to the medical room without being accompanied, or with someone unsuitable, if the situation is serious.
- Penalise children for their attendance record if their absences are related to their medical condition e.g. 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 toileting issues. (No parent should have to give up working because the school is failing to support their child's medical needs).
- 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 to accompany the child.

Staff may face disciplinary action if any such instances are brought to the attention of the Headteacher.

Complaints

If parents or pupils are dissatisfied with the support provided they should discuss their concerns informally with the appropriate member of staff. If, however, this does not resolve the situation then they should make a formal complaint using the Trust's complaints procedure.

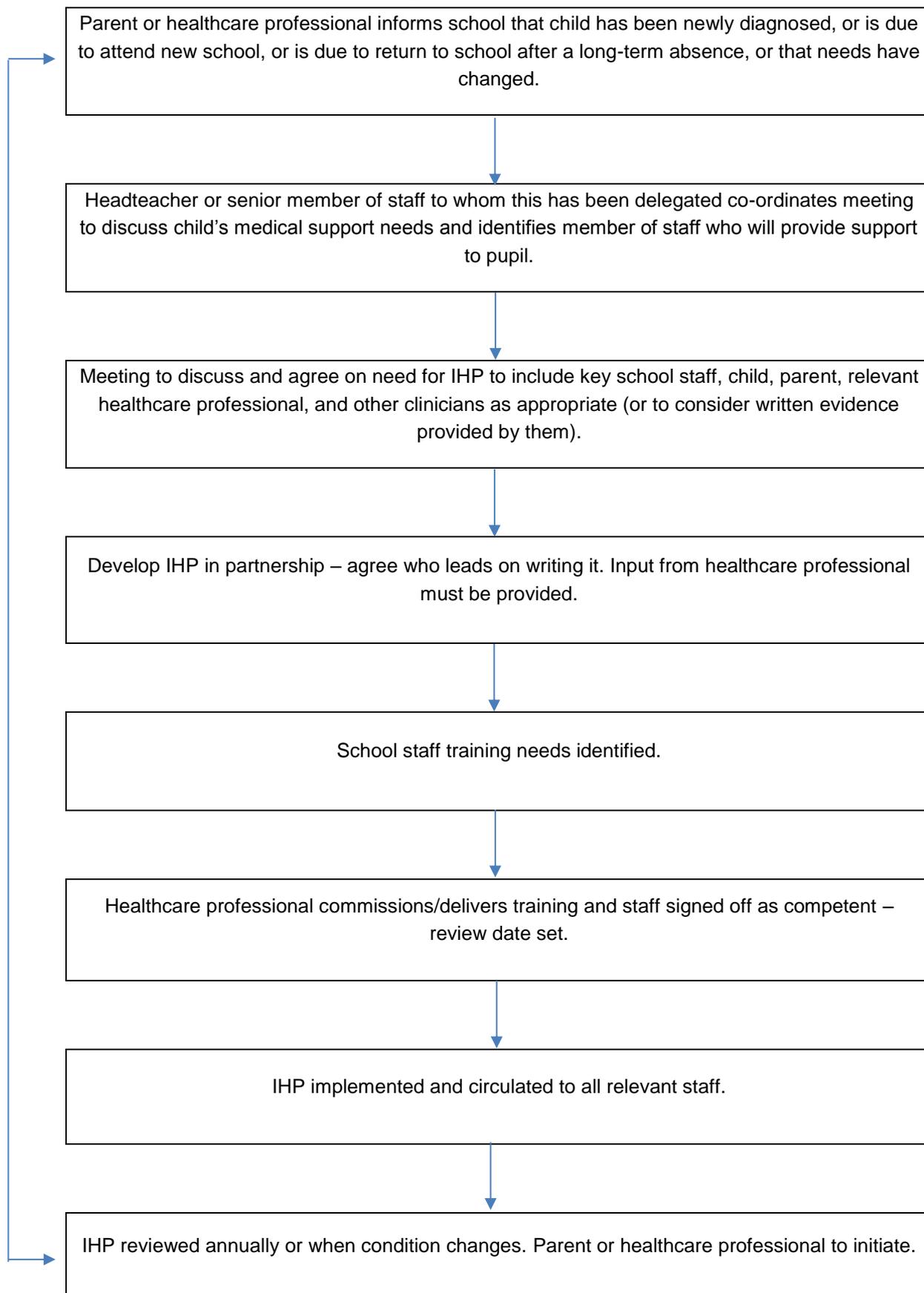
Monitoring and evaluation

The policy will be monitored by the Headteachers and Governors for its effectiveness in implementation, and evaluated and reviewed at least annually, or sooner in the light of any incidents that may occur or any changes to legislation.

Reviewing

Next school review: 3-yr (2019-2021)

Appendix A: Model process for developing individual healthcare plans



Appendix B – Pupil’s healthcare plan (to be reviewed annually)

Name of school	
Child’s name	
Group/class/form	
Date of birth	
Child’s address	
Medical diagnosis or condition	
Date	
Review date	

Family contact information		
Name		
Phone numbers	work	
	home	
	mobile	
Name		
Phone numbers	work	
	home	
	mobile	

Clinic/hospital contact	
Name	
Phone number	
GP	
Name	
Phone number	

Describe medical needs and give details of child's symptoms

Daily care requirements (e.g. before sport/at lunchtime)

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

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Follow-up care

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

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Form copied to

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Parental agreement

I agree that the medical information contained within this form may be shared with individuals involved with the care and education of (insert child's name)

Signed

Date:

Parent or Guardian (or pupil if above age of legal capacity)

APPENDIX C

STUDENT MEDICATION REQUEST FORM

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	

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 should 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:	
<p>I understand that I must deliver the medicine personally to Lead First Aider, Francesca Taylor</p> <p>The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy.</p> <p>I will inform the school immediately if there is any change in dosage or frequency of the medication, or if the medicine is stopped.</p>	

Signature(s)

Date:

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