
Belfairs Academy



Supporting Students with Medical Conditions Policy & Procedure **January 2024**

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1. Introduction

The Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting students at the academy with medical conditions. Students with medical conditions cannot be denied admission or excluded from academy on medical grounds alone unless accepting a child in academy would be detrimental to the health of that child or others.

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care (EHC) plan. For children with SEN, this guidance should be read in conjunction with the SEN Code of Practice.

The aim of this document is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in the academy so that they can play a full and active role and achieve their full potential.

This policy will be reviewed regularly and will be readily accessible to parents/carers and staff through the academy website.

2. Policy Implementation

The overall responsibility for the successful administering and implementation of this policy is the Senior Leadership Team. SLT are responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absence or staff turnover to ensure that someone is always available. SLT will be responsible for briefing supply teachers, risk assessments for academy visits, holidays and other academy activities outside of the normal timetable and for the monitoring of Individual Healthcare Plans.

All staff will be expected to show a commitment and awareness of children's medical conditions. New members of staff will be inducted into the arrangements.

3. Students with medical conditions

Students with long term and complex medical conditions may require ongoing support, medicines or care while at the academy to help them manage their condition and keep them healthy. Others may require monitoring and interventions in emergency circumstances.

Children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. Reintegration back in to the academy will be properly supported through college offices so that student with medical conditions will fully engage with learning and do not fall behind.

4. Roles and Responsibilities

Supporting a child with a medical condition during Academy hours is not the sole responsibility of one person. Collaborative working arrangements and working in partnership will ensure that the needs of student with medical conditions are met effectively.

- i. The governing body will ensure that the academy develops and implements a policy for supporting student with medical conditions. It will ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions. It will ensure that the appropriate level of insurance is in place to cover staff providing support to student with medical conditions.
- ii. The Principal will ensure that the academy's policy is developed and effectively implemented with partners. She will ensure that all staff are aware of the policy and understand their role in its implementation. She will make sure that sufficient numbers of staff are available to implement the policy and deliver against all Individual Healthcare Plans, including in emergency and contingency situations. The Principal has the overall responsibility for the development of Individual Healthcare Plans. She will make sure that Academy staff are appropriately insured and are aware that they are insured to support student in this way. The Principal will contact the Academy nursing service in the case of any child who has a medical condition that may require support at Academy.
- iii. Academy staff may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of students with medical conditions that they teach. Any member of staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

- iv. Academy nurses are responsible for notifying the academy when a child has been identified as having a medical condition which will require support at the academy. Academy nurses may support staff on implementing a child's Individual Healthcare Plan and provide advice and liaison.
- v. Other healthcare professionals, including GPs and paediatricians notify the academy nurse when a child has been identified as having a medical condition that will require support at academy. They may provide advice on developing healthcare plans.
- vi. Students will be fully involved in discussions about their medical support needs and will contribute as much as possible to the development of their individual healthcare plan since they know best how their condition affects them. Other students in the academy will be sensitive to the needs of those with medical conditions.
- vii. Parents/carers will provide the academy with up-to-date information about their child's medical needs. They will be involved in the development and review of their child's individual healthcare plan. They will carry out any action they have agreed to as part of its implementation and ensure they or another nominated adult are contactable at all times.
- viii. Local authorities should work with academies to support students with medical conditions to attend full time.
- ix. Health services can provide valuable support, information, advice and guidance to academies and their staff to support children with medical conditions at the academy.
- x. Clinical commissioning groups (CCGs) should ensure that commissioning is responsive to children's needs and that health services are able to co-operate with supporting children with medical conditions.
- xi. Ofsted – Inspectors consider the needs of student with chronic or long term medical conditions and also those of disabled children and student with SEN. The academy will demonstrate that the policy dealing with medical needs is implemented effectively.

5. Procedures for obtaining information on medical conditions

For new entrants, initial information on medical conditions of Year 6 students will be collected when feeder academies are visited. SENCO will also include medical information when visiting feeder academy's for students on SEND register. If information is not provided at pre-admission stage, then information will be collected when admissions forms are returned by Year 6 parents/carers.

Once a medical condition has been identified, a request for an Individual Healthcare Plan will be sent to parents/carers.

For in-year admissions, the admission forms will act as the trigger for requesting medical information and this will be dealt with as a priority. College offices will pursue the return of Individual Healthcare Plans.

6. Procedures to be followed when notification is received that a student has a medical condition

The academy will follow the correct procedures when it is notified that a student has a medical condition. The procedures will also be in place to cover any transitional arrangements between academy's, the process to be followed upon reintegration or when student's needs change and arrangements for any staff training or support.

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

In cases where a student's medical condition is unclear, we will always send home a care plan if we don't have any information. Where there is a difference of opinion, judgements will be made about what support to provide based on available evidence which would normally involve some form of medical evidence and consultation with parents.

The academy will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their academy life. The academy will consider what reasonable adjustments it might make to enable student with medical needs to participate in academy trips and visits or in sporting activities.

7. Individual healthcare plans

Not all children will require an Individual Healthcare Plan. The academy, healthcare professional and parent will agree when a healthcare plan would be appropriate, based on evidence. If consensus cannot be reached, the Principal will take the final decision. A flow chart for identifying and agreeing the support a child needs and developing an Individual Healthcare Plan can be found at Annex A. Individual Healthcare Plans will often be essential in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex.

Individual Healthcare Plans will be accessible to all who need to refer to them, while preserving confidentiality. The plans capture the key information and actions that are required to support the child effectively. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their Individual Healthcare plan (a template can be found at Annex B). Where a child has a special educational need identified in a statement or EHC plan, the Individual Healthcare Plan should be linked to or become part of that statement or EHC plan.

Individual Healthcare Plans (and their review) may be initiated, in consultation with the parent, by a member of academy staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the academy, parents and a relevant healthcare professional who can best advise on the needs of the child. Students will also be involved, whenever appropriate. Partners will agree who will take the lead in writing the plan however it is the responsibility of the academy to ensure it is finalised and implemented.

The academy will review plans at least annually or earlier if evidence is presented that the child's needs have changed.

Annex B provides a template for an Individual Healthcare Plan and the information that will be recorded on such plans.

8. Staff training and support

Any member of academy staff providing support to a student with medical needs will receive suitable training. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training.

Healthcare professionals, including the academy nurse can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The academy will make arrangements for whole academy awareness training so that all staff, including new staff, are aware of the academy's policy for supporting students with medical conditions and their role in implementing that policy. This training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. Parents can also contribute by providing specific advice.

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

Some children are competent to manage their own health needs and medicines. The academy, after discussion with parents, will encourage such children to take responsibility for managing their own medicines and procedures. This will also be reflected within Individual Healthcare Plans.

Wherever possible and if appropriate, children will be allowed to carry their own medicines and relevant devices. Children should be able to access their medicines for self-medication quickly and easily. Those children who take their medicines themselves or manage their own procedures may require an appropriate level of supervision.

If a child refuses to take medicine or carry out a necessary procedure then they should not be forced by staff. The procedure agreed in the Individual Healthcare Plan should be followed and parents informed so that alternative options can be considered.

10. Managing medicines on the academy premises

- Medicines will only be administered at academy when it would be detrimental to a child's health or academy attendance not to do so
- No child under 16 will be given prescription or non-prescription medicines without their parents' written consent
- A child under 16 should never be given medicines containing aspirin unless prescribed by a doctor
- The Academy 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 academy's inside an insulin pump, rather than in its original container)

- All medicines will be stored safely in a locked medical cabinet in Reception. Students should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.
- For academy trips, it is the responsibility of the parent to ensure their child has the necessary medication with them on an academy trip. i.e. Epi Pens etc.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, however passing it on to another child for use is an offence. Monitoring arrangements may be necessary in such cases). The Academy will otherwise keep controlled drugs that have been prescribed for a student securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency.
- Staff administering a controlled drug must do so in accordance with the prescriber's instructions. The Academy will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects should also be noted. These procedures are outlined in Annex C and Annex D.
- Sharp boxes should always be used for the disposal of needles and other sharps. When no longer required, medicines should be returned to the parent to arrange for safe disposal.
- All medication stored in reception must be logged on the medical spreadsheet, ensuring that the expiry date is noted.
- When medication is brought to reception, a consent form must be handed to the parent. If the parent is not present, the form must be sent home with the student in order for consent to be given.
- All consent forms received must be recorded on the medical spreadsheet.

11 Administering medication

- Staff must always receive consent before administering medicine.
- If a consent form has not been received, contact the student's parent **before** administering medication
- Enter all medication administered in medical book and highlight entry – kept at Reception
- Medication to be administered to named student only
- Diabetics come to medical to test and inject – enter this information in the medical book & highlight

11. Emergency procedures

As part of general risk management processes, the academy has arrangements in place for dealing with emergencies through their first-aid

team. Students should know what to do in general terms, such as informing a teacher immediately if they think help is needed. A student taken to hospital by ambulance will be accompanied by a member of staff who will stay with the child until the parent arrives.

12. Unacceptable practice

Each child's case will be judged on its own merit and with reference to the child's Individual Healthcare Plan, however 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 medical evidence or opinion (although this may be challenged) or ignore the views of the child or their parents
- send children with medical conditions home frequently or prevent them from staying for normal Academy activities, including lunch, unless this is specified in the Individual Healthcare Plan
- if the child becomes ill send the child to the Academy office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- prevent student from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents or make them feel obliged to attend Academy to administer medication or provide medical support to their child, including with toileting issues. (No parent should have to give up working because the Academy is failing to support their child's medical needs)
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of Academy life, including Academy trip, eg by requiring parents to accompany the child.

13. Expired medication and disposal of medication no longer required

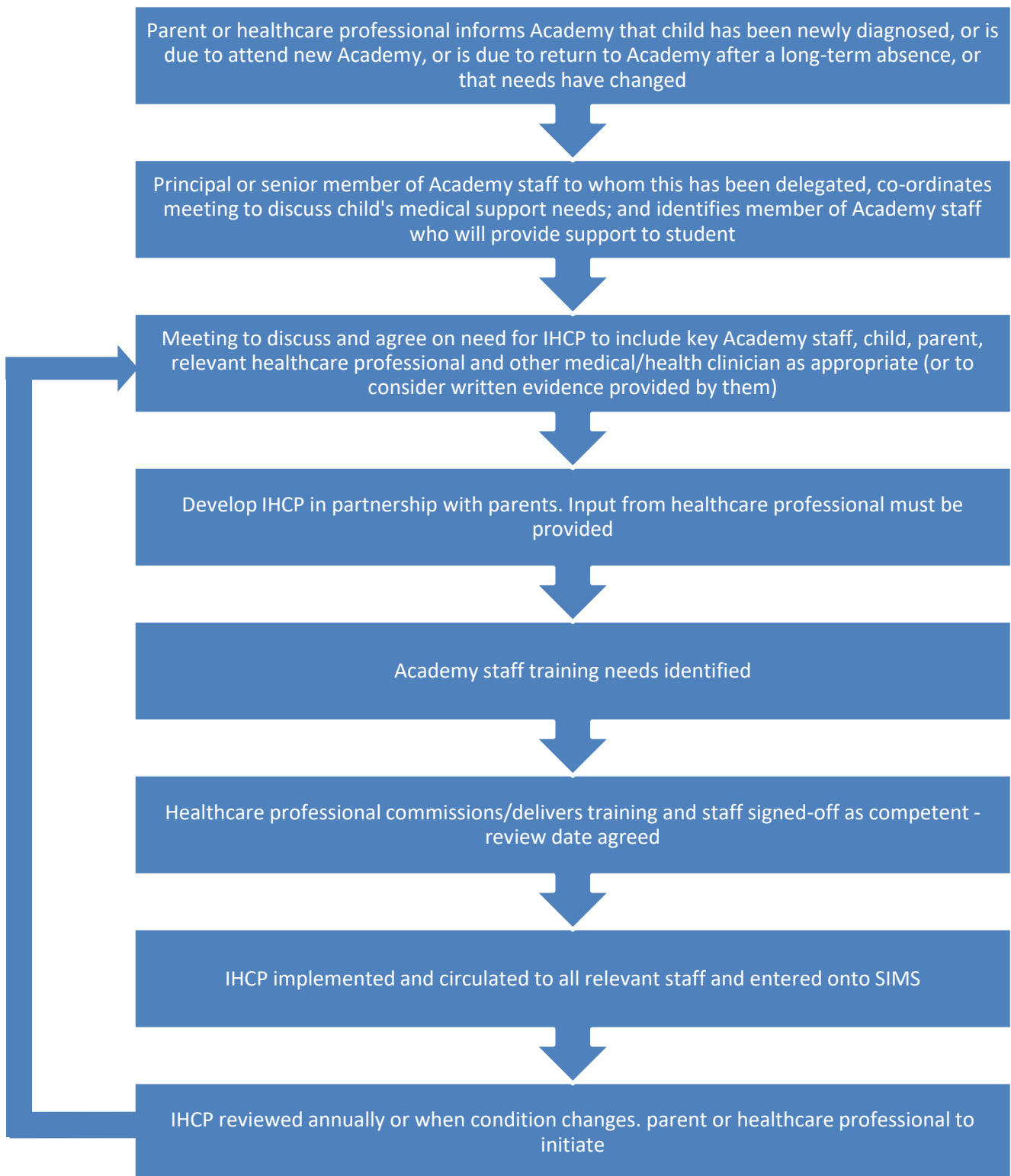
- Reception staff are responsible for routinely checking whether any medication has expired or is about to expire.

- Reception staff must contact parents in order to inform them of the expiry date.
- In the case of prescription drugs, anti-histamine (anaphylactics), asthma pumps and Epipens, parents are contacted by letter
- For routine painkillers such as paracetamol and nurofen, parents are contacted via text message.
- The letter or text that has been sent home is recorded on the medical spreadsheet so that all staff can see that contact has been made.
- Out of date medication are kept on record.
- Medication must then be removed from the medical cabinet and placed in a medical waste bag.

14. Complaints

Should parents or student be dissatisfied with the support provided they should discuss their concerns directly with the Academy. If the issue is not resolved, a formal complaint via the Academy's complaint procedure should be made. After other attempts at resolution have been exhausted, a formal complaint can be made to the Department for Education only if it comes under the scope of section 496/497 of the Education Act 1996.

Annex A: Model process for developing Individual Healthcare Plans



Annex B: Individual Healthcare Plan

Student's Name	
Class	
Date of Birth	
Address	
Medical Diagnosis or Condition	
Date	
Review Date	
Name of Parent/Carer 1	
Contact Numbers	Work:
	Home:
	Mobile:
Relationship to Child	
Name of Parent/Carer 2	
Contact Numbers	Work:
	Home:
	Mobile:
Relationship to Child	
Clinic/Hospital Name	
Contact Number	
GP Name	
Contact Number	

Individual Healthcare Plan (continued)

Describe the child's medical needs giving details of symptoms, triggers, signs and treatments

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

Daily care requirements

Specific support for the student's educational, social and emotional needs (*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 etc.*)

Who will provide the support needed and the cover arrangements for when they are unavailable

Staff training needed/already undertaken – who, when, what, where

Arrangements for Academy trips or other Academy activities outside of normal Academy timetable

Other information

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What to do in an emergency, what action to take and who to contact

Responsibility for an emergency if different for off-site activities

Staff training needed/undertaken (<i>who, what, when, where</i>)

Plan developed with : Signed:
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Form copied to:
