



## Supporting Children with Known Medical Needs Policy 2024-2025

### Aims

This policy aims to ensure that:

- Children, staff and parents understand the school's approach to supporting children with medical conditions
- Children with medical conditions are properly supported to allow them to access the same education as other children, including school trips and sporting activities

The governing body will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of children's conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support children with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant children
- Developing and monitoring individual healthcare plans

### Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing bodies to make arrangements for supporting children at their school with medical conditions.

It is also based on the Department of Education's statutory guidance: Supporting Children at Schools with Medical Conditions.

### Roles and Responsibilities

#### **Governing Body**

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

#### **Senior Leadership Team**

The senior leadership team will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans, including in contingency and emergency situations
- Take overall responsibility for the development of individual healthcare plans
- Make sure that school staff are appropriately insured and aware that they are insured to support children with medical conditions



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- Contact the school nursing team regarding 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.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

### **Staff**

No single person holds the sole responsibility for supporting children with medical conditions during school hours. Any member of staff may be asked to provide support to children with medical conditions, although they will not be required to do so. This includes the administration of medication.

Those staff who take on the responsibility to support children 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 children with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

### **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 individual healthcare plan.
- Carry out any actions they have agreed to as part of the implementation of the individual healthcare plan e.g. provide medicines and equipment.

### **Children**

Children with medical conditions are often the most knowledgeable about how their condition impacts them. Children should therefore be involved in discussions about their medical support needs and contribute to the development of their individual healthcare plans to the extent that is age appropriate. They are also expected to comply with their individual healthcare plans. If a child does not comply, for example they refuse to take their medication, their parents will be contacted and asked to administer the medication.

### **School nurses and healthcare professionals**

Our school nursing service will notify the school when a child has been identified as having a medical condition that requires support in school. This will be before the child starts school, wherever possible. Healthcare professionals, such as GP's and paediatricians, will liaise with the school nurses and notify them of any children identified as having a medical condition.

### **Equal Opportunities**

Our school recognises the need to support children with medical conditions to enable them to participate in school trips and visits, or in sporting activities.

The school will consider what reasonable adjustments need to be made to enable these children 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 children with medical conditions are included. In doing so, children, their parents and any relevant healthcare professionals will be consulted.



### **Being notified that a child has a medical condition**

When our school is notified that a child has a medical condition, the process outlined below will be followed to decide whether the child requires an individual healthcare plan.

The school will endeavour to establish arrangements within 2 weeks. For children new to the school, these will be in place by the beginning of the relevant term.

### **Individual Healthcare Plans**

The Headteacher has overall responsibility for the development of the individual healthcare plans for children with medical conditions. In turn, this has been delegated to the Lead First Aider.

Plans will be reviewed annually, or sooner if the child's needs change.

Plans will prioritise the child's best interests and will outline:

- What needs to be done
- When
- By whom

Not all children with a medical condition will require an individual healthcare plan. Its necessity will be determined in consultation with a healthcare professional and the parents, based on evidence. If no consensus is reached, the final decision will rest with the Headteacher.

The drafting of plans will involve the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the child's specific needs. The child will also be consulted wherever appropriate.

If a child's individual healthcare plan overlaps with an Education, Health and Care (EHC) plan, these will be integrated. If a child with SEN does not have an EHC plan, the SEN will be highlighted in their individual healthcare plan.

The level of detail in the plan will depend on the complexity of the child's condition and extent of support required. When recording information on IHPs, the governing board, the Headteacher and the Lead First Aider will consider:

- 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, e.g. 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



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- The 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, 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 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, 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 who to contact, and contingency arrangements

### Managing Medicines

Prescription medicines will only be administered at school if:

- They are essential for the child's health or school attendance **and**
- The school has written consent from the parents

Staff administering medication to a child will first check the maximum dosage and the timing of the previous dose. Parents will always be informed of the timing for medication that has been administered in school.

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 securely. Children will be kept informed of the location of their medication and be able to access them immediately. Essential medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be consistently accessible in the classroom's emergency grab bag, without being locked away.

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

### **Controlled drugs**

[Controlled drugs](#) such as morphine or methadone are prescription medicines controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent updates.

A child who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another child to use. All other controlled drugs are securely stored in the



school office, with named staff access only. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

### **Children managing their own needs**

Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and documented in their individual healthcare plan.

Children may carry their own medicines and relevant devices where possible. Staff will not force a child to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the individual healthcare plan and inform parents so that an alternative option can be considered, if necessary.

### **Unacceptable practice**

Whilst school staff should use discretion based on a child's individual healthcare plan, certain practices are generally discouraged, including:

- 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
- 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 IHPs
- If the child becomes ill, send them to the school 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 children 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 with 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 their child
- Administer, or ask children to administer, medicine in school toilets

### **Emergency Procedures**

Staff will follow the school's normal emergency procedures (for example, calling 999). Every child's individual healthcare plan will clearly define emergencies and the appropriate response.

If a child needs to be taken to hospital, a staff member will remain with them until the parent's arrival, or will accompany them via ambulance.

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### **Training**

Staff responsible for aiding children with medical needs will undergo comprehensive training. Training requirements will be determined during the creation or revision of the individual healthcare plan. Staff who provide support to children 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 the Headteacher and Lead First Aider. Training will be regularly updated.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the children
- Fulfil the requirements in the individual healthcare plan
- 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 certify staff proficiency in a medical procedures and medication administration.

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.

### **Record Keeping**

The governing board will ensure that written records are kept of all medicine administered to children. Parents will be informed if their child has been unwell at school.

Individual healthcare plans are kept in a location easily accessible and known to all staff.

### **Liability and indemnity**

The governing board will ensure that insurance coverage aligns with the school's risk level.

The details of the school's insurance policy are:

Provider :- QBE UK Limited, Plantation Place, 30 Fenchurch Street, London, EC3M 3BD

Name of policy holder:- Bracknell Forest Borough Council

Policy No:- Y103689QBE0121A

Date of commencement:- 01 April 2021 - Date of expiry:- 31 March 2022 *(These details will be updated once this information has been sent through from Bracknell Forest.)*

### **Concerns and complaints**

Parents with concerns regarding their child's medical condition should first consult the Headteacher. If the Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.



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### Links to other policies

This policy aligns with the following policies:

- Accessibility plan
- Complaints policy
- Single equality plan
- First aid policy
- Health and safety policy
- Safeguarding and child protection policy
- Special educational needs policy and information report
- Accident and illness policy

### **Document Management and Control**

Review Committee and Approval Date	Autumn 2024
Date of Next Review:	Autumn 2025
Previous amendments	Minor language changes Updated insurance details Added concerns to complaints
Amendments Made at Last Review	No changes