



SIKH ACADEMIES TRUST
Faith Inspired Education

SAT SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

Date reviewed: Autumn 2024
Date of next review: Autumn 2025

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

A. Key points

Pupils at school with medical conditions are properly supported so that they have full access to education, including school trips and physical education. Any exceptions are made with confirmation from consultants/healthcare professionals. We ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and they are effectively supported.

B. Children with special educational needs, disabilities or health issues KCSIE 2024

Children with special educational needs or disabilities (SEND) or certain medical or physical health conditions can face additional safeguarding challenges both online and offline. These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition without further exploration
- these children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children
- the potential for children with SEND or certain medical conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs
- communication barriers and difficulties in managing or reporting these challenges
- cognitive understanding – being unable to understand the difference between fact and fiction in online content and then repeating the content/behaviours in school and the consequences of doing so.

We consider extra SEND and pastoral support for these children, along with ensuring any appropriate support for communication is in place.

C. Introduction

1. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
2. Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. In making decisions about the support they provide, the school will receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.
3. Long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their

general wellbeing and emotional health. Reintegration back into school will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

4. Short-term and frequent absences will be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.
5. Some children may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.
6. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.
7. The named persons responsible for the implementation of this policy are Pavin Dhaliwal (KPS Headteacher) and Ellen Day (PSA- Designated Safeguarding Lead). Welfare (at respective schools) is responsible for Health Care Plans. Pavin Dhaliwal and Ellen Day have responsibility for the Care Plans. All Care Plans are referred to respective named staff (above) to approve before they are sent to parents to sign. School nurse signs them when she comes on site.

D. Responsibilities

The Headteacher will:

- a) implement this policy and report on it
- b) ensure the school has sufficient staff who are suitably trained
- c) ensure teachers are made aware of the medical needs (via registers, MIS, Care Plans)
- d) ensure someone is always available to man the Pupil Office or Welfare Office.

E. Staff Indemnity

The Trustees fully indemnify all staff against claims for any alleged negligence, providing they are acting within their conditions of service and following the guidelines. The indemnity covers situations where an incorrect dose is administered or where any other mistake in the procedure is made. The Trustees will meet any claims in these circumstances.

F. Guidelines

On admission of the pupil to the school, all parents will be required to provide information giving full details of:

- medical conditions
- allergies
- regular medication
- emergency contact numbers
- name of family doctor/consultants
- special requirements (e.g. dietary)

G. Long-term Medical Needs

The Headteacher will do all they reasonably can to assist pupils with long-term needs. Each case will be determined after discussion with the parents, and in most cases the family doctor.

Where possible, we include procedures for transitional arrangements whilst the child is starting a new school or undergoing a diagnosis. These will involve the school, health professionals, the pupil and parents. Where possible and appropriate, work will be provided for the students so that their learning is supported whilst they are unable to attend school.

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

- Procedures are in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupils' needs change, and arrangements for any staff training or support.
- For children starting in Year 7, arrangements are in place in time for the start of the relevant school term as far as possible as more medical evidence may be required.
- In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort is made to ensure that arrangements are put in place within two weeks.
- *NB – Judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.*

I. Individual health care plans

This policy covers the role of individual health care plans, and who is responsible for their development, in supporting pupils with medical conditions.

- Plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.
- Provide clarity about what needs to be done, when and by whom.
- The school, healthcare professional and parent will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view.
- Capture the key information and actions that are required to support the child effectively. The level of detail within plans depends on the complexity of the child's condition and the degree of support needed.
- Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate.

- The aim is to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services.
- Partners will agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.
- Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.
- Not all students need a care plan after a stay in hospital as condition may have been resolved or student to be treated universally.

J. When deciding what information should be recorded on individual healthcare plans the school will consider the following:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil'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 pupil'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
- 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
- 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; and
- 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 individual healthcare plan.

K. Staff will not give prescription medicines or undertake healthcare procedures without appropriate training.

The child's role in managing their own medical needs (under supervision)

- The school will, in certain circumstances, supervise a pupil in taking medicine and will ensure that the pupil follows the instructions as provided on the original medicine container as dispensed by the pharmacist. The school monitors pupils who should always bring medicine with them (e.g. inhalers, EpiPens), and

reserves the right to send pupils home if they don't always have the required medicines.

- The school will not deal with any requests to renew the supply of medicines. This is entirely a matter for the parents.
- Pupils should not take medication anywhere in the school except in the Pupil Office under adult supervision. The exception to this is pupils who have asthma or auto adrenaline injectors. They should always carry an inhaler on them, and must use it immediately, in the classroom, if they are having difficulty breathing. A child with breathing difficulties should never be left unsupervised.
- Circumstances, such as for children with diabetes, medicines will be taken as designated in the Health Care Plan, as advised by the child's consultant or specialist nurse.
- For an increasing number of pupils, Epi-Pens (or equivalent) are not prescribed as the allergies are not considered to be serious. This can, however, change very suddenly and the school holds spare EpiPens for this situation. They will only be administered at school when it would be detrimental to a pupil's health not to do so and guidance from external agencies is sought (if possible). The EpiPens are stored in the Pupil Office and staffroom. All staff have undergone First Aid Training which included the administration of an Epi-Pen.
- 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 individual healthcare plan. Parents will be informed so that alternative options can be considered.

L. Managing medicines on school premises

- No child under 16 will 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. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- A child under 16 will never be given medicine containing aspirin, unless prescribed by a doctor. Non-prescribed medication, e.g. for pain relief, will not be administered by school staff. If students bring and take paracetamol, a log is made in the folder in the Pupil Office 'Students taking medications at school'.
- Where clinically possible, medicines will be prescribed in dose frequencies which enable them to be taken outside school hours.
- Schools will only accept prescribed medicines if these 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.
- All medicines will be stored safely. Children will know 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 should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.

- When no longer required, medicines will be returned to the parent or safely disposed. Sharps boxes will always be used for the disposal of needles and other sharps.
- The school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access.
- Controlled drugs will be easily accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held.
- 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.
- The 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 will be recorded in school.

M. Record keeping

- Written records are kept of all medicines administered to children, except inhalers taken in class.
- Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at school.

N. Emergency procedures

- Where a child has an individual healthcare plan, this clearly defines what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- Other pupils in the school know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

O. Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, 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; or 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 individual healthcare plans
- If the child becomes ill, send them to the Pupil Office 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 pupils from drinking, eating or taking toilet 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.
- *NB: There is one defibrillator in the office at PSA and one at KPS.*

P. Training

The Trustees are committed to providing appropriate training for staff that volunteer or are contracted to participate in the administration of medicines.

Q. Monitoring and Review

The Headteacher will be responsible for monitoring the implementation of the policy.