[INSERT ACADEMY LOGO HERE]

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POLICY FOR SUPPORTING PUPILS WITH MEDICAL CONDITIONS

This policy is based on the ARK Network Wide Policy for Supporting Pupils with Medical Conditions. It is offered as a sample of good practice from within the ARK network. Each academy is free to customise the policy as it sees fit in consultation with the Director of Education.

Find and replace (delete this page once populated)

Description	Tag
The Principal of the academy	[PRINCIPAL]
The academic year of the document	[ACADEMICYEAR]
Chair of Governors	[GOVERNOR]
Text to be populated	[TEXT]

Notes

Some tags are present in the Header and Footer ('Find in' drop down).

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The contents page uses the table of contents functionality listing the Heading 1 style. This will need to be updated (right click) when this page is deleted.

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POLICY INFORMATION

Named personnel with designated responsibility for (insert)

Academic year	Designated Senior person	Deputy Designated Senior person	Nominated Governor	Chair of Governors
[ACADEMICYEAR]				[GOVERNOR]
[ACADEMICYEAR]				[GOVERNOR]

Policy review dates (frequency of review: tbc)

Review Date	Changes made	By whom
September 2014	Policy created	

Ratification by Governing Body

Academic year	Date of ratification	Chair of Governors
		[GOVERNOR]
		[GOVERNOR]

Dates of staff training for this academic year

Dates	Course Title	Staff

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1 INTRODUCTION

- The Children and Families Act 2014 includes a duty for schools to support children with medical conditions.
- Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEN Code of Practice will also apply.
- All children have a right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well.
- We recognise that medical conditions may impact social and emotional development as well as having educational implications.
- Our school will build relationships with healthcare professionals and other agencies and in order to support effectively pupils with medical condition

2 ROLES AND RESPONSIBILITIES

The Named Person responsible for children with medical conditions is [….]

This person is responsible for

- Informing relevant staff of medical conditions
- Arranging training for identified staff
- Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information
- Assisting with risk assessment for school visits and other activities outside of the normal timetable
- Developing, monitoring and reviewing Individual Healthcare Plans
- Working together with parents, pupils, healthcare professionals and other agencies

The Governing Body is responsible for

- Determining the school's general policy and ensuring that arrangements are in place to support children with medical conditions.

The Headteacher is responsible for

- Overseeing the management and provision of support for children with medical conditions
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver individual healthcare plans, including to cover absence and staff turnover
- Ensuring that school staff are appropriately insured and are aware that they are insured

Teachers and Support Staff are responsible for

- The day to day management of the medical conditions of children they work with, in line with training received and as set out in IHPS

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- Working with the named person, ensure that risk assessments are carried out for school visits and other activities outside of the normal timetable
- Providing information about medical conditions to supply staff who will be covering their role where the need for supply staff is known in advance

NB. Any teacher or support staff member may be asked to provide support to a child with a medical condition, including administering medicines. However, no member of staff can be required to provide this support.

[Where applicable] The school nurse is responsible for

- Notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible this should be done before the child starts at our school.
- Providing support for staff on implementing a child's individual healthcare plan and providing advice and liaison including with regard to training

3 PROCEDURE WHEN NOTIFICATION IS RECEIVED THAT A PUPIL HAS A MEDICAL CONDITION

- The named person will liaise with relevant individuals, including as appropriate parents, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child
- Where appropriate, an Individual Healthcare Plan will be drawn up
- Appendix A outlines the process for developing individual healthcare plans

4 INDIVIDUAL HEALTHCARE PLANS (IHCPS)

- An ICHP will be written for pupils with a medical condition that is long term and complex.
- It will clarify what needs to be done, when and by whom and include information about the child's condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency clarity
- Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their IHP
- IHCPs will be reviewed annually, or earlier if evidence is provided that a child's needs have changed

5 ADMINISTERING MEDICINES

- Written consent from parents must be received before administering any medicine to a child at school
- Medicines will only be accepted for administration if they are:

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  - Prescribed
  - 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 be in date but will generally be available inside an insulin pen or pump, rather than in its original container.
- Medicines should be stored safely. Children should know where their medicines are at all times.
- Written records will be kept of all medicines administered to children
- Pupils who are competent to manage their own health needs and medicines, after discussion with parents/carers will be allowed to carry their own medicines and relevant devices or will be allowed to access their medicines for self-medication

6 ACTION IN EMERGENCIES

[Example: Adapt for your setting]

A copy of this information will be displayed in the school office

- Request an ambulance – dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked.
  1. The school's telephone number:
  2. Your name
  3. Your location: [academy address]
  4. Provide the exact location of the patient within the school
  5. Provide the name of the child and a brief description of their symptoms
  6. Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient
- Ask office staff to contact premises to open relevant gates for entry
- Contact the parents to inform them of the situation
- A member of staff should stay with the pupil until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance.

7 ACTIVITIES BEYOND THE USUAL CURRICULUM

- Reasonable adjustments will be made to enable pupils with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum
- When carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted where appropriate

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8 UNACCEPTABLE PRACTICE

The following items are not generally acceptable practice with regard to children with medical conditions, although the school will use discretion to respond to each individual case in the most appropriate manner.

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assuming 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)
- sending children with medical conditions home frequently 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, sending them to the school office or medical room unaccompanied or with someone unsuitable
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- requiring parents, or otherwise making 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
- preventing 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

9 COMPLAINTS

- An individual wishing to make a complaint about actions regarding the school's actions in supporting a child with medical conditions should discuss this with the school in the first instance
- If the issue is not resolved, then a formal complaint may be made, following the complaints procedure as set out in [as appropriate]

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10 EQUALITY IMPACT STATEMENT

We will do all we can to ensure that this policy does not discriminate, directly or indirectly. We shall do this through regular monitoring and evaluation of our policies. On review we shall assess and consult relevant stakeholders on the likely impact of our policies on the promotion of all aspects of equality, as laid down in the Equality Act (2010). This will include, but not necessarily be limited to: race; gender; sexual orientation; disability; ethnicity; religion; cultural beliefs and pregnancy/maternity. We will use an appropriate Equality Impact Assessment to monitor the impact of all our policies and the policy may be amended as a result of this assessment.

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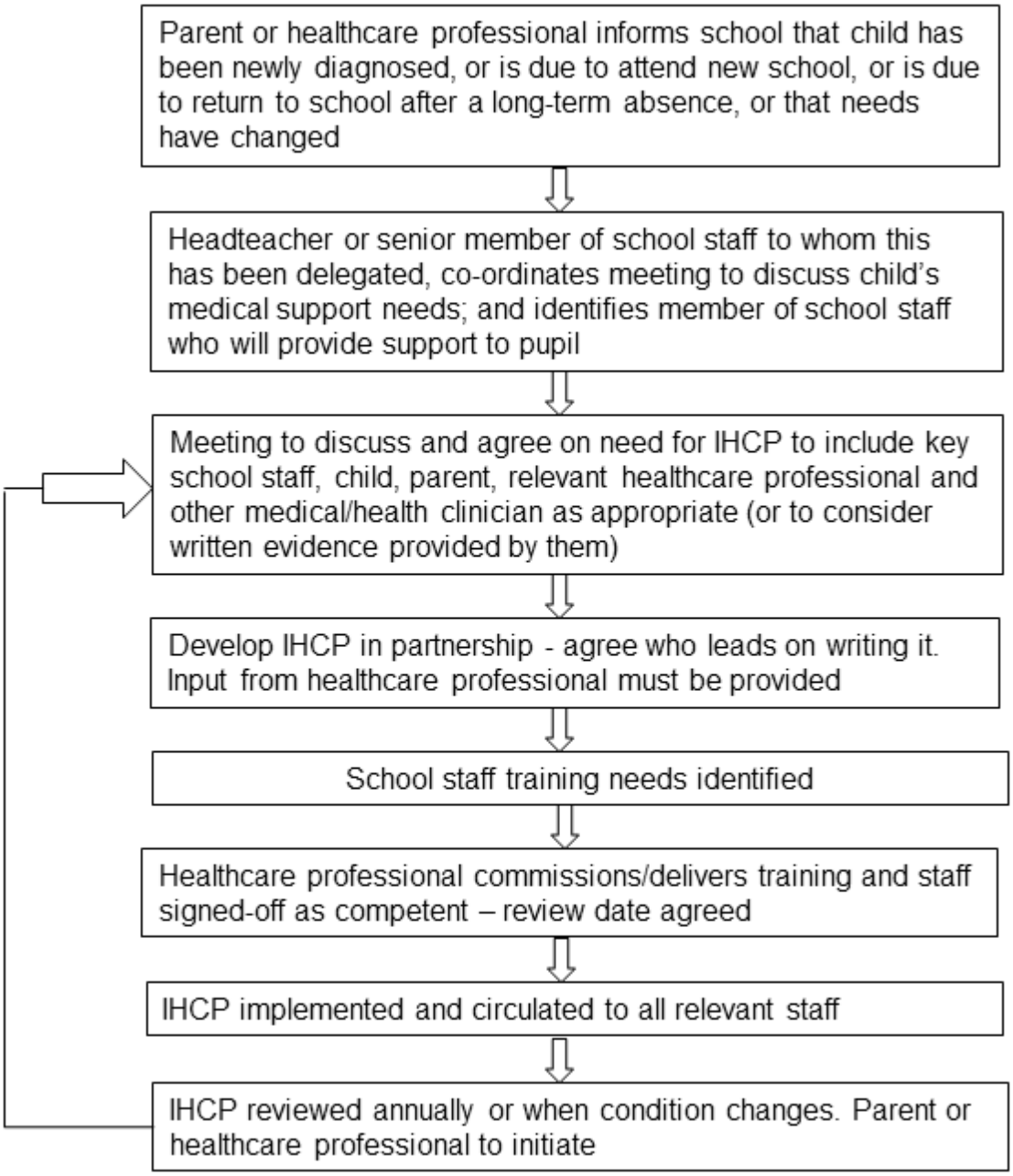
11 APPENDIX: PROCESS FOR DEVELOPING INDIVIDUAL HEALTHCARE PLANS



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