



Policy Title:	SUPPORTING PUPILS WITH MEDICAL CONDITIONS	
Author:	The Head of Operations in consultation with the School Nurse	
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Introduction

Duke of Kent School places the highest priority on safeguarding and promoting the welfare of its pupils. Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to arrange for supporting pupils at the School with medical conditions who are accepted under the provisions of the School's Admissions Policy. Therefore, teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication, and should supply the school with any relevant information, and signed medical consent forms in a timely manner.

This policy will be reviewed regularly and will be readily accessible to parents and staff through our School website. It should be read in conjunction with the School's SEND (Special Educational Needs and Disability) Policy, the Accessibility Plan and the First Aid Policy. It reflects the government document "Supporting pupils at school with medical conditions" 2015 (update expected soon)

Policy Implementation

The School is required to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this Policy is given to the Head of Health and Safety who will also be responsible for ensuring that sufficient staff are suitably trained and that cover arrangements (in case of staff absences or staff turnover) are in place to ensure that someone is always available and on site. Where appropriate, the Head of Learning Development/School Nurse will be responsible for briefing teachers and assisting in the completion of risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans, for pupils where this is required.

All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this Policy.

Definitions of Medical Conditions

Pupils' needs may be broadly summarised as being of two types:

- Short-term, affecting their participation in School activities because they are for example on a course of medication
- Long-term, potentially limiting their access to education and requiring extra care and support (deemed special medical needs)

The Role of Staff at Duke of Kent School

Some children with medical conditions may be disabled. Where this is the case, the Governing Body recognises its duties under the Equality Act 2010. Some may also have Special Educational Needs and may have a Statement, or Education, Health and Care (EHC) plan that brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the Duke of Kent SEND Policy.

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. It is essential that these children can access and enjoy the same opportunities at school as any other child as long as reasonable adjustments can be made. The School, health professionals, parents and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs or the School's facilities and resources were insufficient to meet the needs of the individual.

The Head is responsible for ensuring that this policy is followed; day-to-day responsibility for the policy is delegated to the School Nurse.

Staff must not give prescription medicines or undertake health care procedures without prior advice and guidance from the School Nurse. At this School, it is recognised that a first-aid certificate does not necessarily constitute appropriate training in supporting children with specific and potentially complex medical conditions. Healthcare professionals will be asked to provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in administering medication, where appropriate.

Procedures to be followed when Notification is received that a Pupil has a Medical Condition

The School will ensure that the correct procedures will be followed whenever notification is received that a pupil has a medical condition. Notification of medical conditions should be given to the Lead School Nurse via the Medical Questionnaire supplied to parents of new pupils prior to admission to the school; it is the parents responsibility to return full medical information to the Lead School Nurse **prior to their child's first day at school**. It is the parents' responsibility to update the school (via The Lead School Nurse) of medical updates/new diagnoses in a timely manner when the pupil receives a new diagnosis after first joining the school.

Procedures will also be in place to cover any transitional arrangements between schools, details of the process to be followed upon reintegration and when a pupil's needs change and the arrangements for any appropriate staff training and support. For children starting at this School where prior information has been provided, the School will strive for arrangements to be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to this School mid-term, every effort will be made to ensure that arrangements are put in place as soon as reasonably possible.

In making these arrangements, the School will:

- take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening with some instances more obvious than others
- focus on the needs of each individual child and how their medical condition impacts on their school life
- ensure that arrangements give parents, carers and pupils confidence in the School's ability to provide effective support for medical conditions in school
- show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence, impact their mental health, and promote self-care
- as a school it is our aim to include all pupils in activities and trips, and we will do this whenever possible, if reasonable adjustments can be made to accommodate their medical condition

Staff will be properly trained to provide the support that pupils need and should liaise with the School Nurse to ensure that best practice is followed. Duke of Kent School recognises that first-aid trained staff are not medically qualified. Any member of staff with concerns about supporting a pupil with a medical condition must refer to the School Nurse, who is registered with the NMC (Nursing and Midwifery Council)

The School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, 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. The Head will usually lead this and following discussions, an Individual Health Care Plan (IHCP) will be put in place.

Where a child has an IHCP, this should clearly define what constitutes an emergency and explain what to do, ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child (regardless of whether they have an IHCP) 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.

Admissions

The School will make sure that no child with a medical condition is denied admission or prevented from attending the School if reasonable adjustments can be made in order for them to attend. However, in line with the School's Safeguarding duties, the School will ensure that a pupil's health is not put at unnecessary risk and therefore will not accept a child into school at times where it would be detrimental to the health of that child or others.

Individual Health Care Plans

Individual Health Care Plans (IHCP) will be written and reviewed by the School Nurse in consultation with the Head of Learning Development where appropriate, although it will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed.

Individual Health Care Plans will help to ensure that the School effectively supports pupils with medical conditions, including serious allergies. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as 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 cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The School, health care professionals and parents should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head will take a final view. A flowchart for identifying and agreeing the support a child needs and developing an IHCP is provided in Appendix A.

Individual Health Care Plans will be stored in the Medical Room, easily accessible to all who need to refer to them, while preserving confidentiality (red file on shelving next to School Nurses' desk). Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their IHCP. Appendix B shows a template for the IHCP and the information needed to be included. IHCPs (and their reviews), 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. The IHCP must be completed by the lead Professional (usually the School Nurse, but sometimes the Head of Learning Development) with support from parents and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best provide advice on the particular needs of the child. Pupils should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the School.

The School will aim to review IHCPs annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed 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. Where the child has SEN identification in a Statement or EHC plan, the IHCP where appropriate should be used to inform the Statement or EHC plan.

Appendix B provides a template for the IHCP but it is advised that each one includes;

- 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/noisy conditions, travel time between lessons
- specific support for the pupil's education, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, 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. If a child is self-managing their medication, this should 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 Head 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 parents or 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. Some children may have an Emergency Health Care Plan (for example Asthma or Allergy Action Plans) prepared by their lead clinician that could be used to inform development of their IHCP. The Emergency Health Care Plan will not be the School's responsibility to write or review.

Should supporting arrangements be required as a matter of urgency, provisional arrangements (IHCP: Provisional) will be put in place, parents will be notified and a meeting will be booked to enable provisional arrangements to be replaced as soon as possible with an IHCP formulated and agreed as set out in Appendix A.

The Child's Role in managing their own Medical Needs

In keeping with our aim to develop independence and resilience in our pupils and to prepare them for adult life, if it is deemed, after discussion with the parents, that a child is competent to manage their own health needs and medicines, the School will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans.

If possible and reasonable, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily; these will be stored in the cupboard in the Medical Room to ensure that the safeguarding of other children is not compromised. The School does also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. No access is given to the Medical Room without adult supervision. If a child is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health care Plan. Parents should be informed, outside of the review, so that alternative options can be considered.

Managing medicines on the school site

The school's procedures for managing medicines can be found in the First Aid Policy 13A (Section 7).

Unacceptable Practice

Although School staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care 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 or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual health care plans.
- if the child becomes ill, send them to the 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 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 the School to administer medication or provide medical support to their child, including toileting issues.

- prevent children from participating, by creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Working in Partnership with Parents

Duke of Kent School highly values its excellent relationships with parents and guardians and recognises the importance, in accordance with our aims and ethos, of working in partnership with parents in all matters connected with pupil welfare, health and progress. Constructive relationships, underpinned by good communication between all parties are required in order to ensure that pupils with medical conditions receive the best possible support. Parents are expected to disclose fully and in a timely manner, any medical information the School requires in order to support pupils and to update the School Nurse as required. Where adjustments to normal working practices (e.g. participation in School sport) are requested on medical grounds, parents may be asked for written confirmation from appropriate medical professionals (e.g. the pupil's GP or consultant). In cases where there is a variance of opinion between the Head/School Nurse and parents as to how a pupil's needs should best be met, the Head will take appropriate advice from suitable external professionals and will make a ruling on the approach to be taken.

Complaints

Should parents or pupils be dissatisfied with the arrangements proposed or support provided they should discuss their concerns directly with the School Nurse who will inform the Head of any concerns reported. If for any reason this does not resolve the issue, they may make a complaint via the complaints procedure outlined in the School's Complaints Policy.

Children with medical conditions or EHCP after the Coronavirus (Covid-19) Outbreak 2020-2022

In April 2022, the UKHSA published its latest guidance entitled "Living safely with respiratory infections, including COVID-19". This ended free public access to Covid 19 testing (whether lateral flow or PCR) and the requirement to track confirmed positive cases. It is recognised that Covid 19 remains at large across the UK community, although is now managed like any other respiratory illness and the school continues to follow government guidance. Further to the roll out of the Covid 19 immunisation programme and the increase in immunity levels across the UK, contracting Covid 19 now poses much less of a threat of illness or death than when it first emerged.

The Lead School Nurse takes responsibility for liaising with parents of children with medical conditions concerning their child's associated level of risk at school. Where applicable, parents are advised to liaise with their child's GP or medical specialist for further advice concerning Covid-19.

Dietary Requirements, Dietary Allergies and Eatings Disorders (See also: Allergy & Anaphylaxis Policy)

The School recognises that diet, nutrition and hydration form a key component of a pupil's overall physical and mental health. The school strives to provide pupils with a broad, healthy and balanced nutritional offering across snack breaks, lunch, tea and school trip packed lunches. The Medical Room team (The Lead School Nurse) manages the list of pupil dietary needs, including dietary allergies (as given on the medical form when enrolling at the school) and co-ordinates with the school caterers (currently Holroyd Howe) to ensure that specific pupil dietary requirements are met both at school and on school trips (whether for religious purpose, preference, intolerances, allergies, medical conditions or eating disorders). It is recognised that dietary needs can change over the years and it is parents responsibility to notify the school when their child's dietary needs change.

New or changing dietary requirements should be reported by parents or staff to the Lead School Nurse who will liaise with the Catering Manager to ensure the pupil's nutrition and safeguarding needs are met. It may be necessary on occasion for parents to meet with the Catering Manager to address dietary challenges, for example when a pupil finds eating a broad range of the school food a challenge. See separate Duke of Kent School Policy on ARFID (Avoidant/Restrictive Food Intake Disorder). In certain exceptional circumstances there may be agreements for parents to supply some food for their child as long as certain allergens (nuts and sesame) are omitted (see separate ARFID policy and Allergy & Anaphylaxis Policy).

When a pupil has a suspected or diagnosed chronic eating disorder resulting in being very underweight (low BMI or Weight For Height Ratio), advice may be sought from external agencies as well as the safeguarding team. It is recognised that for pupils who are very underweight and on a programme to restore a healthy BMI, it may be necessary for them to be signed "off Games" in order to reduce their calorie deficit. External agencies sometimes refer to a pupil with weight for height ratio of below 80% needing to stop exercising until weight is gained. The Medical Room Team liaises directly with the Games Department with regards to pupils who should be "off games" whether for this purpose or due to ill health or injury. The off games list is maintained on iSAMS and links directly with the sports "SOCS" portal.

Appendix A – Model process for developing individual healthcare plans

Appendix 1

Child's Name	Parent or Healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long term absence, or that needs have changed.	
Address	Head or School Nurse, to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs and identifies member of school staff who will provide support to pupil.	
Medical Diagnosis or Condition	Meeting/Phone Call or Email conversation to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or consider written evidence provided by them).	
Date		
Review date		
Develop IHCP in partnership – agree who leads on writing it. Input from healthcare professional must be provided.		
Name of Parent/Carer 1		
Contact Numbers	Work: School staff training identified.	
	Mobile:	
Relationship to Child		
Name of Parent/Carer 2		
Contact Numbers	Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed.	
	Mobile:	
Relationship to Child		
IHCP implemented and stored in the Medical Room and available to relevant staff.		
Clinic/Hospital Name		
Contact Numbers	IHCP reviewed annually or when condition changes.	
GP Name		
Contact Numbers	Parents or healthcare professional to initiate review.	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, Facilities, equipment or devices, environmental issues etc.

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

Plan developed with		Signed and dated
Form copied to	Review date	Review outcome

APPENDIX C: IHCP for Allergy



NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy (and any other medical conditions): <i>Note what allergy the child or young person has.</i> <i>Note any known allergens.</i> <i>Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</i>	
How the allergy (and other medical conditions) is managed: <i>Note any care or action plans or prescribed medication issued by healthcare professionals.</i> <i>If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.</i> <i>Note the extent to which the child or young person is able to take responsibility for managing their allergy.</i>	
Impact on education: <i>Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.</i> <i>Indicate how the allergy may impact on the child or young person's learning.</i> <i>Indicate how the allergy may impact on the child or young person's emotional wellbeing.</i> <i>If relevant, note any interaction between allergy and SEN.</i>	
Arrangements for support: <i>Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.</i> <i>Outline measures to reduce the risk of contact with known allergens.</i> <i>Give details of the specific support or adaptations to manage food allergy at meal and snack times.</i> <i>Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</i>	
Visits and trips: <i>Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.</i> <i>Note any requirement for a risk assessment and prompts for specific issues which should be considered.</i>	

Emergency response:

Where an Allergy Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.

Otherwise summarise the signs or symptoms which would indicate an emergency.

Set out what to do in an emergency, including whom to contact.

If relevant, note where "spare" adrenaline devices are located:

Spare "Emergency" AAls are located in the front office (pupil-specific), medical room (emergency bag), Staff room and Ness Hall

Last discussed with parents:	Date
Issued by:	Date:
Next planned review:	Date:

NAME – Individual Healthcare Plan for allergy	
Annex: Medication needed while in school / college / setting	
Non-prescription medication: <i>Record any <u>non</u>-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting</i> <i>Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access</i> <i>Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</i>	
Parental consent:	Date:
Prescription medication: <i>Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).</i> <i>Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.</i> <i>Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</i>	
Prescribed by:	Date:
Parental consent:	Date:
Use of “spare” adrenaline devices: <i>Note whether parental consent has been given to administer adrenaline (e.g. using “spare” adrenaline devices) in an emergency.</i>	
Parental consent:	Date:
Use of “spare” salbutamol inhaler: <i>If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a “spare” salbutamol reliever inhaler.</i>	
Parental consent:	Date: