



Batley Multi Academy Trust

Supporting Young People with Medical Conditions Policy

Batley Multi Academy Trust

Approved by: Board of Trustees

Ratified: April 2024

Created by: CEO/DC&G

Next review due by: July 2025

New Trust-wide policy: February 2024

As a proprietor of one or more schools, Batley Multi Academy Trust has a legal duty to make arrangements for supporting young people with medical conditions. The board of Batley Multi Academy Trust has delegated this responsibility to each school within the Trust.

Each school has adopted this policy to set out the arrangements it has put in place for its young people with medical conditions.

Overriding principles

Children and young people with medical conditions are entitled to a full education. Our Trust family of schools is committed to ensuring that young people with medical conditions 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. We want all young people, as far as possible, to access and enjoy the same opportunities at school as any other child. This will include actively supporting young people with medical conditions to participate in school visits and/or in sporting activities.

1 Definition of “medical condition”

1.1 For the purposes of this policy, a medical condition is any illness or disability which a young person has. It can be:

- physical or mental
- a single episode or recurrent
- short-term or long-term
- relatively straightforward (e.g. the young person can manage the condition themselves without support or monitoring) or complex (requiring on-going support, medicines or care whilst at school to help the young person manage their condition and keep them well)
- involving medication or medical equipment
- affecting participation in school activities or limiting access to education

1.2 Medical conditions may change over time, in ways that cannot always be predicted.

2 Policy implementation

2.1 The person with overall responsibility for the successful administering and implementation of this policy is the Headteacher.

2.2 The Headteacher has overall responsibility for ensuring:

- that sufficient staff are suitably trained to meet the known medical conditions of young people at the school.

- all relevant staff are made aware of the young person's medical condition and agency staff are properly briefed.
- cover arrangements are in place to cover staff absences/turnover to ensure that someone is always available and on site.
- risk assessments for school visits, holidays and other school activities outside of the normal timetable are completed.
- individual healthcare plans are prepared where appropriate and monitored.

3 Notification that a young person has a medical condition

- 3.1 Ordinarily, the young person's parent/carer will notify the school that their child has a medical condition. Parents/carers should ideally provide this information in writing addressed to the Headteacher. However, they may sometimes pass this information on to a class teacher or another member of staff. Any staff member receiving notification that a young person has a medical condition should notify the Headteacher as soon as practicable.
- 3.2 A young person themselves may disclose that they have a medical condition. The staff member to whom the disclosure is made should notify the Headteacher as soon as practicable.
- 3.3 Notification may also be received directly from the young person's healthcare provider or from a school from which a child may be joining the school. The school may also instigate the procedure themselves where the young person is returning to the school after a long-term absence.

4 Procedure following notification that a young person has a medical condition

- 4.1 Except in exceptional circumstances where the young person does not wish their parent/carer to know about their medical condition, the young person's parents/carers will be contacted by the Headteacher, or someone designated by them, as soon as practicable to discuss what, if any, arrangements need to be put into place to support the young person. Every effort will be made to encourage the child to involve their parents/carers while respecting their right to confidentiality.
- 4.2 Unless the medical condition is short-term and relatively straightforward (e.g. the young person can manage the condition themselves without any support or monitoring), a meeting will normally be held to:
- discuss the young person's medical support needs
 - identify a member of school staff who will provide support to the young person where appropriate

- determine whether an individual healthcare plan (IHP) is needed and, if so, what information it should contain

- 4.3 Where possible, the young person will be enabled and encouraged to attend the meeting and speak on their own behalf, taking into account the young person's age and understanding. Where this is not appropriate, the child will be given the opportunity to feed in their views by other means, such as setting their views out in writing.
- 4.4 The healthcare professional(s) with responsibility for the young person may be invited to the meeting or be asked to prepare written evidence about the child's medical condition for consideration. Where possible, their advice will be sought on the need for, and the contents of, an IHP.
- 4.5 In cases where a young person's medical condition is unclear, or where there is a difference of opinion, the Headteacher will exercise their professional judgement based on the available evidence to determine whether an IHP is needed and/or what support to provide.
- 4.6 For young people joining the school at the start of the school year any support arrangements will be made in time for the start of the school term where possible. In other cases, such as a new diagnosis or a child moving to the school mid-term, every effort will be made to ensure that any support arrangements are put in place within two weeks.
- 4.7 In line with our safeguarding duties, the school will ensure that the young person's health is not put at unnecessary risk from, for example, infectious diseases. The school will not accept a child into the school at times where it will be detrimental to the health of that child or others.

5 Young people with health needs who cannot attend school

- 5.1 Where a child cannot attend school because of health needs, unless it is evident at the outset that the child will be absent for 15 or more days, the school will initially follow the usual process around attendance and mark the young person as ill for the purposes of the register.
- 5.2 The school will provide support to young people who are absent from school because of illness for a period shorter than 15 days. This may include providing young people with relevant information, curriculum materials and resources.
- 5.3 In accordance with the Department for Education's statutory guidance¹, where a young person is unable to attend school for more than 15 days due to illness:
- (i) the local authority should be ready to take responsibility for arranging suitable full-time education for that child; and

¹ *Arranging education for children who cannot attend school because of health needs (December 2023)*

- (ii) the local authority should arrange for this provision to be in place as soon as it is clear that the absence will last for more than 15 days.

The school will inform and work collaboratively with the local authority to support these responsibilities.

- 5.4 The school will work collaboratively with the local authority, relevant medical professionals, relevant education provider, parents/carers and, where appropriate, the child, to identify and meet the child's educational needs throughout the period of absence and to remain in touch with the child throughout.
- 5.5 When a young person is considered well enough to return to full time education at the school, the Headteacher or someone designated by them will develop a reintegration plan in partnership with the appropriate individuals/organisations.

6 Individual Healthcare Plans (IHP)

- 6.1 Where it is decided that an IHP should be developed for the young person, this shall be developed in partnership between the school, the child's parents/carers, the young person and the relevant healthcare professional(s) who can best advise on the particular needs of the child. This may include the school nursing service. The local authority will also be asked to contribute where the young person accesses home-to-school transport to ensure that the authority's own transport healthcare plans are consistent with the IHP.
- 6.2 The aim of the IHP is to capture the steps which the school needs to take to help the young person manage their condition and overcome any potential barriers to getting the most from their education. It will be developed with the young person's best interests in mind. In preparing the IHP the school will need to assess and manage the risk to the young persons' education, health and social well-being and minimise disruption.
- 6.3 IHP's may include:
 - details of the medical condition, its triggers, signs, symptoms and treatments
 - the young person'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 or travel time between lessons.
 - specific support for the young person'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 or 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 young person 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 young person'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 young person's condition and the support required.
- arrangements for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the young person 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 young person can participate, e.g. risk assessments.
- where confidentiality issues are raised by the parent/carer/young person, the designated individuals to be entrusted with information about the young person's condition.
- 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 IHP.

- 6.4 The IHP will also clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other young people 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 young person (regardless of whether they have an IHP) needs to be taken to hospital, staff will stay with the young person until the parent/carer arrives, or accompany a young person taken to hospital by ambulance.
- 6.5 Except in exceptional circumstances, or where the healthcare provider deems that they are better placed to do so, the school will take the lead in writing the plan and ensuring that it is finalised and implemented.
- 6.6 Where a young person is returning to the school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the IHP identifies the support the child will need to reintegrate effectively.
- 6.7 Where the young person has a special educational need identified in an Education Health and Care Plan (EHCP), the IHP will be linked to or become part of that EHCP.

7 Reviewing Individual Healthcare Plans (IHP)

- 7.1 Every IHP shall be reviewed at least annually. The Headteacher (or someone designated by them) shall, as soon as practicable, contact the young person's parents/carers and the relevant healthcare provider to ascertain whether the current IHP is still needed or needs to be changed. If the school receives notification that the young person's needs have changed, a review of the IHP will be undertaken as soon as practicable.
- 7.2 Where practicable, staff who provide support to the young person with the medical condition shall be included in any meetings where the young person's condition is discussed.

8 Staff training

- 8.1 The Headteacher is responsible for:
- ensuring that all staff (including new staff) are aware of this policy for supporting young people with medical conditions and understand their role in its implementation.
 - working with relevant healthcare professionals and other external agencies to identify staff training requirements and commission training required.
 - ensuring that there are sufficient numbers of trained staff available to implement the policy and deliver against all IHPs, including in contingency and emergency situations.
- 8.2 In addition, all members of school staff will know what to do and respond accordingly when they become aware that a young person with a medical condition needs help.
- 8.3 The school has in place appropriate levels of insurance regarding staff providing support to young people with medical conditions, including the administration of medication. Copies of the relevant insurance policies can be made accessible to staff as required.

9 Administering medication

- 9.1 Written permission from parents/carers is required for prescription or non-prescription medication to be administered by a member of staff or self-administered by the young person during school hours. Medicines will only be administered at the school when it would be detrimental to a young person's health or school attendance not to do so. Where clinically possible, medicines should be administered in dose frequencies which enable them to be taken outside of school hours.
- 9.2 If a young person requires medicines or medical devices, such as asthma inhalers, blood glucose testing meters or adrenaline pens, in school it is vital

that the parent/carer advises the school accordingly, so that the process for storing, labelling and administering medication can be properly discussed.

- 9.3 The school will only accept medicines that are in-date, labelled, provided in the original container 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 inside an insulin pen or a pump, rather than its original container.
- 9.4 The medication must be accompanied by a complete written instruction form signed by the young person's parent/carer. The school will not make changes to dosages labelled on the medicine or device on parental instructions.
- 9.5 The child and staff supporting the young person with their medical condition should know where their medicines are at all times and be able to access them when needed. The most appropriate method for storing medicines and medical devices will be discussed with the young person's parent/carer but the school will ultimately decide the approach to be taken.
- 9.6 Wherever possible, young people will be allowed to carry their own medicines and relevant devices or be able to access their medicines for self-medication quickly and easily. Where it is appropriate to do so, young people will be encouraged to administer their own medication, under staff supervision if necessary. Staff administering medication should do so in accordance with the labelled instructions. Staff who volunteer to assist in the administration of medication will receive appropriate training and guidance before administering medication.
- 9.7 The school will keep a record of all medicines administered to individual young people, stating what, how and how much was administered, when and by whom. Any side effects of the medication will be noted.
- 9.8 If a child refuses to take their medication, staff will not force them to do so, and will inform the parent/carer of the refusal as a matter of urgency. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- 9.9 It is the parent/carers' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
- 9.10 It is the responsibility of parents/carers to notify the school in writing if the young person's need for medication has ceased. When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles.

10 Unacceptable practice

Although the Headteacher and other school staff should use their discretion and judge each case on its merits with reference to the young person's IHP, it will not generally be acceptable practice to:

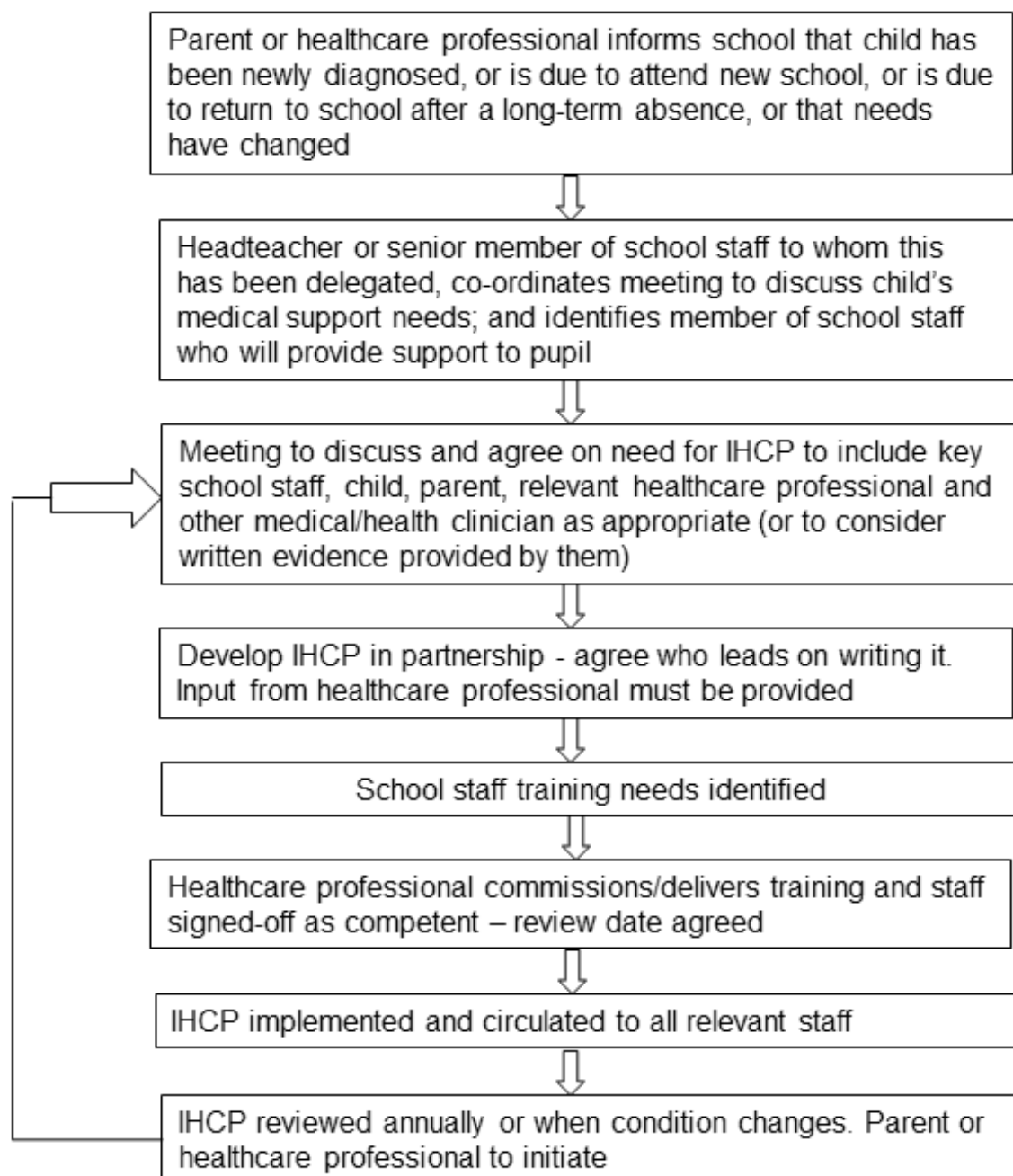
- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- assume that every child with the same condition requires the same treatment.
- ignore the views of the child or their parents/carers or ignore medical evidence or opinion (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 IHP.
- if the young person 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 young people from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- require parents/carers, 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/carer should have to give up working because the school is failing to support their child's medical needs; or
- 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/carers to accompany the child.

11 Complaints

Complaints regarding this policy or the support provided to young people with medical conditions should be raised under the usual complaints procedure.

Annex 1 - Process for developing individual healthcare plans

(Supporting young people at school with medical conditions)



Annex 2 - DfE templates

(Supporting young people at school with medical conditions)



Department
for Education

Templates

Supporting young people with medical conditions

May 2014

Introduction

In response to requests from stakeholders during discussions about the development of the statutory guidance for supporting pupils with medical conditions, we have prepared the following templates. They are provided as an aid to schools and their use is entirely voluntary. Schools are free to adapt them as they wish to meet local needs, to design their own templates or to use templates from another source.

Template A: individual healthcare plan

Name of school/setting
 Child's name
 Group/class/form
 Date of birth
 Child's address
 Medical diagnosis or condition
 Date
 Review date

Family Contact Information

Name
 Relationship to child
 Phone no. (home)
 (mobile)
 Name
 Relationship to child
 Phone no. (home)
 (mobile)

Clinic/Hospital Contact

Name
 Phone no.

GP

Name
 Surgery name
 Phone no.

Who is responsible for providing support in school

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

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

Daily care requirements

Specific support for the child's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Template B: parental agreement for setting to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration	YES / NO (please circle)
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Contact telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

Template C: record of medicine administered to an individual child

Name of school	
Name of child	
Date medicine provided by parent/carers	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff name	
Staff signature	
Parent/carers name	
Parent/carers signature	

Date	
Time given	
Dose given	
Name of member of staff	
Staff initials	

Date	
Time given	
Dose given	
Name of member of staff	
Staff initials	

Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template D: record of medicine administered to all children

Name of school:	
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Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Template E: staff training record – administration of medicines

Name of school	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature

Date

I confirm that I have received the training detailed above.

Staff signature:

Date:

Suggested review date:

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: model letter inviting parents/carers to contribute to individual healthcare plan development

Dear Parent/Carer

Re: Developing an Individual Healthcare Plan for your child

Thank you for informing us of your child's medical condition. I enclose a copy of our policy for supporting young people at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each young person needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents/carers, the young person, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff] would be happy for you to contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

[ENTER NAME]
[JOB TITLE]