



Haberdashers' West Midlands Academies Trust

Haberdashers' Abraham Darby

Haberdashers' Adams

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

2023-2026

Supporting Children with Medical Conditions Policy	
Named Responsibility of Policy	Mr E Gyan-Bediako – Vice Principal – Haberdashers' Abraham Darby Mr D Biggins – Deputy Head – Haberdashers' Adams
Date of Policy	November 2023
Date of next Review	November 2026
Governor Accountability	Pupil and Staff Welfare Committee
This policy will be readily accessible to Parents/Carers/Staff/Visitors/Members of the Public through the school website	

COMMITMENT TO REVIEW

This Policy will be monitored and reviewed every three years by the relevant policy owner named and evaluated and approved by the Governing Body on a three-year cycle, and/or in the light of changes to National Curriculum requirements and DfE guidance/regulations/legislation.

Public Sector Equality Duty (PSED) Statement

When reviewing or changing policies HWMAT has due regard of the need to:

- Eliminate discrimination and other conduct that is prohibited by the Equality Act 2010
- Advance equality of opportunity between people who do not share it
- Foster good relations across all characteristics – between people who share a protected characteristic and people who do not share it

Introduction

The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported at both Haberdashers' Abraham Darby and Haberdashers' Adams so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is important that parents feel confident that the Schools will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support, they provide; the Schools will establish relationships with relevant local health services to help them. It is crucial that the School receives and fully considers advice from healthcare professionals and listens to and values the views of parents and pupils.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, the School will comply with their duties under that Act. Some may also have special educational needs or disabilities (SEND) and may have an Education, Health and Care Plan (EHCP) or Health Care Plan which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the School's SEND policy and SEND School Offer.

Rationale

Haberdashers' Abraham Darby and Haberdashers' Adams have a responsibility for the health and safety of pupils in its care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the School is to make sure that safety measures cover the needs of all pupils at the School. This may mean making special arrangements for particular pupils so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required. Haberdashers' Abraham Darby/Haberdashers' Adams are responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that pupils with medical conditions may need.

Section 100 of the Children and Families Act 2014 places a duty on the School to make arrangements for children with medical conditions. Pupils with special medical needs are entitled to a full education and have the same rights of admission to the School as other children and cannot be refused admission or excluded from the School on medical grounds alone. However, in line with our safeguarding duties, the School must ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. Therefore, we do not have to accept a child at the School at times where it would be detrimental to the health of that child or others to do so. Teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers or other school staff leading activities taking place off the School sites. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent/carer, who is responsible for the child's medication and must supply the School with all relevant information needed in order for proficient care to be given to the child. The Schools take advice and guidance from a range of sources, including the School Nurse/Health Co-ordinator, Health professionals and the child's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the child and others who may be affected (for example, their classmates).

The Schools will ensure that the arrangements that are in place are sufficient to meet our statutory responsibilities and will ensure that policies, plans and procedures and systems are properly and effectively implemented.

Haberdashers' Abraham Darby / Haberdashers' Adams Procedures

- To support pupils with medical conditions, so that they have full access to education, including physical education and educational visits
- To ensure arrangements are in place to support pupils with medical conditions and in so doing ensure that such children can access and enjoy the same opportunities at the Schools as any other child
- To take into account that some of the medical conditions that require support at the Schools will affect quality of life and may be life-threatening. Some will be more obvious than others. The School will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life
- To give parents and pupils confidence in the Schools ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.
- To ensure that School staff involved in the care of children with medical needs are fully informed and adequately trained in order to administer support or prescribed medication
- To comply fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs
- To consult with health and social care professions, pupils and parents to ensure that the needs of children with medical conditions are effectively supported
- To write, in association with healthcare professionals, Individual Healthcare Plans where necessary and the monitoring of these
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support
- To keep, monitor and review appropriate records
- To put in place cover arrangements in case of staff absence or staff turnover to ensure someone is always available
- To put in place the necessary risk assessments for school visits, trips and other School activities outside of the normal timetable.

Expectations

It is expected that:

- Parents will inform school of any medical condition which affects their child and update the school if/when this changes
- Parents must complete the School's medical form
- Parents will supply the School with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container. Parents agree that pupils should only come into school with the dosage necessary for that school day, where possible
- Parents will ensure that medicines to be given into the School are in date and clearly labelled
- Parents will co-operate in training their children to self-administer medicine if this is appropriate, and that staff members will only be involved if this is not possible
- Medical professionals involved in the care of children with medical needs will fully inform staff beforehand of the child's condition, its management and implications for the School life of that individual
- Haberdashers' Abraham Darby/Haberdashers' Adams will ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their Individual Healthcare plan (for example, an inhaler or insulin)
- School staff will liaise as necessary with Healthcare professionals and services in order to access the most up-to-date advice about a pupil's medical needs and will seek support and training in the interests of the pupil
- Transitional arrangements between schools will be completed in such a way that Haberdashers'

Abraham Darby/Haberdashers' Adams will ensure full disclosure of relevant medical information, Healthcare plans and support needed in good time for the child's receiving school to adequately prepare for their arrival

- Individual Healthcare plans will be written, monitored and reviewed regularly and will include the views and wishes of the child and parent in addition to the advice of relevant medical professionals
- The Schools do 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 into place.

Definition

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

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

Medical Information

Every academic year, the Schools produce a confidential Medical Needs List for all staff which lists all children with serious medical conditions, along with their photograph and brief description of their condition/s. All other medical conditions will be noted from children's SIMS/Bromcom records and this information is listed alphabetically by pupil in the booklet. This confidential list is shared with all staff.

Where a child has an Individual Healthcare Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. If a child (regardless of whether they have an Individual Healthcare Plan) needs to be taken to hospital, staff should stay with the child until the parent/carer arrives, or accompany the child taken to hospital by ambulance (please refer to 'Emergency Procedures').

Health Team for the Haberdashers' Abraham Darby

- Shelly Mulligan – Health Co-ordinator
- Sean Petett – Diabetic Specialist Nurse
- Emmanuel Gyan-Bediako – Vice Principal

Health Team for the Haberdashers' Adams

- Lynne Wood – Health, First Aid and Operations Co-ordinator
- Sean Petett – Diabetic Specialist Nurse
- Daniel Biggins – Deputy Head (Pupil Welfare)

Individual Healthcare Plans (IHCP)

The Health Teams (listed above) are responsible for the development of the child's Individual Healthcare Plan. Individual Healthcare Plans will be written and reviewed by each school's Health Co-ordinator, but it will be the responsibility of all members of staff supporting the individual children to ensure that the IHCP is followed.

Individual healthcare Plans will help to ensure that the Schools effectively support pupils with medical conditions. 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, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The Schools, healthcare professionals and parents/carers should agree, based on evidence when a Healthcare Plan

would be inappropriate or disproportionate. Refer to **Appendix 1** for a flow chart for identifying and agreeing the support a child needs and developing an Individual Healthcare Plan at Haberdashers' Abraham Darby. Refer to **Appendix 2** for both School's Individual Healthcare Plan.

Individual Healthcare Plans are easily accessible to all who need to refer to them, while preserving confidentiality (please refer to named Health Co-ordinators for further information). Health Co-ordinators will brief all staff. IHCPs 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 special educational needs will be mentioned in their Individual Healthcare Plan.

Individual healthcare plans (and their review) may be initiated, in consultation with the parent/carer, by a member of staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the School, parents, and a relevant healthcare professional, e.g., school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim will be to capture the steps which the School should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the School. Haberdashers' Abraham Darby/Haberdashers' Adams ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They will be developed with the child's best interests in mind and the Schools ensure that they assess and manage risks to the child's education, health and social wellbeing, and minimise disruption. Where the child has a special educational need identified in a Statement or EHCP, the Individual Healthcare Plan will be linked to or become part of that Statement or EHC plan.

Where a child is returning to 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 Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.

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. 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 at the School needs to be aware of the child's condition and the support required.
- arrangements for written permission from parents via the school medical form for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- the Vice Principal or Deputy Head (Pupil Welfare) will have access to and be kept informed of all medicines.

- separate arrangements or procedures required for School trips or other activities outside of the normal timetable that will ensure the child can participate, e.g., risk assessments (risk assessments state that all pupils with medical conditions have an IHCP)
- where confidentiality issues are raised by the parent/carer/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. The EHC Plan will not be the School's responsibility to write or review.

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The School's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents/carers and pupils will be critical.

Staff Training and Support

Any member of the staff providing support to a pupil with medical needs will have received suitable training. This will have been identified during the development or review of Individual Healthcare Plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

The relevant healthcare professional will normally lead on identifying and agreeing with the School the type and level of training required, and how this can be obtained. The School may choose to arrange training themselves and will ensure this remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in Individual Healthcare Plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals, including the School Nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The Child's Role in managing their own Medical Needs

After discussion with parents/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Healthcare Plans.

Wherever possible, children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

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/carers should be informed so that alternative options can be considered.

Managing Medicines / Administration of Medicines on both the Schools' Premises

The following procedures will be followed at the Schools:

- Medicines will only be administered at the Schools when it would be detrimental to a child's health or school attendance not to do so.
- 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. Medication, e.g., for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.
- Where clinically possible, medicines will be prescribed in dose frequencies which enable them to be taken outside school hours.
- The Schools will only accept prescribed medicines that 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 in a locked cupboard in the Health Co-ordinator's Office. The Health Co-ordinator is the main key holder. Other key holder is Craig Holland (level 3 first aider) at Haberdashers' Abraham Darby or Derek Caslin (Operations Officer) at Haberdashers' Adams. Children will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away. This is particularly important when outside of School premises, for example, on school trips.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. The Schools will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only appropriate staff will have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held at the School.
- 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 will keep 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 the School will be noted.
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes should be used for the disposal of needles and other sharps.
- Essential medicines will be administered on Educational Visits, subject to the conditions above. A risk assessment may be needed before the visit takes place. Staff supervising the visit will be responsible for safe storage and administration of the medicine during the visit.
- Following the change in regulations, the School has purchased an 'emergency asthma kit' which includes a salbutamol metered dose inhaler. This can be used in an emergency when a child with asthma cannot access their own inhaler (for example because it is broken, left at home or empty). Keeping an inhaler for emergency use will have many benefits; it could potentially save the life of a child. Please refer to the "Protocol for the use of emergency salbutamol inhalers in schools" which was adopted by the Schools in January 2015.
- Haberdashers' Abraham Darby has two emergency Emerade auto injector adrenaline pens and these are kept in G14. Haberdashers' Adams also has two emergency auto adrenaline injector kept in the Sports Hall foyer and in Reception. They are for emergency use only and do not leave the premises for school trips. They are both in clear plastic wallets with a set of instructions in each.

Record Keeping

The Schools will ensure that written records are kept of all medicines administered to children. These records are stored on SIMS/Bromcom. 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 the School.

Emergency Procedures

In a medical emergency, a number of teachers and support staff at both schools have been appropriately trained to administer emergency first aid if necessary.

Lists of current Qualified First Aiders for each individual school are posted in various points around each building on the site.

Both Schools will make sure that there is a qualified first-aider on any school trip.

If an ambulance needs to be called, staff will:

- Outline the full condition and how it occurred
- Give details regarding the child's date of birth, address, parents' names and any known medical conditions.

Children will be accompanied to hospital by a member of staff if this is deemed appropriate. Staff cars should not be used for this purpose. Parents must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital.

Day Trips, Residential Visits and Sporting Activities

The Schools will actively support pupils with medical conditions so they are able to participate in school trips and visits, or in sporting activities. Teachers will be aware of how a child's medical condition will impact on their participation, but hopefully there will be enough flexibility for all children to participate according to their own abilities and with some reasonable adjustments, unless evidence from a clinician, such as GP, states that this is not possible.

The Schools will consider what reasonable adjustments have to be made to enable children with medical needs to participate fully and safely on visits. If necessary, we will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents/carers and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Unacceptable Practice

While School staff will use their professional discretion and judge each case on its merits in supporting individual pupils with medical conditions (referring to the child's Individual Healthcare Plan), it is not generally acceptable practice to:

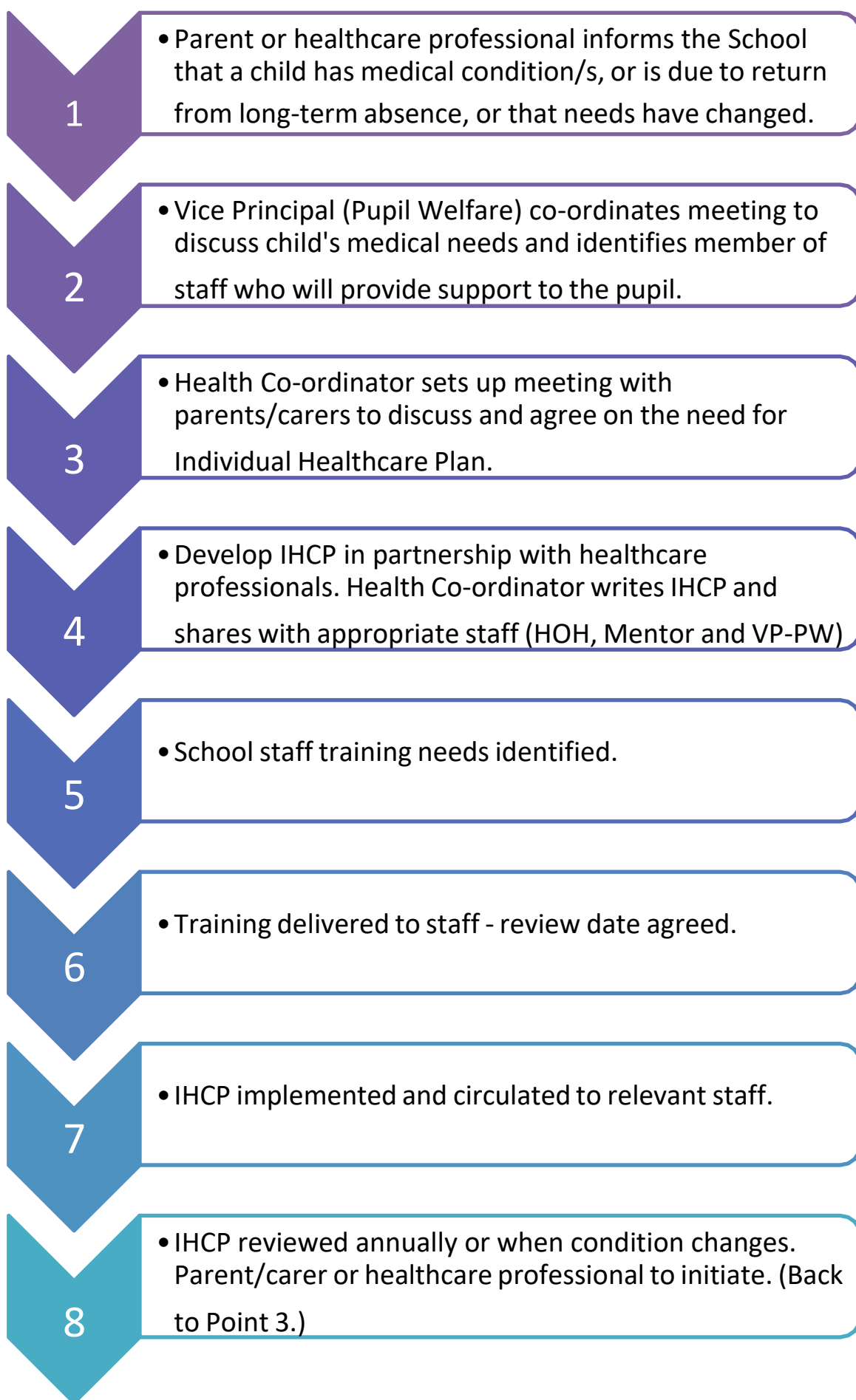
- Prevent children from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume every child with the same condition requires the same treatment
- Ignore the views of the child or their parents / carers, or ignore medical evidence or opinion (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 individual healthcare plans
- If the child becomes ill, staff at Haberdashers' Abraham Darby will email the Qualified First Aiders team on TAW100FirstAid@taw.org.uk. In an emergency, staff should call the dedicated first-aid

mobile number 01952 386061 At Haberdashers' Adams staff will call reception in the first instance.

- 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 order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend the School to administer medicine or provide medical support to their child, including with toilet issues. No parent 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, by requiring parents to accompany the child.

Complaints

Should parents/carers or pupils be dissatisfied with the support provided by the School, they should discuss their concerns directly with the School. This will be with the child's Mentor/Form Tutor/Head of House in the first instance, with whom any issues should be managed. If for whatever reason this does not resolve the issue, the problem should be brought to the attention of for Haberdashers' Abraham Darby, Mr Emmanuel Gyan-Bediako (Vice Principal) and for Haberdashers' Adams, Mr Daniel Biggins (Deputy Head – Pupil Welfare), who will, where necessary, bring concerns to the attention of the Principal/Headmaster. In the unlikely event of this not resolving the issue, the parents must make a formal complaint using the School's Complaints Procedure (this policy can be accessed through the school website).

Process for developing Individual Healthcare Plans at Haberdashers' Abraham Darby



Haberdashers' Abraham Darby/Haberdashers' Adams Individual Healthcare Plan

Child's name

Mentor Group/Tutor Group

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name 1

Relationship to child

Phone no. (work)

(home)

(mobile)

Name 2

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

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

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 pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information (such as any special education needs)

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