

SUPPORTING YOUNG PEOPLE WITH MEDICAL CONDITIONS POLICY

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Support
Services

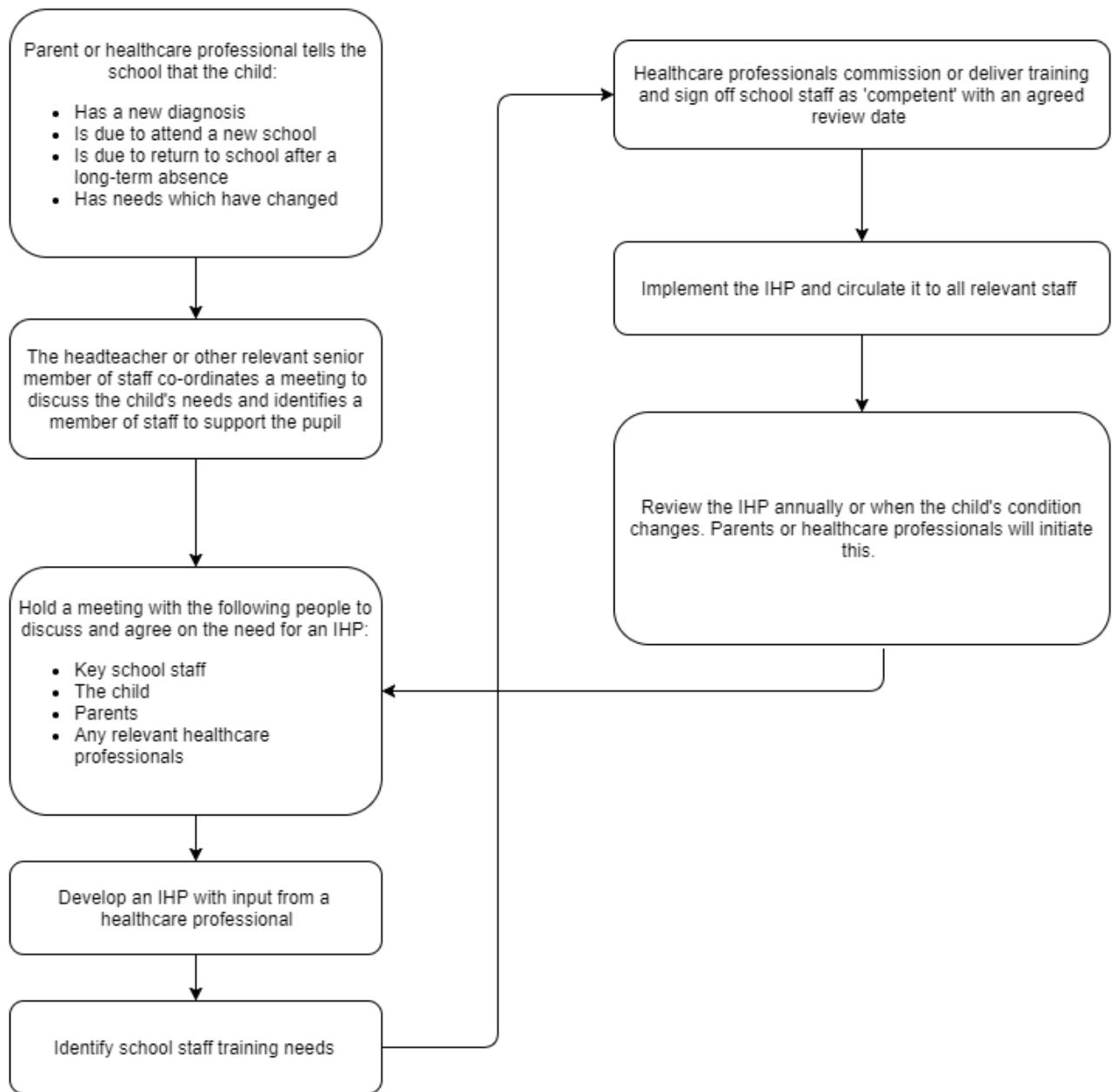
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1. AIMS

This policy aims to ensure that:

- Young Persons, staff and parents understand how our provision will support Young Persons with medical conditions
- Young Persons with medical conditions are properly supported to allow them to access the same education as other Young Persons, including provision trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of Young Persons' conditions, where appropriate

- Making sure there are cover arrangements to ensure someone is always available to support Young Persons with medical conditions
- Providing supply Careers Managers with appropriate information about the policy and relevant Young Persons
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Omar Salahuddin, Head of Provision.

2. LEGISLATION AND STATUTORY RESPONSIBILITIES

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting Young Persons at their provision with medical conditions.

It is also based on the Department for Education's statutory guidance on [supporting Child with medical conditions at provision](#).

3. ROLES AND RESPONSIBILITIES

3.1 THE GOVERNING BOARD

The governing board has ultimate responsibility to make arrangements to support Young Persons with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 THE HEAD OF PROVISION

The Head of Provision will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that provision staff are appropriately insured and aware that they are insured to support Young Persons in this way
- Contact the provision nursing service in the case of any Young Person who has a medical condition that may require support at provision, but who has not yet been brought to the attention of the provision nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 STAFF

Supporting Young Persons with medical conditions during provision hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to Young Persons with medical conditions, although they will not be required to do so.

This includes the administration of medicines.

Those staff who take on the responsibility to support Young Persons with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Careers Managers will take into account the needs of Young Persons with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a Young Person with a medical condition needs help.

3.4 PARENTS

Parents will:

- Provide the provision with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 YOUNG PERSONS

Young Persons with medical conditions will often be best placed to provide information about how their condition affects them.

Young Persons should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 PROVISION NURSES AND OTHER HEALTHCARE PROFESSIONALS

Our provision nursing service will notify the provision when a Young Person has been identified as having a medical condition that will require support in provision. This will be before the Young Person starts provision, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the provision's nurses and notify them of any Young Persons identified as having a medical condition. They may also provide advice on developing IHPs.

4. EQUAL OPPORTUNITIES

Our provision is clear about the need to actively support Young Persons with medical conditions to participate in provision trips and visits, or in sporting activities, and not prevent them from doing so. The provision will consider what reasonable adjustments need to be made to enable these Young Persons to participate fully and safely on provision trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that Young Persons with medical conditions are included. In doing so, Young Persons, their parents and any relevant healthcare professionals will be consulted.

5. BEING NOTIFIED THAT A CHILD HAS A MEDICAL CONDITION

When the provision is notified that a Young Person has a medical condition, the process outlined below will be followed to decide whether the Young Person requires an IHP.

The provision will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for Young Persons who are new to our provision.

See Appendix 1.

6. INDIVIDUAL HEALTHCARE PLANS

The Head of Provision has overall responsibility for the development of IHPs for Young Persons with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the Young Person's needs have changed.

Plans will be developed with the Young Person's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all Young Persons with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Head of Provision will make the final decision.

Plans will be drawn up in partnership with the provision, parents and a relevant healthcare professional, such as the provision nurse, specialist or paediatrician, who can best advise on the Young Person's specific needs. The Young Person will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a Young Person has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the Head of Provision will consider the following when deciding what information to record on IHPs:

- 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, 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, counselling sessions
- The level of support needed, 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 provision needs to be aware of the Young Person's condition and the support required
- Arrangements for written permission from parents and the Head of Provision for medication to be administered by a member of staff, or self-administered by the Young Person during provision hours

- Separate arrangements or procedures required for provision trips or other provision activities outside of the normal provision timetable that will ensure the Young Person can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/Young Person, the designated individuals to be entrusted with information about the Young Person's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. MANAGING MEDICINES

Prescription medicines will only be administered at provision:

- When it would be detrimental to the Young Person's health or provision attendance not to do so **and**
- Where we have parents' written consent

THE ONLY EXCEPTION TO THIS IS WHERE THE MEDICINE HAS BEEN PRESCRIBED TO THE YOUNG PERSON WITHOUT THE KNOWLEDGE OF THE PARENTS.

Young Persons under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a Young Person any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The provision will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The provision will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Young Persons will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to Young Persons and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1 CONTROLLED DRUGS

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A Young Person who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another Young Person to use. All other controlled drugs are kept in a secure cupboard in the provision office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 YOUNG PERSONS MANAGING THEIR OWN NEEDS

Young Persons who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs. Young Persons will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a Young Person to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 UNACCEPTABLE PRACTICE

Provision staff should use their discretion and judge each case individually with reference to the Young Person's IHP, but it is generally not acceptable to:

- Prevent Young Persons from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every Young Person with the same condition requires the same treatment
- Ignore the views of the Young Person or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal provision activities, including lunch, unless this is specified in their IHPs
- If the Young Person becomes ill, send them to the provision office or medical room unaccompanied or with someone unsuitable
- Penalise Young Persons for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent Young Persons from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend provision to administer medication or provide medical support to their Young Person, including with toileting issues. No parent should have to give up working because the provision is failing to support their child's medical needs
- Prevent Young Persons from participating, or create unnecessary barriers to Young Persons participating in any aspect of provision life, including provision trips, e.g. by requiring parents to accompany their child
- Administer, or ask Young Persons to administer, medicine in provision toilets

8. EMERGENCY PROCEDURES

Staff will follow the provision's normal emergency procedures (for example, calling 999). All Young Persons' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a Young Person needs to be taken to hospital, staff will stay with the Young Person until the parent arrives, or accompany the Young Person to hospital by ambulance.

9. TRAINING

Staff who are responsible for supporting Young Persons with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to Young Persons with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Head of Provision. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the Young Persons
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs.

This will be provided for new staff during their induction.

10. RECORD KEEPING

The governing board will ensure that written records are kept of all medicine administered to Young Persons for as long as these Young Persons are at the provision. Parents will be informed if their Young Person has been unwell at provision.

IHPs are kept in a readily accessible place which all staff are aware of.

11. LIABILITY AND INDEMNITY

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the provision's level of risk.

The details of the provision's insurance policy are:

- £5M Employers Liability Insurance, for each and every claim
- £5M Public Liability Insurance, for each and every claim
- £4M Professional Indemnity Insurance, in aggregate
- £4M Cyber Liability Insurance
- £500, 000 Medical Malpractice Public Liability Cover, for each and every claim
- £500, 000 Sexual Abuse and Molestation Public Liability Cover, for each and every claim

12. COMPLAINTS

Parents with a complaint about their child's medical condition should discuss these directly with the Head of Provision in the first instance. If the Head of Provision cannot resolve the matter, they will direct parents to the provision's complaints procedure.

13. MONITORING ARRANGEMENTS

This policy will be reviewed and approved by the governing board every 2 years.

14. LINKS TO OTHER POLICIES

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

APPENDIX 1: BEING NOTIFIED A CHILD HAS A MEDICAL CONDITION

