



Supporting children with medical conditions policy

Introduction

The Old Post Office Wellbeing Hub (the Venue) is a for-profit Organisation run for the following purpose:

The Old Post Office Wellbeing Hub is a purpose-built space designed to be used by groups to enhance the wellbeing of children and young people, parents and carers, and professionals working in education.

The Old Post Office C.I.C. (the Organisation) is a not-for profit organisation which provides support for children, young people (and their families) who are struggling to attend mainstream education.

The Organisation is based at:

Springlands Farm, London Road, Mountfield, East Sussex. TN32 5LX.

The Organisation has adopted this 'Supporting children with medical conditions policy' and expects every adult working, renting or helping at The Old Post Office Wellbeing Hub, or providing support through the Organisation, to support and comply with it.

Purpose of the Policy

This policy is intended to protect children and young people who receive any support at The Old Post Office Wellbeing Hub or through the Organisation, including those who are the children of adults using the facility. Under this policy, the term children shall mean any person under eighteen years of age.

This policy relates to teaching and learning at The Old Post Office Wellbeing Hub or through the Organisation, and the wider environment, and has been written to confirm our commitment to ensure arrangements to support service users with medical conditions are implemented in order for everyone to participate and enjoy their time with us.

Roles and responsibilities

The Old Post Office Wellbeing Hub and the Organisation has overall responsibility for the effective operation of this policy and for ensuring compliance with the relevant statutory framework. The Old Post Office Wellbeing Hub and the Organisation has delegated day-to-day responsibility for operating the policy and ensuring its maintenance and review to the service providers.

The service provider has the overall responsibility for ensuring:

- that they are suitably trained to meet the known medical conditions of children at their sessions
- that they are aware of the child's medical condition and properly briefed by the parent / carer
- risk assessments are completed
- individual healthcare plans are prepared where appropriate and monitored

The parent / carer has the overall responsibility for ensuring:

- Service providers are fully informed of any medical condition by completing the Booking Form and completing an individual healthcare plan where appropriate
- Staying with their child if they feel that the service user is insufficiently trained to care for their child's medical needs

Definition of 'medical condition'

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

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

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

Notification that a child has a medical condition

Ordinarily, the service user's parent/carer will notify The Old Post Office Wellbeing Hub or the Organisation that their child has a medical condition. Parents/carers should ideally provide this information in the Booking Form. However, they may sometimes pass this information on to a service provider if they have their contact details. Any service provider receiving notification that a child has a medical condition should notify Anita Auer as soon as practicable (anita.auer2021@outlook.com).

A child themselves may disclose that they have a medical condition and the service provider to whom the disclosure is made should speak to the parent / carer and notify Anita Auer as soon as practicable.

Notification may also be received direct from the child's healthcare provider or from an agency that is referring to The Old Post Office Wellbeing Hub or the Organisation.

Procedure following notification that a child has a medical condition

Except in exceptional circumstances where the child does not wish their parent/carer to know about their medical condition, the child's parents/carers will be contacted by the service provider, or someone designated by them, as soon as practicable to discuss what, if any, arrangements need to be put into place to support the child. Every effort will be made to encourage the child to involve their parents while respecting their right to confidentiality. If a child does not want their parent / carer notified, Anita Auer must be notified, in writing, as DSL.

Unless the medical condition is short-term and relatively straightforward (e.g. the child can manage the condition themselves without any support or monitoring), a meeting will normally be held with the parent / carer to:

- discuss the child's medical support needs
- agree whether the service provider can provide for the child's medical needs

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

Where possible, the child will be enabled and encouraged to attend the meeting and speak on his/her own behalf, taking into account the child's age and understanding. Where this is not appropriate, the child will be given the opportunity to feed in his/her views by other means, such as setting their views out in writing.

The healthcare professional(s) with responsibility for the child 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.

In cases where a child's medical condition is unclear, or where there is a difference of opinion, the service provider will exercise his/her professional judgement based on the available evidence to determine whether an IHP is needed and/or what support to provide.

Any support arrangements will be made in time for the start of the school term, or the event, where possible. In other cases, such as a new diagnosis or a child starting a course mid-term, every effort will be made to ensure that any support arrangements are put in place within two weeks.

In line with our safeguarding duties, the academy will ensure that child's health is not put at unnecessary risk from, for example, infectious diseases. The academy will not accept a child into the venue at times where it will be detrimental to the health of that child or others.

Individual Healthcare Plans (IHP) – see Appendix A and B

Where it is decided that an IHP should be developed for the child, this shall be developed in partnership between the service user, the child's parents/carers, the child 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 child accesses home-to-school transport to ensure that the authority's own transport healthcare plans are consistent with the IHP.

The aim of the IHP is to capture the steps which the service user needs to take to help the child manage their condition and overcome any potential barriers to getting the most from their time with us. It will be developed with the child's best interests in mind. In preparing the IHP the service provider will need to assess and manage the risk to the child's education, health and social well-being and minimise disruption.

The IHP will also clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant service users are aware of emergency symptoms and procedures. Other children in the venue 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 IHP) needs to be taken hospital, service providers will stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance if enough adults are present to look after the remaining children.

Except in exceptional circumstances, or where the healthcare provider deems that they are better placed to do so, the service provider will take the lead in writing the plan and ensuring that it is finalised and implemented.

Where a child is returning to the venue following a period of hospital education or alternative provision (including home tuition), the service provider will work with the local authority and education provider to ensure that the IHP identifies the support the child will need to reintegrate effectively.

Where the child 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.

Reviewing Individual Healthcare Plans (IHP)

Every IHP shall be reviewed at least annually. The service provider shall, as soon as practicable, contact the child's parents/carers and the relevant healthcare provider to ascertain whether the current IHP is still needed or needs to be changed. If the service provider receives notification that the child's needs have changed, a review of the IHP will be undertaken as soon as practicable.

Where practicable, service providers who provide support to the child with the medical condition will organise any meetings where the child's condition is discussed.

Service Provider Training

The parent / carer is responsible for:

- ensuring that all service providers are aware of this policy for supporting children 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 service providers available to implement the policy and deliver against all IHPs, including in contingency and emergency situations.

In addition, all service providers will know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

Administering medication

Written permission from parents/carers is required for prescription or non-prescription medication to be administered by a service provider or self-administered by the child during a session. Medicines will only be administered when it would be detrimental to a child's health or attendance not to do so. Where clinically possible, medicines should be administered in dose frequencies which enable them to be taken outside of session hours.

If a child requires medicines or medical devices, such as asthma inhalers, blood glucose testing meters or adrenaline pens, in the session it is vital that the parent/carers advise the service provider accordingly, so that the process for storing and administering medication can be properly discussed.

The service provider 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.

The medication must be accompanied by a complete written instruction form signed by the child's parent/carers (Appendix C). The service provider will not make changes to dosages labelled on the medicine or device on parental instructions.

The child and service provider supporting the child 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 child's parent/carers but the service provider will ultimately decide the approach to be taken.

Wherever possible, children 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, children will be encouraged to administer their own medication, under staff supervision if necessary. Service users 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 from the parents / carers before administering medication.

The service will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom; these will be stored securely by the service provider within the venue. Any side effects of the medication will be noted and the parent / carer informed immediately.

If a child refuses to take their medication, service providers 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.

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.

It is the responsibility of parents/carers to notify the service provider in writing if the child'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, provided by the parent / carer should always be used for the disposal of needles.

Service providers can refuse to take responsibility for a child's medication and ask the parents / carers to stay during the session.

Physical activities / Outdoor Learning

All students have the opportunity to participate in physical activities and outdoor learning. Parents / carers will be aware of how a child's medical condition will impact on their participation. Flexibility for all children to participate in events according to their own abilities and with any reasonable adjustments to participate fully and safely will be incorporated into any proposals as far as it is possible. Where necessary, parents / carers will be asked to provide additional support so that the child may participate.

Risk assessment will take place in consultation with parents/carers, children and advice from healthcare professionals. Planning arrangements incorporate steps needed to confirm that students with medical conditions can participate safely.

Complaints

Should parents/carers or students be dissatisfied with the support provided they should discuss their concerns directly with the service provider. If for whatever reason this does not resolve the issue, parents/carers are requested to make a formal complaint via The Old Post Office Wellbeing Hub and Organisation's complaints procedure.

Interrelationships with other policies

This policy should be read in conjunction with the following other important policies:

- Equality Policy
- Complaints Policy and Procedure
- Fire Safety and Emergency Evacuation Policy
- First Aid Policy
- Privacy Policy
- Safeguarding Policy

This policy is approved and robustly endorsed by The Old Post Office Wellbeing Hub and the Organisation and is due for renewal every year.

Signed _____ *Anita Auer* _____ Mrs Anita Auer (Safeguarding Officer)

Signed _____ *Paul Auer* _____ Mr Paul Auer (Manager)

Date: 24.6.24

Revision Date: 24.6.25

Appendix A: Process for developing individual healthcare plans

(Supporting pupils at school with medical conditions)

	Process
Step 1	Parent or healthcare professional informs the service provider that child has been newly diagnosed, or is due to attend group after an absence, or that needs have changed.
Step 2	Service user co-ordinates a meeting to discuss child's medical support needs.
Step 3	Meeting to discuss and agree on need for IHCP to include service provider, child, parent / carer, relevant healthcare professional and other medical/health clinician as appropriate (or consider written evidence provided by them).
Step 4	Develop IHCP in partnership – agree who leads on writing it. Input from healthcare professional must be provided.
Step 5	Service provider training identified – this is to be arranged, and funded (if necessary), by the parent / carers.
Step 6	Healthcare professional commissions / delivers training and service user is signed off as competent – review date agreed. Alternatively, the parent / carer provides training (if they feel this is acceptable and appropriate) and they sign the IHCP to recognise this happened and they were happy with it. Service provider is able to decline to provide medical assistance and request that parent / carer stay with their child or provide a different person to support them.
Step 7	IHCP implemented and shared with any relevant adults. Service user to keep this record in accordance with The Old Post Office Wellbeing Hub's Privacy Policy.
Step 8	IHCP reviewed annually, or when condition changes. Parent or healthcare professional to initiate.
Return to step 3 and repeat	

Appendix B: Individual healthcare plan (IHP)

Service Provider	
Child's full name	
Group (include day and time)	
Date of birth	
Child's address	
Medical diagnosis / condition	
Date	
Review date	

Family contact information

Name	
Relationship to child	
Phone number – first point of call	
Phone number – second point of call	
Name	
Relationship to child	
Phone number	

Clinic / hospital contact (if appropriate)

Name	
Phone number	

GP contact (if appropriate)

Name	
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Phone number	
Who is responsible for providing support in the sessions?	

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-indication, administered by/self- administered with/without supervision

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

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Arrangements for physical activities or outdoor learning

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Other information

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

Who is responsible in an emergency?

Plan developed with

Service provider training needed / undertaken – who, what, when

Form copied to:

Appendix C: Parental agreement to administer medicine

The service provider will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of service provider	
Name of child	
Date of birth	
Group (include day and time)	
Medical condition or illness	

Medicine

Name / type of medicine (as described on the counter)	
Expiry date	
Dosage and method	
Timing	
Special precautions / other instructions	
Are there any side effects that the service provider needs to know about?	
Self-administration – yes/no	
Procedures to take in an emergency	

NB – medicines must be in the original container as dispensed by the pharmacy

Contact details

Name	
Daytime telephone number	
Relationship to child	
Address	

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I understand that I must deliver the medicines personally to _____
(agreed service provider)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the service provider administering medicine in accordance with The Old Post Office Wellbeing Hub's policy. I will inform the service provider immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Signature(s) _____

Date _____

Appendix D: Record of medication administered to an individual child

Name of service provider	
Name of child	
Date medicine provided by parent	
Group (include day and time)	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Service provider signature _____

Signature of parent _____