



Supporting Children with Medical Conditions

Policy for Supporting Pupils at School with Medical Conditions

Our Mission statement:

At May Bank Infants School we work towards:

"The whole and wholesome development of each child in a happy and caring learning environment."

Together we grow and learn.

Aims

The school is committed to ensuring that all children with medical conditions, in terms of both physical and mental health, 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. This policy reflects arrangements for ensuring that:

- Pupils at school with medical conditions are properly supported so that they have full access to education, including school trips and physical education.
- Appropriate arrangements are in place in schools to support pupils at school with medical conditions.
- School leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

This policy reflects requirements under Section 100 of the Children and Families Act 2014, the Equality Act 2010 and the SEN Code of Practice. It has the School's Mission Statement and Aims at its heart. It also embraces the Every Child Matters Agenda, the right of every child to:

- Stay safe
- Be healthy
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

Procedure to be followed when notification is received that a pupil has a medical condition

Once the school has received notification that a child is starting school with a known medical condition, arrangements to support that child will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

The school will ensure consultation process includes:

- The child
- Parents/Carers
- Relevant Healthcare Professionals
- Previous school or pre-school setting

Transitional arrangements between settings will also involve:

- Visits to the previous setting
- Discussions with previous staff
- Review of previous healthcare plans
- Additional visits to our school as necessary
- Training requirements for staff

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.

The school does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents.

Individual healthcare plans

Some children will require an Individual Healthcare plan. This will provide clarity about what needs to be done, when and by whom. A healthcare plan will be essential where conditions fluctuate; where there is a high risk that emergency intervention will be needed or where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at **Appendix A**.

The healthcare plan will:

- Be easily accessible to all who need to refer to them, while preserving confidentiality.
- Capture the key information and actions that are required to support the child effectively.

Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, eg 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 a 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.

Plans will be 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 ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

Individual Healthcare plans will include the following information:

- 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 eg travel time in the environment;
- specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete assessments, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;

- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;
- where confidentiality issues are raised by the parent/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.

Roles and responsibilities

The school values the partnership between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and pupils in ensuring that provision and support for a child is the best it can be. The school will involve the above in formulating, monitoring and reviewing plans; respecting the views of all concerned.

The Governing Body will:

- Ensure that all staff receive relevant training to support a child with medical needs.
- Ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The Headteacher will:

- Ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Ensure that all staff who need to know are aware of the child's condition.
- Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
- Contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

- Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

School staff:

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurses:

- School nurses are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school.
- They may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.
- Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals, including GPs and paediatricians:

- Should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes).

Pupils:

- Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- Other pupils will be helped to understand and be sensitive to the needs of those with medical conditions.

Parents:

- Should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition.

- Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Staff Training and Support

Staff working with children with medical conditions should receive appropriate training and support.

This will usually be 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 should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school will ensure that training is 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.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

New staff will be made aware of the school's policy for supporting children with medical conditions and offered training as appropriate.

The child's role in managing their own medical needs

After discussion with parents, 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. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

Managing medicines on school premises

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent. A consent form must be completed
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- Schools should 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
- The school will not administer the initial dose of any medication due to possible adverse reaction
- All medicines will be stored safely in the medical cabinets in the Medical Room/Beeches or stored in lidded labelled box in the fridge. Children should know 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 be always readily available to children. Consent forms/records are kept with the medication and will be completed by the member of staff administering the medication.
- Medication is taken in the clearly identified Medical Bag on school visits,
- The school will keep controlled drugs that have been prescribed for a pupil securely stored in the medical cabinet and only named 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 in school
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. Schools 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 school should be noted

- When no longer required, medicines should be returned to the parent to arrange for safe disposal.

Record keeping

- All parents/carers must complete a consent form identifying the medication, dosage etc
- Staff must complete the record of amount/time of administration and note any side effects.
- Parents will be informed if their child has been unwell at school.

Emergency procedures

- Risk assessments will be completed and reviewed annually.
- Emergency procedures will be identified in healthcare plans but as with any medical concern in school an ambulance will be requested.
- Where a child has an individual healthcare plan, this will 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 needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Visits and sporting activities

Risk assessments are completed for all visits 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 and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.. Teachers are aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

Unacceptable practice

It is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;

- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child 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 eg hospital appointments;
- Prevent pupils 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 school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Liability and indemnity

The Governing body should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

Complaints

Should parents or pupils be dissatisfied with the support provided by the school, they should discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

OTHER POLICIES

See Asthma policy; Staffordshire Policy for administration of medicines in schools; DCSF Early Years Foundation Stage guidelines.

This policy was adopted in September 2014 and will be reviewed in 2017

Further sources of information

Other safeguarding legislation

Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must in discharging their functions in relation to the conduct of the school promote the well-being of pupils at the school.

Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.

Section 3 of the Children Act 1989 provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.

The NHS Act 2006: Section 3 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. **Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.

Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

They **must not** discriminate against, harass or victimise disabled children and young people. They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage.

Other relevant legislation

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy

trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child that has been prescribed a controlled drug.

The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet. It **must** not be teaching accommodation. Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools (including academy schools and alternative provision academies).

The Special Educational Needs Code of Practice

Section 19 of the Education Act 1996 (as amended by Section 3 of the Children Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full time, or such part time education as is in a child's best interests because of their health needs.

Appendix A:

