Misterton Primary & Nursery School

Supporting Pupils at school with Medical Conditions Policy

Updated: September 2021

Date for reviewing: September 2022

Named Person with overall responsibility for implementation of the policy: *Mrs J Cappleman-Jackson*

Children and Families Act 2014 says that Governing Body must make arrangements for supporting pupils at school with medical conditions. In meeting the duty, the Governing body must have regard to statutory guidance issued by the Secretary of State.

Key points

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

Introduction

1. In September 2014 a new duty was introduced for Governing Body. The aim is to ensure that 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.

2. Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines and care while at school to help them manage their condition and keep them well. Others may require interventions in particular emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that their child's medical condition will be supported effectively in school and that they will be safe. In making decisions about the support they provide, it is crucial that schools consider advice from healthcare professionals and listen to and value the views of parents and pupils.

3. In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term absences, including those for medical appointments, (which can often be lengthy), also need to be effectively managed.

4. Some children with medical conditions may be disabled. Where this is the case, the Governing body must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance will be read in conjunction with the SEN code of practice.

The role of the Governing body

5. The Governing body will ensure that arrangements are in place to support pupils with medical conditions. In doing so they will ensure that such children can access and enjoy the same opportunities at school as any other child. No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

6. In making their arrangements, the Governing body will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. They will often be long-term, on-going and complex, and some will be more obvious than others. The Governing body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

7. The Governing body will ensure that their arrangements give parents confidence in the school's ability to support their child's medical needs effectively. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, increase their confidence and promote self-care. There will be recognition that some medical conditions if not managed well can be fatal.

8. A child's health will not be put at unnecessary risk from, for example infectious diseases. In addition, and in line with their safeguarding duties, the Governing body will not place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so.

9. The Governing body will ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and will ensure that policies, plans, procedures and systems are properly and effectively implemented.

Policy implementation

Named Person with overall responsibility for implementation of the policy: *Mrs Cappleman-Jackson*

Mrs Cappleman-Jackson will take responsibility for ensuring that sufficient staff are suitably trained and that all relevant staff will be made aware of the child's condition, for cover arrangements in case of staff absence or staff turnover to ensure someone is always available, briefing for supply teachers, risk assessments for school visits and other school activities outside of the normal timetable, and monitoring of individual healthcare plans.

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

12. Once the school has been notified with a child's medical condition the school will contact the school nursing service for advice on the procedures, the training and the health care plan that will need to be formed. This will be completed as soon as is possible, but will take no more than 2 weeks. For children starting new at the school, arrangements will be in place in time for the start of the relevant school term, where possible. In other cases, such as a new diagnosis or children moving to our school mid-term, this will normally take no more than two weeks. The school doesn't have to wait for a formal diagnosis before providing support to children. This would normally involve some form of medical evidence and consultation with parents. In cases where a child'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.

Individual healthcare plans

13. Mrs Cappleman-Jackson is responsible for ensuring individual healthcare plans in support of pupils at school with medical conditions are in place. It will provide clarity about what needs to be done, when and by whom. They are likely to be helpful in the majority of cases, and especially for long-term and complex medical conditions, although not all children will require one. The level of detail within the 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. The school, health care professional and parent should agree, based on evidence, when a health care plan would be inappropriate or disproportionate. If consensus cannot be reached, the head teacher 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 **Annex A.**

14. Individual healthcare plans may be initiated, in consultation with a member of school staff, the school nurse or another healthcare professional with the parent. Plans must be drawn up with input from such professionals eg a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child and their parents. They should not be a burden to the school. The Governing body will ensure that plans are reviewed at least annually or earlier if the child's needs change. They will be developed in the context of assessing and managing risks to the child's education, health and

social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan will be linked to the child's statement or EHC plan where they have one.

15. When identifying what information plans will record, the Governing body will consider the following:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (its side-affects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues eg 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 own 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 child's medical condition from a healthcare professional
- who in the school needs to be aware of the child's condition and the support required
- written permission from parents and the head teacher at our school for medication to be administered by a member of staff, or self-administered by individual pupils 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
- 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

16. Mrs Cappleman-Jackson has overall responsibility for children with medical conditions but, all staff are trained in what support the individual child will require.

17. Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals, and parents and pupils will be critical. If a child requires medical treatment further help will be sent for to manage the class and the needs of the individual child.

18. Some of the most important roles and responsibilities are listed below, but schools may additionally want to cover a wider range of people in their policies.

- The Governing Body - will make arrangements to support pupils with medical conditions in school. This may include making sure that school policies for supporting pupils with medical conditions in school are developed and implemented. They will ensure that a pupil with medical conditions is supported to enable as full participation as possible in all aspects of school life.

- Head teachers – will ensure that policies are 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. Head teachers will ensure that all staff who need to know are aware of the child's condition. They will also ensure that sufficient trained 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. They will also make sure that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way. They will 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.

- School staff - any member of school staff may volunteer or be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. The Governing Body will ensure that staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. Although administering medicines is not part of teachers' professional duties, they can provide other support and will take into account the needs of pupils with medical conditions that they teach.

- School nurse – this role is critical. Every school will be allocated a school nurse. They are responsible for notifying the school when a child has been identified as having a medical condition who will require support in school. Wherever possible, they will do this before the child starts at the school. They will have the lead role in ensuring that pupils with medical conditions are properly supported in schools, including supporting staff on implementing a child's plan. They will liaise with lead clinicians on appropriate support for the child and associated staff training needs. School nurses will work with head teachers to determine the training needs of school staff and agree who would be best placed to provide the training. The school nurse or other suitably qualified healthcare professional will confirm that school staff are proficient to undertake healthcare procedures and administer medicines. See also paragraphs [19 to 27] below about training for school staff.

- Other healthcare professionals, including GPs and paediatricians - will 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)

- Local authorities – are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as the Governing Body of maintained schools, proprietors of academies, clinical commissioning groups and the NHS Commissioning Board, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities will provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities will work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs then the local authority has a duty to make other arrangements.

- Providers of health services - will co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses, and participation in locally developed outreach and training.

- Clinical commissioning groups – commission other healthcare professionals such as specialist nurses will ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. The have a reciprocal duty to cooperate under Section10 of the Children Act 2004.

- Pupils – will often be best placed to provide information about how their medical condition affects them. They will 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.

- Parents – will provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases notify the school that their child has a medical condition. They are a key partner and will be involved in the development and review of their child's individual healthcare plan. They will 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.

- Ofsted - Ofsted's inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a

policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

Staff training and support

19. The Governing Body will ensure that polices set out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, the policy will be reviewed annually. Training needs are assessed by the individual and the school nursing team, the School nursing team will direct the school towards the best possible people who can provide the training to meet the child's needs.

20. Any member of school staff providing support to a pupil with medical needs will have received suitable training.

21. The school nurse will normally lead on identifying with other health specialists, and agreeing with the school, the type and level of training required, and putting this in place. Schools may choose to arrange training themselves. School nurses will liaise with those providing training and ensure that training remains up-to-date.

22. Training will 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 to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.

23. Staff will not give prescription medicines or undertake health care procedures without appropriate training or clear instructions on the medication (updated to reflect individual healthcare plans at all times) from a healthcare professional. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

24. The school nurse or other suitably qualified healthcare professional will confirm that staff are proficient before providing support to a specific child.

25. Whole school awareness training will take place so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff will be included. The school nurse will be able to advise on training that will help ensure that all health conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs

26. Parents will be asked for their views and may be able to support school staff by explaining how their child's needs can be met. They will provide specific advice, but will not be the sole trainer.

27. The Governing Body will consider providing details of continuing professional development provision opportunities.

Children's role in managing their own medical needs

28. The Governing Body will ensure that the policy covers arrangements for children who are competent to manage their own health needs and medicines. After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. Wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access their medicines for self-medication, quickly and easily. Children who can take their medicines themselves or manage procedures may require a level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will administer medicines and manage procedures for them.

29. 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 will be informed so that alternative options can be considered.

Managing medicines on school premises

30. The Governing body will ensure that policy is clear about the procedures to be followed for managing medicines. They will reflect the following details:

- medicines will 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 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 will 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, eg 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
- 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. Children will 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 adrenalin pens will be always readily available to children and not locked away. This is particularly important when 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. Monitoring arrangements may be necessary. Schools will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs will be easily accessible in an emergency. A record will be kept

- a member of staff may administer a controlled drug to the child for whom it has been prescribed providing they have received specialist training/instruction. 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 will be noted

- when no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps

- staff will not keep any of their own medication, where it is accessible to children

Record keeping

31. The Governing Body will ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.

Emergency Procedures

32. The Governing Body will ensure that policy states what will happen in an emergency situation. As part of general risk management processes, all schools will have arrangements in place for dealing with emergencies.

33. 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. Other pupils in the school will know what to do, such as informing a teacher immediately if they think help is needed.

34. 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. Staff **will not** take children to hospital in their own car. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Day trips, residential visits and sporting activities

35. The Governing Body will ensure that their arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Teachers will be aware

of how a child's medical condition will impact on their participation, but there will be enough flexibility for all children to participate according to their own abilities. Schools will make arrangements for the inclusion of pupils in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

36. Schools will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to 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 and pupils and advice from the school nurse or other healthcare professional who are responsible for ensuring that pupils can participate. Please also see Health and Safety Executive (HSE) guidance on school trips.

37. Staff will have some emergency medicines for pain relief which are suitable for children when on residential. Parents will be informed if this medication is needed. The forms parents complete to consent to this will include any allergies.

Other issues for consideration

- asthma inhalers – once regulations are changed, schools will be able to hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health is producing a protocol which will provide further information.

Unacceptable practice

39. The Governing Body will ensure that the school policy is explicit about what practice is not acceptable. Although school staff will use their discretion and judge each case on its merits, 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 can 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 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 will have to give up working because the school is failing to support their child's medical needs

- prevent or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg requiring parents to accompany the child

- administer any medication which has not been prescribed by a doctor, including cough sweet or throat lozenges

Liability and indemnity

40. Governing Body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. It is important that polices set out the details of the school's insurance arrangements which cover staff providing support to pupils medical conditions. The insurance policy is accessible to staff providing such support.

41. The Policy will provide liability cover relating to the administration of medication but individual cover may need to be arranged for health care procedures associated with more complex conditions. Any requirements of the insurance such as the need for staff to be trained will be made clear and complied with.

42. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer, who carries public liability, rather than the employee.

Complaints

The Governing Body will ensure that the policy sets out how complaints may be made and will be handled concerning the support provided to children with medical conditions. Should parents be dissatisfied with the support provided to their child they will discuss their concerns directly with the school. If for whatever reason this doesn't resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a complaint to the Department for Education will only happen after other routes have been followed. The department may consider a complaint about a school from anyone who is unhappy with the way in which a school is acting if other avenues at resolution with the school have been exhausted. In the case of a maintained school, the DfE would consider if the school has acted unreasonably or failed to discharge a duty which may invoke either Section 496 or 497 of the Education Act 1996. Complaints against academies that fail to comply with their legal obligations will also be investigated. Ultimately, parents will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

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.

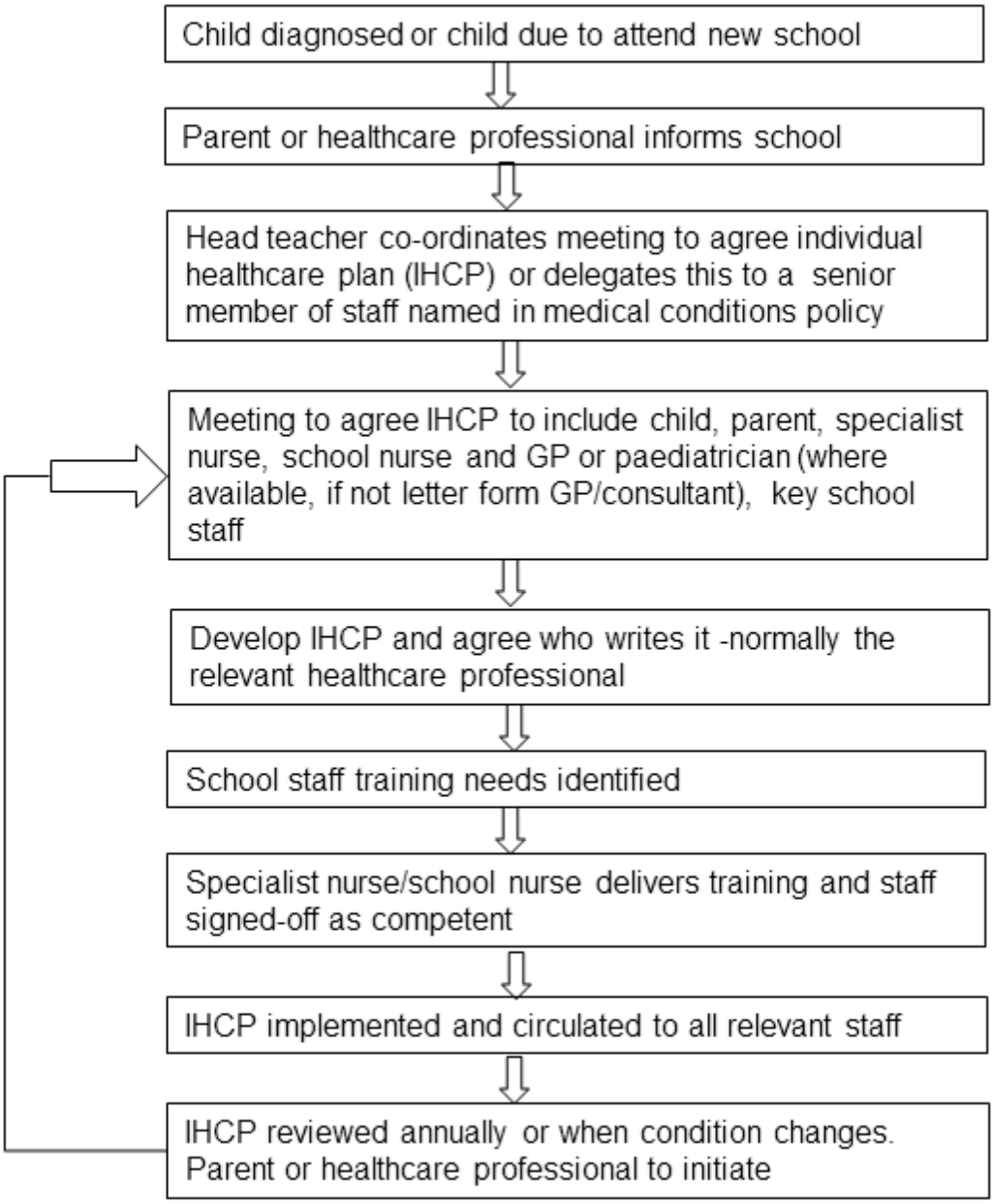
The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

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 (as amended by section 3 of the Children Schools and Families Act 2010)

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 par time education as in a child's best interests because of their health needs.

Annex A


Child diagnosed or child due to attend new school
Parent or healthcare professional informs school
Head teacher co-ordinates meeting to agree individual healthcare plan (IHCP) or delegates this to a senior member of staff named in medical conditions policy
Meeting to agree IHCP to include child, parent, specialist nurse, school nurse and GP or paediatrician (where available, if not letter form GP/consultant), key school staff
Develop IHCP and agree who writes it -normally the relevant healthcare professional
School staff training needs identified
Specialist nurse/school nurse delivers training and staff signed-off as competent
IHCP implemented and circulated to all relevant staff
IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate