



Lees Hill C of E Primary School

Supporting Pupils with Medical Conditions

POLICY ADOPTED BY FULL GOVERNING BODY: May 2019

Name: Mary Alston

Position: Chair of Governors

Next Review Date: May 2020

Aims and Objectives

This document relates to statutory guidance which applies to any “appropriate authority” as defined in section 100 of the Children and Families Act 2014: Governing Bodies of maintained schools. The policy applies to activities taking place off-site as part of normal educational activities.

All references to a parent or parents also includes a carer or carers.

The aim is to ensure 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, including access to education, including school trips and physical education, remain healthy and achieve their academic potential.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. All children must receive a full time education, unless this would not be in their best interests because of their health needs

Role of Parents

Parents of children with medical conditions may be 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 or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in 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 schools will provide effective support for their child’s medical condition and that pupils feel safe. In making decisions about the support they provide, schools should establish relationships with relevant local health services to help them.

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, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Role of Headteacher:

The Headteacher should ensure that individual healthcare plans (EHC), along with a named member of staff who is responsible for its monitoring and development, and who will lead the support for individual pupils at school with medical conditions. EHCs will provide clarity about what needs to be done, when and by whom. 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.

Pupils should also be involved whenever appropriate. 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 annex A. 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. The aim should 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.

The Headteacher is responsible for

- Ensuring that sufficient staff are suitably trained, ensuring that all relevant staff will be made aware of the child's condition. The Headteacher will ensure adequate arrangements for whole school awareness training are made so that all staff are aware of the school's policy for supporting pupils with medical conditions. Induction arrangements for new staff should be included. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.
- Making cover arrangements in case of staff absence or staff turnover to ensure someone is always available and briefing for supply teachers.
- Risk assessments for school visits, holidays, and other school activities outside of the normal timetable, and
- Monitoring of individual healthcare plans, especially where a child is returning to school following a period of hospital education or alternative provision (including home tuition)

The Headteacher should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should 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.

Role of Staff

It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils. 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 some may be bullied or 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 should 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 and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

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. 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 healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils' individual

health care plans. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case Governing Body shall comply with their duties under that Act. Some may also have Special Educational Needs (SEN) and may have a statement, or 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 should be read in conjunction with the [Special Educational Needs and Disability \(SEND\) Code of Practice](#).

For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with the statutory elements of this guidance with respect to those children.

Day Trips, Residential Visits and Sporting Activities

Teachers should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits and in sporting activities. 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 relevant healthcare professional to ensure that pupils can participate safely. Please also see Health and Safety Executive (HSE) guidance on school trips.

Role of Governors

- The Governing Body shall ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- The Governing Body shall 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.

The Governing Body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. Schools, local authorities, health professionals and other support services should work together to ensure that children with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

In making their arrangements, Governing Bodies should take into account that many of the medical conditions that require support at school may affect quality of life and may be life-threatening. Some will be more obvious than others. Governing Bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The Governing Body will ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

The Governing Body should ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They should 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 wellbeing, 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.

Role of School Nurse (Every school has access to school nursing services)

They 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 would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but 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 - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school.

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.

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. Schools may choose to arrange training themselves and should ensure this remains up-to-date.

Role of Other Healthcare Professionals, including GPs and Paediatricians

Healthcare Professionals 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 (e.g. asthma, diabetes, epilepsy).

Role of 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 often be sensitive to the needs of those with medical conditions.

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

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.

Role of Local Authority

LAs are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as Governing Bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities should 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 should 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, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of illness (whether consecutive or cumulative across the school year).

Role of Providers of Health Services

Relevant Health Services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison

Role of Clinical Commissioning Groups (CCGs)

Commission other healthcare professionals such as specialist nurses. They should 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. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

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 – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

Non-Prescription Medicines Administration

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed when medication has been administered.

Prescribed Medication Administration

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. School 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 should be stored safely in the staff room. In the case of 'on demand' medication such as inhalers, blood glucose testing meters and adrenaline pens children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips. Schools should keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should 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 should do so in accordance with the prescriber's instructions. School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Record Keeping

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

If a child needs to be taken to hospital, a member of staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Monitoring and Review:

This document will be reviewed annually, or sooner as required.

TEMPLATE A – INDIVIDUAL HEALTHCARE PLAN

Name of Child:

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

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil’s educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

TEMPLATE B – PARENTAL AGREEMENT FOR SETTING TO ADMINISTER MEDICINE

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by		
Name of school/setting		
Name of child		
Date of birth		
Group/class/form		
Medical condition or illness		

Medicine

Name/type of medicine <i>(as described on the container)</i>		
Expiry date		
Dosage and method		
Timing		
Special precautions/other instructions		
Are there any side effects that the school/setting needs to know about?		
Self-administration – y/n		
Procedures to take in an emergency		

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s):

Date:

TEMPLATE C – RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of school/setting	Lees Hill CE Primary School	
Name of child		
Date medicine provided by parent		
Group/class/form		
Quantity received		
Name and strength of medicine		
Expiry date		
Quantity returned		
Dose and frequency of medicine		

Staff signature :

Signature of parent:

TEMPLATE D – RECORD OF MEDICINE ADMINISTERED TO ALL CHILDREN

Name of school/setting	
Name of Child	

TEMPLATE E – STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES

Name of school/setting	Lees Hill CE Primary School			
Name				
Type of training received				
Date of training completed				
Training provided by				
Profession and title				

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer’s signature: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Date: _____

Suggested review date: _____

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TEMPLATE F – CONTACTING EMERGENCY SERVICES

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.

School Telephone Number - 016977 25777

Your Telephone Number (in the case of school visit) - _____

Your Name - _____

Your location - Lees Hill School, Lees Hill, Brampton, Cumbria, CA8 2BB

Provide the exact location of the patient within the setting

Provide the name of the child and a brief description of their symptoms

Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

A completed copy of this form should be placed by the school phones

TEMPLATE G – MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO THE INDIVIDUAL HEALTHCARE PLAN DEVELOPMENT

Dear Parent,

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

J Dagleish
Headteacher

