



**Beaupré**  
COMMUNITY PRIMARY SCHOOL

# **Supporting Children with a Medical Condition Policy**

This policy was approved  
**May 2019**

**This policy should be reviewed annually**

*“Together unlocking the potential of every child, inspiring children, improving lives”*

## Introduction

1. The aim of this policy 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 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 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 governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and 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 SEND Code of Practice.

## The Role of the Local Governing Body

5. The governing body of our school ensures that arrangements are in place to support pupils with medical conditions. This duty is delegated to the Headteacher and/or SENCO. By doing this we 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. Arrangements made 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. Our school will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
7. Arrangements will be made to 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 is recognition that some medical conditions, if not managed well, can be fatal.
8. A child's health should not be put at unnecessary risk simply because they attend school. In addition, and in line with their safeguarding duties, the governing body will ensure children do 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 arrangements in place are sufficient to meet statutory responsibilities and will ensure that policies, plans, procedures and systems are properly and effectively implemented.
10. The governing body will ensure that this policy on supporting pupils with medical conditions is reviewed regularly and readily accessible to parents and school staff.

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

11. The procedure to be followed when our school is first notified that a pupil has a medical condition is given at Appendix A. This covers transitional arrangements between schools, or when a pupil's needs change, and includes arrangements for

staff training. Arrangements 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, this should normally take no more than two weeks.

## Individual healthcare plans

12. Individual healthcare plans (IHP or IHCP) assist us to effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. It should be noted that not all pupils will require an IHP. The level of detail within the plans will depend on the complexity of the child's condition and the degree of support needed.
13. IHPs must be drawn up with input from healthcare professionals e.g. a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child and their parents. Plans are reviewed at least annually, or earlier if the pupil's needs change. They should 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 should be linked to the child's EHC plan where they have one.
14. When identifying what information IHPs should record, the following will be considered:-
  - the medical condition, its triggers, signs, symptoms and treatments
  - the pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and any environmental issues
  - the level of support needed, (some pupils will be able to take responsibility for their own health needs), including in emergencies. If a pupil is self-managing their own 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 pupil's medical condition from a healthcare professional
  - who in the school needs to be aware of the pupil's condition and the support required
  - written permission from parents 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 educational trips or other school activities outside of the normal school timetable that will ensure the pupil can participate e.g. risk assessments
  - where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the pupil's condition
  - what to do in an emergency, including whom to contact, and contingency arrangements

## Roles and Responsibilities

16. Roles and Responsibilities for all staff will be clearly defined.
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 is critical. Collaborative working arrangements will be agreed between all those involved, showing how they will co-operate to ensure that the needs of pupils with medical conditions are met effectively.

See Appendix B for more information on roles and responsibilities.

## Staff Training and Support

18. Staff will receive suitable training to enable them to support pupils with medical conditions.
19. The training will be led by an appropriate healthcare professional, usually the school nurse or other health specialist, after agreeing with the school, the type and level of training required.

20. Training should 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 IHP. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.
21. Staff will not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional. A first-aid certificate does not necessarily constitute appropriate training in supporting children with medical conditions.
22. 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.

## **Children's Role in Managing Their Own Medical Needs**

23. After discussion with parents, pupils who are competent should be encouraged to take responsibility for managing their own medicines and procedures. Children who can take their medicines themselves or manage procedures will still require a level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should administer medicines and manage procedures for them.
24. If a pupil 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 IHP. Parents should be informed.

## **Managing Medicines on School Premises**

25. 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 should 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, 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
  - where clinically possible, medicines should be prescribed in dose frequencies that enable them to be taken outside school hours
  - Prescribed medicines should be 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
  - Medicines will be stored safely, usually in the School Office or Medical Locker, if needing refrigeration, or other room as stated by the headteacher. Pupils 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, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away. This is particularly important to consider 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. To eliminate this possibility, we have opted to store controlled drugs securely in the above mentioned places. Controlled drugs should be easily accessible in an emergency. A record should be kept.

- Only staff who have received specialist training/instruction will administer a controlled drug to the child for whom it has been prescribed. A record is kept 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 should be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps

## **Record Keeping**

26. 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.

## **Emergency Procedures**

27. As part of general risk management processes, arrangements are in place for dealing with emergencies. Risk assessments are completed.
28. Where a child has an IHP, this should 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 should know what to do, such as informing a teacher immediately if they think help is needed.
29. If a pupil needs to be taken to hospital, staff should stay with the pupil until a parent arrives, or accompany the pupil by ambulance. Staff should not take pupils to hospital in their own car.

## **Day Trips, Residential Visits and Sporting Activities**

30. Pupils with medical conditions are actively supported to ensure they can participate in school trips and visits, or in sporting activities. Teachers are made aware of how a pupil's medical condition can impact on participation, but there should be enough flexibility for all pupils to participate according to their own abilities. We 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.
31. Careful consideration is given to what reasonable adjustments might be made to enable pupils with medical needs to participate fully and safely on visits. Risk assessments are carried out alongside planning arrangements to take account of any steps needed to ensure that pupils with medical conditions are included. This may require consultation with parents and pupils and advice from the school nurse or other healthcare professional who is responsible to ensure that pupils can participate

## **Home to School Transport for Pupils Requiring Special Arrangements**

32. Consideration is given to how pupils with medical conditions travel to and from school. This should include what should be done in emergency situations.
33. Where pupils have life threatening conditions, specific transport healthcare plans should be carried on vehicles.

## **Unacceptable Practice**

34. School staff will use their discretion and judge each case on its merits, but it is not generally acceptable practice to:
- prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary
  - assume that every pupil with the same condition requires the same treatment
  - ignore the views of the pupil or their parents
  - send pupils with medical conditions home frequently or prevent them from staying for normal school activities including lunch
  - if the pupil becomes ill, send them to the school office or medical room unaccompanied

- penalise pupils for their attendance record if their absences are related to their medical condition e.g. 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 or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child

## **Liability and Indemnity**

35. The governing body will ensure annually that the appropriate level of insurance is in place. This will include 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.
36. Staff are reassured that, 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**

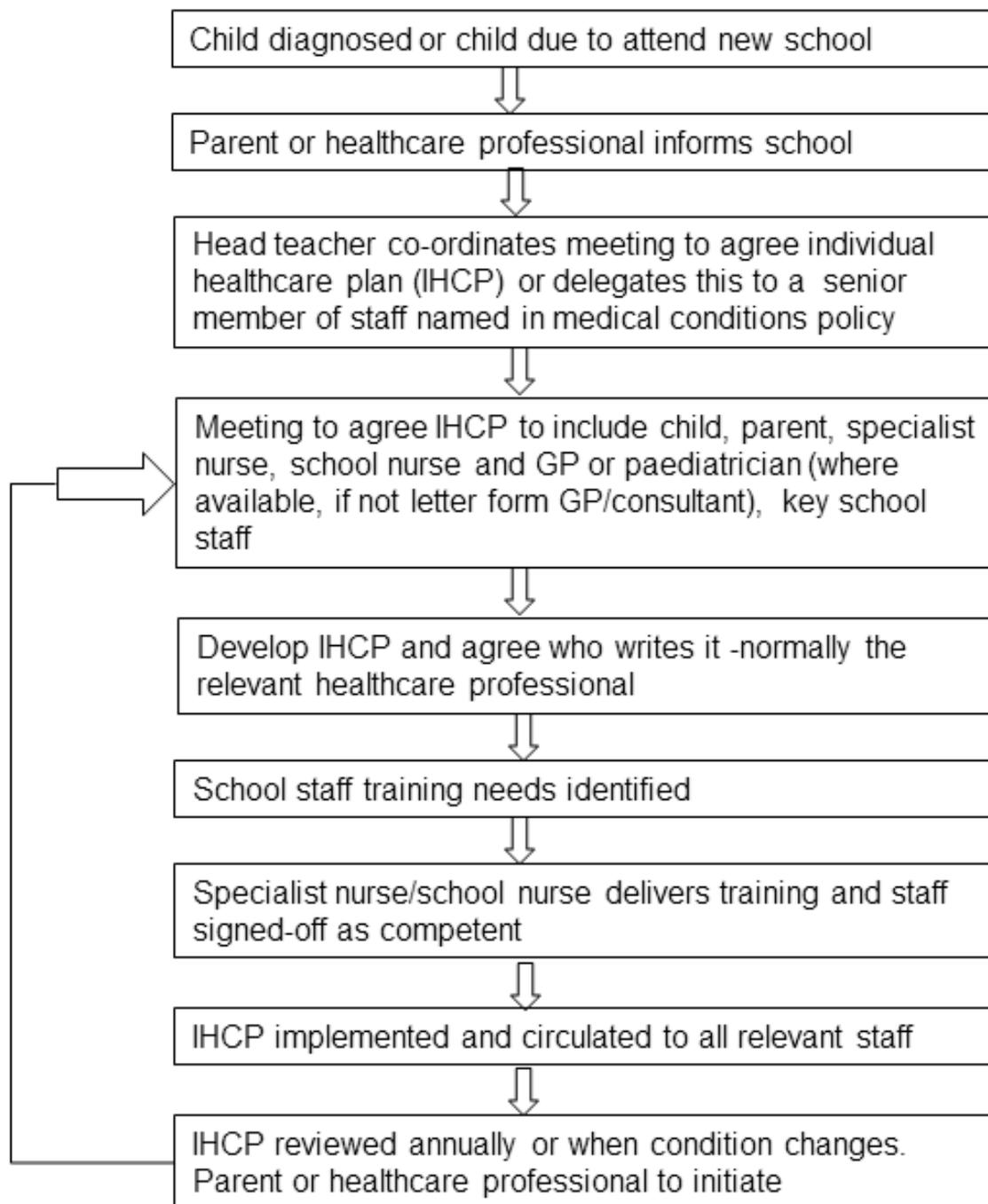
37. If parents are dissatisfied with the support provided to their child they should discuss their concerns directly with the school. If for whatever reason this doesn't resolve the issue, they may make a formal complaint via the school's complaints procedure.

## **Further Sources of Information**

38. A list of appropriate advice and guidance is given at Appendix C.

## Appendix A

### Model Process for Developing Individual Healthcare Plans



## Appendix B

### Roles & Responsibilities

- Governing bodies – Retain overall responsibility for ensuring the School supports pupils with medical conditions in

school.

- Headteacher – has delegated power to manage this policy. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child's condition and also ensure that sufficient trained staff are available to implement IHPs as appropriate.
- The head teacher is responsible for trained staff giving prescribed medication during the school day.

Areas of general responsibility include:

- maintaining a list of all pupils with medical conditions
- ensuring all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation
- notifying all staff who need to know of an individual child's medical condition
- ensuring all staff are aware of the up to date medical situation of individual pupils
- ensuring there are sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations (*A first-aid certificate does not constitute appropriate training in supporting children with medical conditions*)
- ensuring that any adjustments to accommodation or the curriculum are made,
- provide ongoing monitoring of the pupil's individual situation and needs whilst in school
- developing appropriate individual healthcare plans and emergency plans
- ensuring that first aid and medical advice is available in the school
- arranging briefing for staff on first aid and medical arrangements
- ensuring that arrangements are in place for safeguarding pupils during off-site activities
- ensuring that all parents are aware of the School's Policy and Procedures for dealing with medical needs
- reporting annually to the governing body on the working of the policy
- 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. Although administering medicines is not part of teachers' professional duties, they can provide other support and should take into account the needs of pupils with medical conditions that they teach.
- School nurse or other qualified healthcare professional – is responsible for notifying the school when a pupil has been identified as having a medical condition that requires support in school. Wherever possible, they should 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 pupil's IHP. They will act as liaison with lead clinicians on appropriate support for the pupil and associated staff training needs.
- GPs and paediatricians (or other appropriate healthcare professional) – are responsible for notifying the school when a pupil has been identified as having a medical condition that will require support at school. They may provide advice on developing IHPs.

- 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 governing bodies 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 should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within IHP 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 then the local authority has a duty to make other arrangements.
- Providers of health services - should co-operate with schools that are supporting pupils with a medical condition, including appropriate communication, liaison with school nurses, and participation in locally developed outreach and training.
- Clinical commissioning groups – should ensure that commissioning is responsive to a pupil’s needs, and that health services are able to co-operate with schools supporting pupils with medical conditions.
- Pupils – will often be best placed to provide information about how their medical 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 IHP.
- Parents – should 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 should be involved in the development and review of their child’s individual healthcare plan. 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.
- 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.

## APPENDIX C

### 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.

**Section 3 of the NHS Act 2006** 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 3 of the NHS Act 2006** 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.

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).