



*We Inspire to Aspire*

# **Supporting Pupils With a Medical Condition in School Policy**

Reviewed: August 2021

Next Review: August 2022

## **Supporting Children with Medical Conditions at School Policy**

### **Introduction**

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.

This document sets out Rivers Primary Academy's policy for supporting pupils with medical conditions. It has the full support of governors, the Headteacher and senior staff. It will be reviewed regularly and will be made readily available to parents and school staff.

In implementing our policy, we will follow the statutory guidance set out in the Department for Education's document "Supporting pupils at school with medical conditions."

### **Policy**

We will ensure that pupils with medical conditions, in terms of both physical and mental health, are properly supported so that they have full access to education, including school trips and physical education, and can access and enjoy the same opportunities at school as any other child.

We will ensure that arrangements are in place in school to support pupils with medical conditions. These arrangements should give parents and pupils confidence in our ability to provide effective support for medical conditions in school.

We will consult with our health colleagues, social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

Where children with medical conditions may be considered disabled, we will ensure that we comply with our duties set out in the Equality Act 2010.

Where children with medical conditions have a special educational need (SEN) and have a statement, or Education, Health and Care (EHC) plan we will comply with the [Special educational needs and disability \(SEND\) code of practice](#).

We will ensure that staff are properly trained to provide the support that pupils need.

### **Policy implementation**

The Headteacher of Rivers Primary Academy has overall responsibility for implementing this policy.

The Senior Leadership Team is responsible for ensuring that sufficient staff are suitably trained.

The Senior Leadership Team will ensure that all relevant staff are made aware of the child's condition. This will include briefing relevant supply teachers.

The Senior Leadership Team will ensure that arrangements are in place to cover for staff absence or staff turnover and ensure that someone is always available.

The Senior Leadership Team will ensure that appropriate risk assessments are in place for school visits, holidays, and other school activities outside of the normal timetable.

The SENCo will ensure that monitoring of Individual Healthcare Plans takes place.

### **Notification that a pupil has a medical condition**

Once we are notified that a pupil has a medical condition, we will ensure that appropriate arrangements (staff training and support) are put in place prior to the start of the relevant school term.

Where pupils have a new diagnosis or join us mid-term, we will make every effort to ensure that appropriate arrangements are in place within two weeks.

Where pupils transfer between schools, we will liaise with the pupil's previous school to help ensure a smooth transition.

Likewise, where pupils transfer between classes in a setting or when a new teacher starts, liaison will take place to ensure a smooth transition.

### **Individual healthcare plans**

We will liaise with our healthcare colleagues and parents (and if appropriate, the pupil) to ensure that, where appropriate, individual healthcare plans are developed to support pupils.

We recognise that responsibility to ensure that healthcare plans are finalised and implemented rests with the school. However, where appropriate, healthcare professionals will take the lead in writing the plans.

Healthcare plans will be readily accessible to all who need to refer to them, but we will ensure that confidentiality is maintained.

We will ensure that healthcare plans are reviewed at least annually or earlier if evidence is

presented that the child's needs have changed.

Healthcare plans will consider the following:

- 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;
  - 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 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 e.g. 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**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school's ability to provide effective support often depends on working cooperatively with other agencies. We will ensure that we engage in effective partnership working with healthcare professionals (and, where appropriate, social care professionals), the local authority, parents and pupils.

Key roles and responsibilities are set out below:

- **The Governing Body (LAB)** – has overall responsibility for making sure arrangements to support pupils with medical conditions are in place and that the policy for supporting pupils with medical conditions is developed and implemented. This includes ensuring pupils with medical conditions are supported to enable their full participation in all aspects of school life and ensuring that staff receive suitable training and are competent to support those children.
- **The Headteacher** – is responsible for the policy and its effective implementation with partners. This includes ensuring that all staff are aware of the policy and understand their role in its implementation. The headteacher will ensure all staff that need to know are made aware of a child's condition and 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.
- **The Senior Leadership Team** has overall responsibility for the development of individual healthcare plans and will contact the relevant healthcare professional 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 be asked to provide support to pupils with medical conditions, including administering 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 will receive appropriate training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. All 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** – The school nursing service is 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 will do this before the child starts at the school. It is not the role of the school nursing service to ensure that the school is taking appropriate steps to support children with medical conditions, but they may support staff on implementing a child's individual healthcare plan, e.g. by providing advice and possibly training. School nurses can liaise with lead clinicians on appropriate support for the child and associated staff training needs. The community nursing team can also be a valuable source of advice and support.
- **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 and may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support for children with particular conditions (e.g. asthma, diabetes, epilepsy).
- **Pupils** – with medical conditions are often best placed to provide information about how their condition affects them and, wherever possible, will be fully involved in discussions about their medical support needs. They will also be asked to contribute as much as possible to the development of their individual healthcare plan.

- **Parents/Carers** – are asked to provide the school with sufficient and up-to-date information about their child’s medical needs. In some cases, they will be the first to notify the school that their child has a medical condition. Parents are key partners and will be involved in the development and review of their child’s individual healthcare plan. Parents are requested to 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.
- **The local authority** – is the commissioner of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, local authorities have a duty to promote cooperation 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. The local authority 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.
- **Others** – the DfE guidance makes it clear that other health colleagues have a role to cooperate with schools and the local authority in supporting children with medical conditions. The guidance also notes that Ofsted will expect schools to have effective policies in place (see [DfE guidance](#)).

### **Staff training and support**

Any member of school staff providing support to a pupil with medical needs will receive suitable training, appropriate to the individual healthcare plans of children they support.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. However, in some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient.

All training will be refreshed at least every three years. However, there will be an elective yearly refresher for any staff who feels they need more frequent updates.

### **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.

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 an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

## **Managing medicines on school premises**

The school's policy on medicines in school is:

- 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.
- Children under 16 will not be given medicine containing aspirin unless prescribed by a doctor. Medication e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.
- The 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 is generally inside an insulin pen or a pump, rather than in its original container.
- All medicines will be stored safely in a locked medical cabinet in the leadership office. Children will be told where their medicines are at all times and will be able to access them immediately. Where relevant, they will be told who has the key to the storage facility.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. This is particularly important when outside of school premises, e.g. on school trips.
- Where a child has been prescribed a controlled drug, they may legally have it in their possession if they are competent to do so. However, it will be made clear to them that passing it to another child for use is an offence. Monitoring arrangements will be put in place as appropriate. Otherwise, controlled drugs that have been prescribed for a pupil will be securely stored in the locked medical cabinet and only named staff will have access to them, albeit they will be kept 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. A record of all medicines administered to individual children will be logged CPOMs stating what, how and how much was administered, when and by whom. Any side effects of the

medication administered 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.

## **Record keeping**

The school will ensure that records are kept of all medicines administered or clinical procedures carried out to children on CPOMs. Parents/Carers will be informed if their child has been unwell at school.

## **Emergency procedures**

Medical emergencies will be dealt with following the school's emergency procedures.

Where a child has an individual healthcare plan, it 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 will, if appropriate, be made aware of what to do in general terms, such as informing a teacher immediately if they think help is needed.

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.

## **Day trips, residential visits and sporting activities**

We will actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and make reasonable adjustments to allow them to take part. Pupils will always be included unless evidence from a clinician such as a GP states that this is not possible.

Our planning arrangements will take account of any adjustments needed to ensure that pupils with medical conditions are included. This requires consultation with parents and pupils and advice from relevant healthcare professionals to ensure that pupils can participate safely.

## **Other issues**

With regard to **home-to-school transport**, where appropriate, transport healthcare plans will be put in place for pupils with life-threatening conditions.

With regard to **asthma inhalers** held for emergency use, we will hold emergency inhalers in school.



## **Unacceptable practice**

The school's policy is explicit about what practice is not acceptable. Although staff will use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not 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 to seek medical help unaccompanied or with someone unsuitable;
- Penalise children 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; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips e.g. by requiring parents to accompany the child.

## **Liability and indemnity**

Staff are assured that when providing support to pupils with medical conditions, they are covered by the school's insurance.

## **Complaints**

Any complaints regarding the school's support to pupils with medical conditions should be made in the first instance to the headteacher. If for whatever reason this does not resolve the issue, parents and pupils may make a formal complaint via the school's complaints procedure.