



Supporting Children with Medical Conditions Policy

Date of policy:	September 2015
Date last review adopted by governing body:	1/12/2016
Frequency of review:	Annual

1. Introduction

Writtle Infant school is an inclusive school where pupils with medical needs are entitled to a full education and have the same rights of admission to school as any other child. The Headteacher is the person responsible for medical needs. Schools should not wait for formal diagnosis before action is taken. This policy covers all medical conditions including asthma, epilepsy and anaphylaxis.

Our school values underpin our practice across the school, Honesty, Inclusivity, Politeness, Independence and Perseverance – HIPIP.

Our named governor for children with medical conditions is Mrs Joan Gentle.

2. Rationale

Section 100 of the Children and Families Act 2014 places a duty on the governing body of schools to make arrangements for supporting pupils at their school with medical conditions. 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, remain healthy and achieve their academic potential. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with accurate information.

3. Definition of medical conditions

Pupils' medical needs may be broadly summarised as being of two types:

- **Short term:** affecting a child's participation in school activities because they are on a course of medication.
- **Long term:** potentially limiting a child's access to education and requiring extra care and support (deemed **special medical needs**). A medical condition that is long term may have acute episodes, require ongoing support, and involve the need for medication and/or care whilst at school. The condition will need monitoring and could require immediate intervention in emergency circumstances. The child involved will need consideration in the event of school trips and staffing must be altered as a result.

Where children 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 consecutive days or more because of health needs.

4. Procedures

- Parents/Carers need to inform the school of any medical conditions their children may have
- Forms in the Front Office need to be completed by the parents/carers giving the school details of the medical condition and medicines left at school.
- The Head teacher and class teacher must be informed. The Head teacher is responsible for ensuring that relevant staff have had current training and are following correct procedures.
- The school collate a list of children with medical needs in school and distribute amongst all staff
- Parents are responsible in ensuring that their contact details are up to date in case of a medical emergency
- We keep a record of all medicines administered with the initials of those present. However in the case of an emergency, such as the use of an epipen, this may not be the case.

5. Responsibilities of the governing body

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.

The Governing body should ensure that the school develops a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff:

- The arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation. (Headteacher)
- The school's policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition
- Individual healthcare plans are the responsibility of the health professionals and the school is responsible for implementing them. Plans should be 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 well-being and minimises disruption.
- Written records are kept of all medicines administered to children.
- Their arrangements are clear and unambiguous about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- To monitor arrangements for transition of children with medical needs
- Staff are properly trained to provide the support that students need and support/new/supply staff brief and this takes place at least yearly
- The school's policy sets out what should happen in an emergency situation.
- The appropriate level of insurance is in place and appropriately reflects the level of risk, with risk assessment being carried, when appropriate.
- Parents provide the school with sufficient and up-to-date information about their child's medical needs. This will be prompted with an annual data check.
- Links with school nurse team

6. Individual Healthcare Plans

Individual Healthcare Plans will help to ensure that the school effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long term or complex. However, not all children will require one but may need some support/special arrangements.

The school, healthcare professionals and parents/carers should agree, based on evidence, when an Individual Healthcare Plan would be inappropriate or disproportionate. Where there is a discrepancy an appropriate healthcare professional should be asked to arbitrate.

Individual Healthcare Plans will be written and reviewed by the Health professionals, but it will be responsibility of all members of staff supporting the individual children to ensure that the Plan is followed.

Individual Healthcare Plans must:

- Be clear and concise
- Be written in partnership with parents, child, healthcare professionals and key staff
- Be reviewed annually or when there is a change in the condition of the child
- Be easily accessible whilst preserving confidentiality
- Outline educational provision if the student is unable to attend school
- Contain details of the medical condition, its triggers, signs, symptoms and treatments
- Include relevant SEN information
- Contain 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
- Provide details of the student's 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, modifications to buildings, furniture or equipment, and environmental issues, e.g. crowded corridors.
- Outline specific support for the student's educational, social and emotional needs, for example, how absences will be managed, changes to the school day and details of a personalised curriculum, requirements for extra time to complete examinations, use of rest periods or additional support in catching up with lessons, counselling sessions etc.
- Outline 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.
- State 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.
- Be clear about what to do in an emergency, including who 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.

In addition the school will:

- Have separate arrangements in place for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments.
- Have an identified key worker/s trained to specifically meet the needs of students with a statement of SEN linked to a medical condition.
- Make all staff working directly with students aware of the students in the school with medical conditions, through discreet information in classroom and offices
- Provide sufficient training for staff to meet the needs of students at the school with medical conditions.

The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- Choose whether or not they are prepared to be involved
- Receive appropriate training
- Work to clear guidelines
- Have concerns about legal liability
- Bring to the attention of the Headteacher any concern or matter relating to supporting pupils with medical needs.

7. 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 of non-prescription medicines without their parent's written consent – except in exceptional cases where the medicine has been prescribed to the child without the knowledge of their parents.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Prescribed medicines will only be accepted if they 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 in a pen or pump rather than its original container.
- All medicines must be stored safely. Children should know where their medicines are and who to ask to be able to access them when needed.
- 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 if a child has that need.
- Written records must be kept of all medicines administered to children.

8. Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents, or ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- If the child becomes ill, send them to the school office 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 in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

9. Advice on the role of Ofsted

Ofsted's new common inspection framework came into effect on 1 September 2015, aimed at promoting greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.

10. Advice on the role of school nurses

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.

11. Advice on the role of local authorities

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 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 and clinical commissioning groups (CCGs) **must** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). 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 health needs 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.

12. Complaints

Should parents/carers be dissatisfied with the support provided, they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint as detailed in the school's Complaints Policy.

13. Supporting documents:

Equality Act 2010

SEN Code of Practice 2014

SEN Local Offer 2014

Children and Families Act 2014 (section 100)

Supporting Children at School with Medical Conditions, DfE, December 2015

Annex A: Model process for developing individual healthcare plans (DFE 2014)

14. Equality statement

“The governors and staff are committed to providing the full range of opportunities for all pupils regardless of gender, disability, and ethnicity, social, cultural or religious background. All pupils have access to the curriculum and the right to a learning environment which dispels ignorance, prejudice or stereotyping.”