



Supporting Pupils at School with Medical Conditions

SCOPE

Section 100 of the Children and Families Act 2014 placed a duty on governing bodies to make arrangements for supporting pupils at their school with medication conditions to ensure that they have full access to education, including school trips and physical education.

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 important that parents feel confident that the school will provide effective support for their child's medical condition and that pupil's feel safe.

Some children with medical conditions may be disabled. Where this is the case the governing body will comply with their duties under the Equality Act 2010. Some pupils may have special educational needs (SEN) and may have an Education Health and Care (EHC) plan which bring 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 SEN code of practice.

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. However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk, for example infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Schools do not have to wait for formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

The named person appointed by the governing body for ensuring the implementation of the Policy is **Mrs Denise Nayna** Headteacher.

ROLES & RESPONSIBILITIES

The governing body

- The governing body will 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.

- The governing body will ensure that the school's policy, plans, procedures and systems are implemented effectively and that a named person has overall responsibility for policy implementation.

The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

The Headteacher/SENDCo

- The headteacher is responsible for ensuring that the school's policy, plans, procedures and systems are implemented effectively and that staff are clear about their roles and responsibilities

- The headteacher is responsible for ensuring that sufficient staff are suitably trained and available to provide support for pupils in school or off-site activities, including in contingency and emergency situations.

- The headteacher will review and approve individual or activity based risk assessments in relation to a child's medical condition.

- The SENDCo will ensure that all relevant staff are made aware of the child's condition

- The SENDCo will produce Individual Healthcare Plans (IHP) and ensure they are regularly monitored and reviewed.

- The SENDCo, in conjunction with the School Business Manager, will regularly review training needs – including training for the safe keeping and administration of prescribed medication and practical support for pupils with physical disabilities.

School Nurses

- School nursing services 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 school.

- School nursing services will support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

Class teachers

- Class teachers will be familiar with Individual Healthcare Plans and the details of a child's medical condition

- Class teachers will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help, including in contingency and emergency situations

- Class teachers will ensure that all support staff and supply teachers who may have contact with the child are made aware of an IHP or other details relating to a child's medical condition

- Class teachers will have responsibility for the storage of necessary medication (asthma inhalers etc.) and ensure that it is secure and easily accessible when required

- A class teacher is not required to administer medication as part of their professional duties however they should take into account the needs of pupils with medical conditions that they teach and work with the SENDCo to ensure that they have access to a trained member of staff when a pupil with a medical condition requires medication
- Class teachers will complete risk assessments where appropriate
- Class teachers will ensure that IHPs and other information relating to a child's medical needs are passed on during any transition (internal or external)

Designated First Aiders

- First aiders will ensure that records are maintained of medication administered at school
- Ensure that prescribed medication is in-date

Support Staff

- Support staff may be asked to provide support for a pupil with a medical condition, including the administering of medicines, although they cannot be required to do so
- Support staff should receive sufficient and suitable training and achieve the necessary level of competency once they have agreed to take on the responsibility to support a child with a medical condition

Pupils

- Pupils will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual health plan
- Pupils who are competent to do so will be encouraged to take responsibility for administering their own medicines (under adult supervision if necessary)

Parents/Carers

- Parents and Carers will provide the school with sufficient and up-to-date information about their child's medical needs
- Parents will be involved in the development and review of their child's individual healthcare plan
- Parents will carry out any actions they have agreed to as part of the IHP implementation – e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times

INDIVIDUAL HEALTHCARE PLANS

Individual healthcare plans can help to ensure that schools effectively support 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. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will 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. Individual healthcare plans will 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. An IHP will be reviewed annually or earlier if evidence is presented that the child's needs have changed. The IHP will record:

- 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 and environmental issues
- Specific support for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies – if the child is self-managing their medication this should be clearly stated with appropriate arrangements for monitoring
- Details of who will provide 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 together with details of cover arrangements if 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
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- What to do in an emergency, including whom to contact, and contingency arrangements

MANAGING MEDICINES ON SCHOOL PREMISES

Staff must not give prescription medicines or undertake health care procedures without appropriate training. Training opportunities will be offered to all staff in managing common medical conditions in school (e.g. asthma). Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies, which enable them to be taken outside school hours. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist – the medicine must be accompanied by a parent's written consent (except in an emergency, if given by a paramedic). Staff administering medicine should do so in accordance with the prescriber's instructions. A record will be kept of all medicines administered to individual 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.

Prescribed medication must be:

- clearly labelled with the child's name, prescribed dose and expiry date
- in the original container as dispensed by the pharmacist (including dosage label) – 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.
- Free from aspirin unless prescribed by a doctor

STORAGE OF MEDICINE

All medicines should be stored safely. When no longer required, medicines should be returned to the parent to arrange for safe disposal.

MANAGING MEDICINES ON DAY TRIPS AND SPORTING ACTIVITIES

Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Teachers should carry out a risk assessment taking account of any steps needed to ensure that pupils with medical conditions are included – this should include consultation with parents and

pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

EMERGENCY PROCEDURES

Details of emergency procedures will be included in a child's IHP. In a medical emergency, support staff will arrange the urgent attendance of paramedics and will notify the pupil's parents.

UNACCEPTABLE PRACTICE

It is unacceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume each 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 the child's IHP
- If a child becomes ill, send him or her to the school office or first aid room unaccompanied
- 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 support to their child, including with toileting issues
- prevent children from participating, or create unnecessary barriers to children in participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

LIABILITY AND INDEMNITY

The school takes out insurance through Oxfordshire County Council, which covers staff administering medicines and support to pupils with medical conditions.

COMPLAINTS

If a parent has concerns about the support of their child with a medical condition, he or she should follow the school's published Complaints procedure.

MONITORING AND REVIEW

The implementation of this policy will be monitored by Mrs Moore as Health and Safety Officer

This policy will be updated in line with new initiatives

This policy will be reviewed annually