



Straits Primary School

POLICY FOR SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

Based on the guidance: Supporting pupils at school with medical conditions
Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, December 2015

Introduction

On 1 September 2014, a new duty came into force for governing bodies to make arrangements to support pupils at 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.

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 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 the school will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support they provide, the school should establish relationships with relevant local health services. It is crucial that the school receives and fully considers advice from healthcare professionals and listens to and values 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.

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 the governing body must comply with their duties under that Act. Some pupils may also have special educational needs (SEND) and may have an Education, Health and Care (EHC) plan. For children with SEND, this guidance should be read in conjunction with the Special educational needs and disability (SEND) code of practice and the school's SEND Policy.

Our Aims:

- That pupils with medical conditions should, at Straits Primary School, be properly supported so that they have full access to education, including school trips and physical education.
- That the governing body ensures that arrangements are in place in schools to support pupils at school with medical conditions.
- That school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

Admission Arrangements

Local Authority (LA) guidelines are followed for the admission arrangements to Straits Primary School.

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 can 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 from, 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.

Pupil's Medical Needs

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

- Short term - affecting their participation in school activities because they are on a course of medication – *please refer to our 'First Aid and administration of medicines policy' for managing this type of need.*
- Long-term - potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

If a child is deemed to have a long-term medical condition, the school aims to ensure that arrangements are in place to support them, and that they can access and enjoy the same opportunities at school as any other child. The school, health professionals, parents/carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. 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 and health professionals.

Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

Roles and Responsibilities

The Governing Body

- Must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials, as needed.

The Head teacher (at Straits the daily management of this role is delegated to the SENCo)

- Should ensure that the school's policy is developed and effectively implemented.
- Should ensure that all staff members are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Should ensure that all staff members who need to know are aware of the child's condition.
- Should ensure that sufficient trained numbers of staff are available to implement the policy and deliver all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
- Has the overall responsibility for the development of individual healthcare plans (delegated to SENCO).
- 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.

School staff

- Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines.
- 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. *(At Straits, we recognise that a first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the School Nurse, will be asked to provide any necessary training and subsequent confirmation of the proficiency of staff to carry out a medical procedure, or in providing medication.)*
- Any member of the school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The School Nurse

- Is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.
- May support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.
- Liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

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.
- Provide advice on developing healthcare plans.
- Provide support in schools for children with particular conditions e.g. asthma, diabetes, epilepsy.

Pupils with medical conditions (where appropriate for their age)

Are often best placed to provide information about how their condition affects them and 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.

Parents

- Should provide the school with sufficient and up-to-date information about their child's medical needs.
- Should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting.
- 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.
- Must ensure all medicines (including over the counter products – OTC) are prescribed by a healthcare professional, ie GP. Medicines which have not been prescribed by a healthcare professional for a child, will only be administered at school in exceptional circumstances and in the case of an emergency. If a child requires an OTC medicine on a regular basis, it must be prescribed by a GP and will then be managed as part of a short term medical requirement.
- Must ensure that all prescribed medicines are supplied to the school in the original packaging, with a pharmacy label containing the child's details, including dosage etc. The medicine must be in date and any contents also labelled with a pharmacy label, for example, inhalers.

Local Authorities

- Under section 10 of the Children Act 2004, have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, 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.
- 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.

- Should work with schools to support pupils with medical conditions to attend full time.
- Where a pupil would not receive suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.

Procedures

School may be notified that a child has a medical condition when he/she first joins the school, often at the start of Reception; or at a later date, following a new diagnosis.

As part of the induction process, parent(s)/carer(s) meet with the SENCo (and often a member of the school administration team) and are required to complete a school information form, that includes questions on their child's health and any long term or short term medical needs. If a long term medical need is identified, the parent will be asked to be part of the formulation of an Individual Health Care Plan (IHP) for their child, in conjunction with any relevant medical professionals, and then to meet with the Special Educational Needs Co-ordinator (SENCo), who has responsibility for over-seeing the support for pupils with medical conditions. Copies of reports from medical professionals should be brought to this meeting.

Pupil receiving a new diagnosis

The school may be informed by a pupil's parent, or a medical professional, that a pupil has a newly diagnosed illness or medical condition. The parent will be asked to be part of the formulation an Individual Health Care Plan for their child, in conjunction with any relevant medical professionals, and then to meet with the Special Educational Needs Co-ordinator (SENCo), who has responsibility for overseeing the support for pupils with medical conditions. Copies of reports from medical professionals should be brought to this meeting.

Managing a Long-term Medical Condition

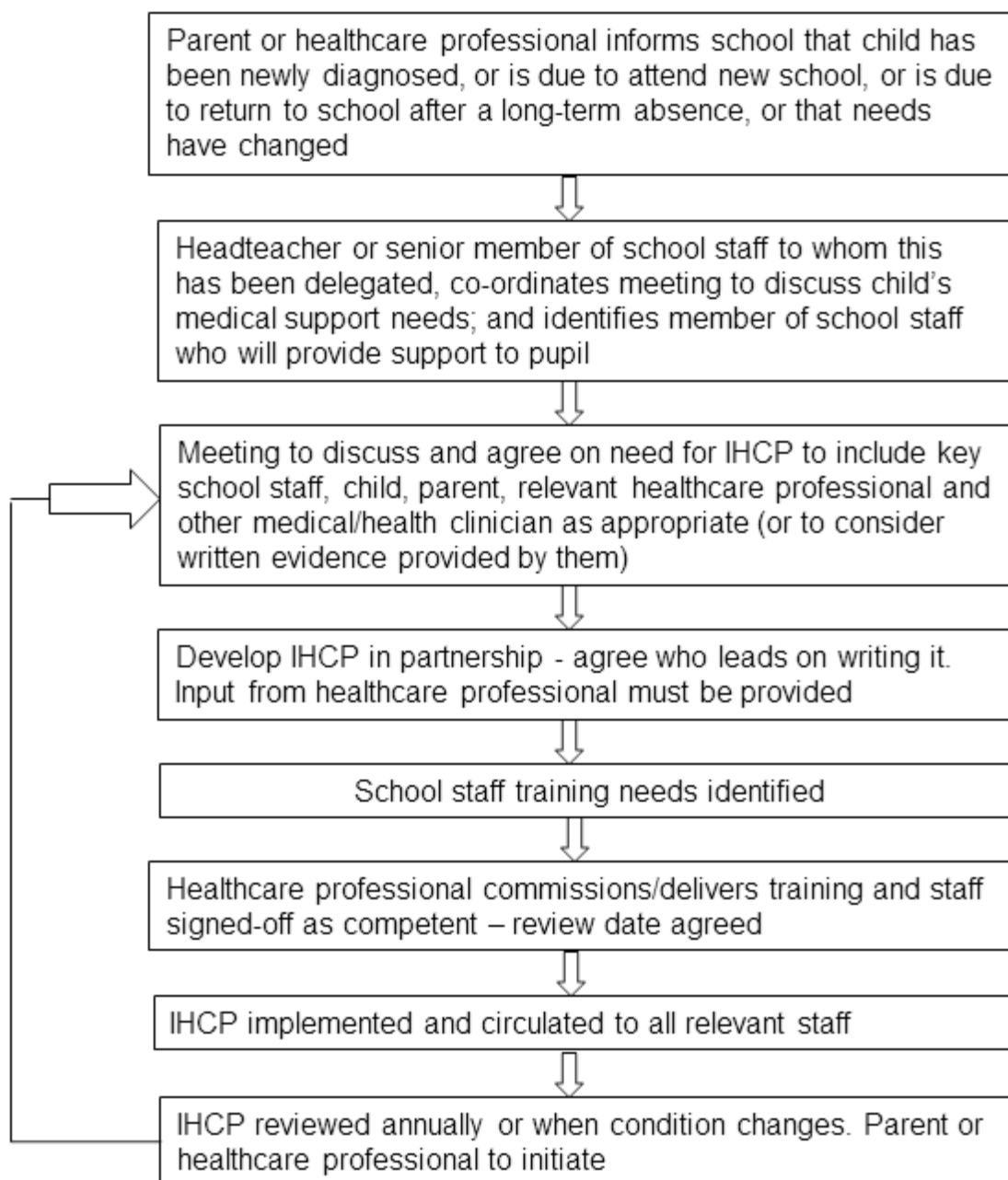
The school will make every effort to ensure that arrangements are put in place as soon as possible. We will aim to ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life and will endeavour to make sure that arrangements give parents/carers and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will demonstrate an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. The school will ensure that staff members are properly trained to provide the support that pupils need and that arrangements are clear and unambiguous about the need to support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so, unless it would not be in their best interest owing to their health needs.

If the child will require the administration of medication of any kind, a consent form must be completed by the parent/carers, together with the medication in its original packaging, with the dosage regime clearly printed on the outside, together with the child's name.

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 sort of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. The Headteacher, School Nurse and SENCo will usually lead this. Following the discussions a Health Care Plan may be put in place.

If a pupil with a long-term medical condition transfers to another school, arrangements will be made, in consultation with the parent, to ensure that all the relevant information is communicated to the new school.

Flow chart of proposed actions



Individual Health Care Plans (IHPs)

At Straits, the responsibility for over-seeing the development of support for pupils with medical conditions has been delegated to the SENCo. This duty is carried out in conjunction with the parent(s)/carer(s), the School Nurse, and any other Healthcare Professionals involved in providing care to the child. Whenever appropriate, the child should also be involved.

It is the responsibility of **all** members of staff supporting the individual children to ensure that the Individual Health Care Plan is followed.

The Class Teacher will remain responsible for the child's educational development and ensuring that their medical conditions are supported at school, and the advice on the Individual Health Care Plan is adhered to. This will involve keeping all staff members, including support or cover staff, informed about the needs of a pupil with medical needs.

Individual Health Care Plans will help to ensure that the school effectively supports pupils with medical conditions and, although individual, will be based on an agreed template. They will be used to capture the key information and actions that are required to support the child effectively and will vary in detail from pupil to pupil depending on the complexity of the child's condition and the degree of support needed. They will provide clarity about what needs to be done, when and by whom and will detail arrangements for managing medical conditions long term and complex. They will be easily accessible to all who need to refer to them, while preserving confidentiality.

They will provide information on:

- 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, e.g. crowded corridors, travel time between lessons;
- 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;
- what to do in an emergency, including whom to contact, and contingency arrangements. Other pupils should know what to do in general terms, such as informing a teacher immediately if they think help is needed. It may be necessary to make special arrangements for a pupil on reintegration, following illness; or whenever a pupil's needs change, including arrangements for any staff training and support.

They will be reviewed annually, or when a child's needs change.

Unacceptable Practice

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

- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents/carers; 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 IHPs.
- 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 children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents/carers, or otherwise make them feel obliged, to attend the school to administer medication or provide medical support to their child, including toileting issues.

- 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/carers to accompany the child, unless this is in the best interest of the child, or for Health and Safety reasons.

Complaints

Should parents/carers or pupils be dissatisfied with the support provided, they should discuss their concerns directly with the Class Teacher, SENCo or Headteacher. If, for whatever reason, this does not resolve the issue, parents may make a formal complaint, details of which are outlined in the school's Complaints Procedure.

Data Protection

This Policy adheres to the principles under data protection law. For further information please review the School's Data Protection Policy published on the School Website. This policy will be reviewed on a 2 year cycle.

Monitoring and Evaluation

We will ensure that this policy and its procedures are being applied and are impacting on pupil outcomes through pupil and parent voice and SEND review meetings. This will be carried out by the SENCO and SLT and feedback on the implementation of the policy will be given during staff meetings or with individual members of staff. The Full Governing body will monitor the implementation and impact of this policy.

Signed by:

Chair of Governing Body:

Date:

Head teacher:

Date:

Agreed at the Full Governing Body Meeting on:

Appendix 1

Diabetes

<https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools/school-staff>

Diabetes is a serious condition where blood glucose level is too high. There are two main types, [type 1](#) and [type 2](#). Most children in school will have type 1 diabetes, which is a serious, lifelong condition where blood glucose level is too high because their body can't make a hormone called insulin. Diabetes can affect a child's learning because it can cause difficulties with attention, memory, processing speed and perceptual skills if it's not managed.

We want every child with diabetes to feel confident and safe at school. Below is what we think good diabetes care in school should look like for every single child with diabetes.

- No child with diabetes should be excluded from any part of the school curriculum.
- Every child with diabetes should have access to extracurricular activities.
- Schools, local authorities and health services should work together to make sure they meet the needs of children with diabetes.
- Paediatric diabetes teams will provide training and support to schools, so school staff have the skills and confidence they need to look after a child with diabetes.
- Every child with diabetes should be allowed to inject insulin, in public or in private, depending on their wishes.
- Every child with diabetes should have an individual healthcare plan, which details exactly what their needs are and who will help them.
- Parents should provide up-to-date information about their children's diabetes needs and all the supplies needed to manage diabetes in school.
- We won't assume that all children with diabetes have the same needs.
- Key school staff should know what to do in case of emergency and at least two people should be trained in how to care for a child with diabetes. Planned staff absences should be co-ordinated so that there is always one trained person in school.
- Schools and parents should agree on a clear method of communication.
- Children with diabetes should never be left alone when having a hypo or be prevented from eating or drinking to prevent or treat a hypo.
- Children with diabetes should never be prevented from blood testing or taking insulin and should be able to look after their equipment themselves.
- Children with diabetes should not be sent home frequently or penalised for poor attendance when absence is related to their diabetes.
- Every child with diabetes should be listened to and their views taken into account.

Appendix 2

Asthma

Asthma can be a life-threatening disease and attacks can start very rapidly – all children who have a diagnosis of asthma have an asthma information form completed each year (September) and a copy is kept in the school office.

It is vital that the asthmatic pupils have instant access to their inhalers. It is entirely reasonable to allow pupils to keep their inhalers on their person, in their classroom, or their school bag.

Children who have auto-injectors for severe allergies should have at least one in school, clearly labelled with their names. One should be kept in their classroom (in the white medical bucket), the other to be kept in the first aid area. It is parent's responsibility to ensure all medicines kept in school are in date. In an emergency the emergency services must be contacted immediately before informing parents.

Salbutamol Inhalers

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life.

Our Protocol for using these inhalers:

- We will ensure that the emergency inhaler is only used by children with asthma with written parental consent for its use.
- We will keep a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler.
- The school has 1 emergency inhaler on site, stored in the emergency grab bag (school office)
- We will provide appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions.
- We will keep a record of use of the emergency inhaler as required and inform parents or carers that their child has used the emergency inhaler.