



# SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

## Background

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 statutory guidance is intended to help governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. 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.

(Extract from: Supporting pupils at school with medical conditions statutory guidance for governing bodies of maintained schools and proprietors of academies in England, December 2015)

The following documents have been reviewed in the formulation of the above policy:

Department for Education's statutory guidance, 'Supporting pupils at school with medical conditions', December 2015 (This statutory guidance also refers to other specific laws.)

Children and Families Act 2014 (Section 100)

Equality Act 2010

Special Educational Needs Code of Practice

Bedfordshire Asthma Friendly Schools initiative

Other school policies, such as Child Protection, Equal Opportunities, Behaviour, Administering Medicines, Intimate Care and Special Educational Needs.

## Intent

At St Leonard's Lower School, children with medical conditions (including both physical and mental health well-being), will be supported in school so that they can play a full and active role in school life. We will strive to ensure that children remain healthy and achieve their academic potential and are able to

access and enjoy the same opportunities as any other child. We recognise that pupils with long-term and complex medical conditions may require on-going support, medicines or care whilst at school to help them to manage their condition. Other children may require monitoring and interventions in emergency circumstances.

St Leonard's Lower School recognises that each child's needs are individual. In addition, we acknowledge that needs may change over time, and that this may result in extended absence from school. The school will make every effort to minimise the impact on a child's educational attainment and support his or her emotional and general well-being, including any necessary reintegration programmes.

The school will focus on giving pupils and their parents/carers every confidence in the school's approach. The school recognises that some children who require support with their medical conditions may also have special educational needs and may have an Education Healthcare Plan (EHCP). We will work together with other schools, health professionals, other support services, and the Local Authority. Sometimes it may be necessary for the school to work flexibly, and may, for example, involve a combination of attendance at school and alternative provision.

The Governing Body are the school's admission authority. No child with a medical condition will be denied admission on the grounds that arrangements for his/her medical condition have not been made. In line with the school's safeguarding duties, the school does 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.

The school will always endeavour to make reasonable adjustments to accommodate a child with specific needs, however, in consultation with the Local Authority this may not always be possible or appropriate.

### **Policy Implementation**

The Head teacher will ensure that sufficient staff are suitably trained with at least two members of staff being trained to administer specific medication

All relevant staff will be made aware of the child's condition

Cover arrangements will be put in place to cover for staff absence, to ensure that someone is always available

Supply teachers will be briefed

Risk assessments will be put in place for educational visits, and other school activities outside the normal timetable, and

Individual healthcare plans will be monitored frequently

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

The school, in consultation with all relevant stakeholders including parents/carers, will: (These may vary from child to child, according to existing IHPs);

Ensure that arrangements are implemented following reintegration into the school or when the needs of a child change.

Put arrangements into place in time for the start of the new school term.

In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are in place within two weeks (where possible).

Provide support to pupils where it is judged by professionals that there is likely to be a medical condition. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put into place.

Any staff training needs are identified and met.

### **Individual Healthcare Plans (IHPs)**

The school's SENCO/Teacher/Medicines Co-ordinator will be responsible for developing IHPs in collaboration with the school nurse team and other key school staff. Their purpose is to ensure that they 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, and they are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one.

The school, healthcare professionals and parents/carers should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head teacher is best placed to take a final view.

The healthcare plan is a confidential document. The level of detail within will depend on the complexity of the child's condition and the degree of support needed. Where a child has a special educational need, but does not have a statement or EHC plan, their special educational needs will be mentioned in their individual healthcare plan. Individual healthcare plans, and their review, may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care for the child. Plans will be drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, e.g. Specialist or community nurse. Wherever possible, the child will also be

involved in the process. The aim is to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Responsibility for ensuring the plan is finalised rests with the school. The individual healthcare plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

The plans are devised with the child's best interests in mind, ensuring that an assessment of risk to the child's education, health and social well-being is managed minimising disruption. Reviews will be linked to any education healthcare plan the child may have.

When deciding on the information to be recorded on IHPs, the following will be considered:

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, movement around school etc;

Specific support for the pupil's educational, social and emotional needs –for example, exams, use of rest periods or additional support in catching up with lessons, Nurture mentoring support sessions;

The level of support needed, including in emergencies.

If a child is self-managing/semi-self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;

Who will provide the support, their training needs, and 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/carers and the Head teacher 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/carer or 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 the development of their individual healthcare plan.

### **Managing Medicines on School Premises**

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours (i.e. breakfast time, directly after school and just before bedtime).

Where this is not possible, the following will apply:

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 will be given prescription medicines without their parent/carers' written consent—except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents/carers i.e., emergency medical situation.

Where medicine is prescribed three times daily, parents/carers are requested to administer this at home directly before school, directly after school and at bed time.

Where medicine is prescribed four times a day, the school will administer this in school.

The school will not normally administer non-prescription pain relief medication (such as Paracetamol) in school.

If long-term non-prescription pain relief is required, the school will request confirmation of this by a medical professional. The school will not administer any other non-prescription medicines such as anti-histamine as these can be administered before school as advised medical professionals.

Other non-prescription medicines will be administered by parents/carers, should they be needed during the school day.

For the administering of non-prescription medicines during an educational visit, assuming the school is in agreement to administer such medication, then parents/carers should provide written consent beforehand.

The school will allow parents/guardians to issue their children with cough/throat lozenges for short-term relief; however, school staff **MUST** be made aware of this and handed to school staff at the beginning of the school day. Children should **NOT** store such items in their bags without school staff being made aware. The school can take no responsibility for such items if staff is unaware.

The school will only accept prescribed medicines that are in-date, labelled, provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.

Medicines will be stored safely. This may be in the First Aid cupboard or in a fridge in the staff room.

On educational visits, medicines will also be available and they will be looked after by a relevant member of staff.

If a controlled drug has been prescribed, it will be kept securely and stored in a non-portable container. Named staff only will have access to such medication so that it can be administered to the specific child.

The school will keep a record of doses administered, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered will be noted.

A medicine record is maintained in school and checked regularly to ensure that all medication is within date etc. Any medication which is becoming out of date will be highlighted to parents/carers for replacement as soon as possible.

When no longer required, medicines should be returned to the parent/carer to arrange for safe disposal. Written records will be kept of all medicines administered to children and parents/carers will be informed if their child has been unwell at school.

### **Emergency Procedures**

A child's individual healthcare plan will clearly define what constitutes an emergency and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms and procedures. It may be necessary to inform other pupils in general terms so that they can inform a member of staff immediately if they think help is needed. If a child is taken to hospital, staff should stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.

Staff should not take a child to hospital in their own car.

Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital.

Where a child is returning to school following a period of hospitalisation or alternative provision (including home tutoring), the school will work with the local authority and education provider to ensure that he child receives support

they need to reintegrate effectively. The school will work with partner agencies to ensure reintegration takes place successfully.

## **Record Keeping**

- Parents at this school are asked if their child has any medical conditions on the enrolment form.
- This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.
- This school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- This school makes sure that the pupil's confidentiality is protected.
- This school seeks permission from parents before sharing any medical information with any other party.
- This school meets with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.
- This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.
- This school makes sure that all staff providing support to a pupil and other relevant teams have received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/ school nurse/other suitably qualified healthcare professional will confirm their competence, and this school keeps an up-to-date record of all training undertaken and by whom.

## **School Environment**

- This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities. The school will make “reasonable adjustments” to accommodate all children within the constraints of the buildings/premises and school budget.
- This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school’s bullying policy, to help prevent and deal with any problems. They use opportunities such as assemblies, PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- This school understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.
- This school understands that all relevant staff is aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil’s medical condition when exercising and how to minimise these.
- This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity.
- This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- All school staff understands that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil’s medical condition. This school will not penalise pupils for their attendance if their absences relate to their medical condition.
- This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCo who will liaise with the pupil (where appropriate), parent and the pupil’s healthcare professional.
- Pupils at this school learn what to do in an emergency, as appropriate within each class.



- This school makes sure that a risk assessment is carried out before any out-of-school visits. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

### **Medical Triggers**

This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency such as Asthma. The school is actively working towards reducing or eliminating these health and safety risks to support this. For example, the use of chemicals and other hazardous substances that could exacerbate triggers are reduced during school hours to assist children with Asthma and other breathing issues etc. This also includes grass cutting where appropriate.

- This school is committed to identifying and reducing triggers both at school and on out-of-school visits.
- School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.
- In an effort to reduce cross-infection and exacerbation of medical conditions, all children will not be allowed to return to school after sickness/diarrhoea until a period of 48 hours has elapsed from the last bout of sickness/diarrhoea.
- The school will follow the Health Protection Agency's guidelines, and the local school nurse team's advice, on the guidance of infection control in schools and other childcare settings when determining the periods of school absence for illnesses e.g., slap cheek, chicken pox and measles etc.
- In line with safeguarding duties, the school will ensure that a pupil's health is not put at unnecessary risk, for example, due to infectious diseases. Therefore, we may not accept a child in school at times where this would be detrimental to the health of a child with a specific medical condition or others in school.

### **Educational Visits and Sporting Activities**

The school will consider how a child's medical condition will impact on their participation.

St Leonard's Lower School will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.

The school will consider what reasonable adjustments may need to be made after carrying out a risk assessment so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included.

This will require consultation with parents/carers and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely, adhering to "reasonable adjustments" with/out parental supervision.

### 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 having easy access to his/her inhalers/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/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 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 to in order to manage their medical condition effectively;

Require parents/carers, 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/carer 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 educational visits, e.g. by requiring parents/carers to accompany the child, unless there are exceptional circumstances whereby it is deemed advisable by medical professionals for

parents/carers to accompany the child for safety reasons, again adhering to “reasonable adjustments”.

### **Liability and Indemnity**

The Governing Body at St Leonard’s Lower School ensures that appropriate insurance is in place and that it reflects the level of risk. The insurance covers staff providing support to pupils with medical conditions. From time to time, the school may need to review the level of cover for procedures and any associated related training requirements.

### **Complaints**

Parents/carers who are dissatisfied with the support provided should discuss their concerns directly with the school. If this does not resolve the issue, they make a formal complaint via the school’s complaints procedure.

Reviewed by	Full Governing Body
Date	September 2024
Next Review	September 2026