



# POLICY FOR SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

## Fulbourn Primary School

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# Policy for Supporting Pupils at School with medical Conditions

This document is intended to ensure that Fulbourn Primary School meets its legal responsibilities in order to comply with the duty for governing bodies to make arrangements to support pupils at school with medical conditions, in accordance with guidance issued by the Secretary of State on 1 September 2014, as per Section 100 of the Children and Families Act 2014

## Key Points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure 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.

## Introduction

The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported so that they can plan a full and active role in school life, remain healthy and achieve their academic potential.

Pupils with long-term and complex medical conditions may require ongoing 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 schools provide effective support for children's medical conditions and that pupils feel safe. This should include the school establishing relationships with relevant health services to help it. It is crucial that the school receives and fully considers advice from healthcare professionals and lists 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 education 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 governing bodies must comply with their duties under that Act. Some may also have Special Educational Needs and may have a statement, or Education, Health Care Plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should also be applied in conjunction with the Special Educational Needs and Disability (SEND) Code of Practice, 2014.

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



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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.

Schools should ensure that procedures are in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupils' needs change, and arrangements for any staff training or support. For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

Schools do not have to wait for a 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.

## 1 Key roles and responsibilities

### a The Local Authority (LA) is responsible for:

- i Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- ii Providing support, advice/guidance and training to schools and their staff to ensure Individual healthcare Plans (IHP) are effectively delivered.
- iii Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

### b The Governing Body of Fulbourn Primary School is responsible for:

- i Ensuring that arrangements are in place to support pupils with medical conditions. In doing so it should ensure that such can access and enjoy the same opportunities at school as any other child, including participating in school visits/trips/sporting activities, remain healthy and achieve their academic potential – as far as their medical condition allows. This will include ensuring that risk assessments are produced and followed for school visits, holidays, and other school activities outside the normal timetable.
- ii Taking into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. The Governing Body should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on school life.
- iii Ensuring that this arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase confidence and promote self-care.



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- iv Ensuring that staff are properly trained to provide the support that pupils need and that they are competent to do so including that staff have access to information, resources and materials that they may need to achieve this.
- v Ensuring that the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- vi Ensuring that the Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/origin, religion or belief, sex, gender reassignment, pregnancy and maternity, disability or sexual orientation.
- vi Ensuring that the policy covers arrangements for pupils who are competent to manage their own health needs.
- vii Ensuring records are kept of any and all medicines administered to pupils.
- viii Ensuring the policy set out procedures for emergency procedures.
- ix Ensuring the level of insurance in place reflects the level of risk.
- x Handling complaints regarding this policy as outlined in the school's Complaints Policy
- xi Ensuring that the school's policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition.
- xii Ensuring that the school's policy covers the role of Individual Healthcare Plans (IHPs), and who is responsible for their development, in supporting pupils at school with medical conditions.
- xiii Ensuring that plans are 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 wellbeing, and minimises disruption.

## c The Headteachers are responsible for:

- i Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- ii The day-to-day implementation and management of this policy.
- iii Liaising with healthcare professionals regarding the training required for staff.
- iv Identifying staff who need to be aware of a child's medical condition.
- v Working with the SENCO to identify children who require Individual healthcare Plans (IHPs) and ensuring that these are developed.
- vi Ensuring a sufficient number of trained members of staff is available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- vii If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays/absences and emergencies.
- viii Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- ix Ensuring there is continuous two-way liaison between school nurses and school in the case of any child who has or develops an identified medical condition.
- x Ensuring confidentiality and data protection.
- xi Assigning appropriate accommodation for medical treatment/care.
- xii Voluntarily holding 'spare' salbutamol asthma inhalers for emergency use.
- xiii Ensuring that supply teachers and staff are sufficiently briefed regarding pupil's medical needs.



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**d Staff members are responsible for:**

- i Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. *A first aid certificate is not sufficient.*
- ii Knowing where controlled drugs are stored and where the key is held.
- iii Taking account of the needs of pupils with medical conditions in lessons.
- iv Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- v Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, always available and not locked away, in accordance with Department of Health guidance 2014.

**e School nurses are responsible for:**

- i Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
- ii Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- iii Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.
- iv Liaising locally with lead clinicians on appropriate support. Assisting the headteachers and SENCO in identifying training needs and providers of training.

**f Other healthcare professionals, including GPs and paediatricians are responsible for:**

- i Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- ii Providing advice on developing IHPs.
- iii Providing support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

**g Parents and carers are responsible for:**

- i Keeping the school informed about any new medical condition or changes to their child/children's health.
- ii Participating in the development and regular reviews of their child's IHP.
- iii Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- iv Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- v Ensuring all medication is provided in the original packaging and clearly labelled with the child's name and dosage to be administered.
- vi Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.



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## h Pupils are responsible for:

- i Providing information on how their medical condition affects them.
- ii Contributing to their IHP.
- iii Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.
- iv Being sensitive to the needs of other pupils with medical conditions.

## 2 Training of staff

- i Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction.
- ii The clinical lead for each training area/session will be named on each IHP.
- iii No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.
- iv School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy. This information will be kept as part of Health and Safety records.

## 3 Medical conditions register/list

- i Schools admissions forms should request information on pre-existing medical conditions. Parents must have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.
- ii A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. Each class teacher should have an overview of the list for the pupils in their care, within easy access.
- iii Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.
- iv For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

## 4 Individual Healthcare Plans (IHPs)

- i Where necessary, an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, Head teachers, Special Educational Needs Coordinator (SENCO) and medical professionals. Where agreement cannot be reached about the necessity of having an IHP, Head teachers will make the final decision. A flowchart for identifying and agreeing the support a child needs and developing an IHP is provided at Annex A.



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- ii IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying all IHPs as visitors /parent helpers etc. may enter. More discreet location for storage such as Intranet or locked file is more appropriate. ***However, in the case of conditions with potential life-threatening implications, the information will be displayed in the staffroom so that it is accessible to everyone, e.g. children at risk of anaphylactic shock.*** Where this is the case, consent should be sought from parents to display a photo and instructions.
- iii IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- iv Where a pupil has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.
- v Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

## 5 Transport arrangements

- i Where a pupil with an IHP is allocated school transport the school should invite a member of CCC Transport team who will arrange for the driver or escort to participate in the IHP meeting. A copy of the IHP will be copied to the Transport team and kept on the pupil record. The IHP must be passed to the current operator for use by the driver/escort and the Transport team will ensure that the information is supplied when a change of operator takes place.
- ii For some medical conditions the driver/ escort will require adequate training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport.
- iii When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc
- iv Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

## 6 Education Health Needs (EHN) Referrals

- i All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils.
- ii In order to provide the most appropriate provision for the condition, the Specialist Teaching Team accepts referrals where there is a medical diagnosis from a medical consultant.

## 7 Medicines

Please note, this section should be read in conjunction with the Policy for the Administration of Medicines and any associated addenda in place at the time that the administration of medication is needed.



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- i Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.
- ii If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form.
- iii No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- iv Where a pupil is prescribed medication by a healthcare professional without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- v No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- vi Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- vii A maximum of **four** weeks' supply of the medication may be provided to the school at one time.
- viii A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency.
- ix Medications will be stored in the School Office.
- x Any medications left over at the end of the course will be returned to the child's parents. Sharps boxes should always be used for the disposal of needles and other sharps.
- xi Written records will be kept of any medication administered to children and this will be recorded on the child's record on Bromcom.
- xii Pupils will never be prevented from accessing their medication under supervision.
- xiii Emergency salbutamol inhaler kits will be kept voluntarily by school.
- xiv General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the staff rooms.
- xv Fulbourn Primary School cannot be held responsible for side effects that occur when medication is taken correctly.
- xvi Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.

## 8 Emergencies

- i Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms.
- ii Pupils will be informed in general terms of what to do in an emergency such as telling a teacher. If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.





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## 9 Day trips, residential visits and sporting activities

- i Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible and as far as their medical condition allows.
- ii To comply with best practice risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.

## 10 Avoiding unacceptable practice

Each case will be judged individually but in general the following behaviour is not considered acceptable at Fulbourn Primary School:

- i Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- ii Assuming that pupils with the same condition require the same treatment.
- iii Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
- iv Sending pupils with medical conditions home frequently or preventing them from taking part in activities at school, including lunch, for reasons associated with their medical condition, unless this is specified in their IHP.
- v Sending the pupil to the medical room or school office alone or with an unsuitable escort if they become ill.
- vi Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- vii Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- viii Creating barriers to children participating in school life, including school trips.
- ix Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

## 11 Insurance

- i Teachers who undertake responsibilities within this policy will be assured by the Head teachers that they are covered by the LA/school's insurance.
- ii Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Headteachers.



# Policy for Supporting Pupils at School with medical Conditions

## 12 Complaints

- i All complaints should be raised with the school in the first instance.
- ii The details of how to make a formal complaint can be found in the School Complaints Policy.

## 13 Definitions

- i 'Parent(s)' is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.
- ii 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. Being 'unwell' and common childhood diseases are not covered.
- iii 'Medication' is defined as any prescribed or over the counter treatment.
- iv 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- v A 'staff member' is defined as any member of staff employed by Fulbourn Primary School.



# Policy for Supporting Pupils at School with medical Conditions

## Annex A

### Process for developing Individual Health Care Plans

