



Supporting Children at school with Medical Conditions Policy

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An academy within:



“Learning together, to be the best we can be”



1. Context

- 1.1. This Policy is governed by the statutory guidance and non-statutory advice set out in the document 'Supporting Pupils at School with Medical Conditions' DfE August 2017.
- 1.2. The policy also applies to activities taking place off-site as part of normal educational activities.
- 1.3. **The Children and Families Act 2014** places a duty on the Academy Trusts to make arrangements for supporting pupils in school with medical conditions.

2. Policy Implementation

- 2.1. The Headteacher is responsible for ensuring that:
 - Sufficient staff are suitably trained, including in the case of staff absence or staff turnover.
 - All relevant staff, including supply staff, are aware of children's conditions.
 - Risk assessments for school visits, holidays and other school activities outside of the normal timetable include reference to children's medical needs.
 - Individual healthcare plans are kept up to date.



3. Procedures To Be Followed When Notification Is Received That A Pupil Has A Medical Condition:

- 3.1. School leaders will consult with the relevant health and social care professionals, the pupil and parent/carers as soon as notification is received. This may include occupational therapist, physiotherapist and nursing services. Where a child is changing schools, the health and social care professionals linked to the previous setting will be consulted.
- 3.2. Relevant Health & Social Care professionals, the pupil, parent/carers will contribute guidance as appropriate where a pupil is being re-integrated or where their needs have changed. This may include decisions about the rate of integration, timetable adaptations and changes, and arrangements for any staff training and support. For children new to 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 The Willows mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.
- 3.3. In some cases the School may not 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 medical evidence and in consultation with parent/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place, in the best interests of the child.
- 3.4. Careers guidance will take account of the full range of relevant education, training and employment opportunities. It will inform pupils about the ways employees with SEND are supported in the workplace, and how jobs can be adapted to fit a person's abilities.



4. Individual Healthcare Plans

- 4.1. The model process in Annex A will be followed for developing Individual Healthcare Plans.
- 4.2. Named person: Darren Atkinson is responsible for ensuring the compiling of Individual Health Care Plans.
- 4.3. The Willows School, healthcare professionals and parent/carers 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. Individual Healthcare Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. Individual Healthcare Plans, (and their review), may be initiated, in consultation with the parent/carers, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents/carers, and a relevant healthcare professional e.g. school nurse, specialist nurse, or paediatrician, who can best advise on the particular needs of the child.
- 4.4. The aim will be to capture the steps which The Willows School will take to help the child manage their condition and overcome any potential barriers to getting the most from their education.
- 4.5. The individual healthcare plan will be linked or become part of the statement or EHCP.
- 4.6. Plans will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. The 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.
- 4.7. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the School will work with the local authority and education provider to ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.



5. Contents Of Individual Health Care Plans

5.1. These will include, as appropriate:

- 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 parent/carers 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;
- 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. Where children have an emergency healthcare plan prepared by their lead clinician, this will be used to inform development of their Individual Healthcare Plan.



6. Roles And Responsibilities

6.1. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, parent/carers and pupils is critical in providing effective support, to ensure that the needs of pupils with medical conditions are met effectively. Collaborative working arrangements between all those involved, showing how they will work in partnership is set out below.

- The Headteacher will make arrangements to support pupils with medical conditions in school, including making sure that this policy for supporting pupils with medical conditions in school is developed and implemented. They will ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life. The Headteacher will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will 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 Headteacher – will ensure that this policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Headteacher has overall responsibility for the development of Individual Healthcare Plans. The Headteacher will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Headteacher will be responsible for contacting 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.
- 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. The school nurse may support staff in implementing a child's individual healthcare plan and provide advice and liaison for example on training. School nurses can liaise with lead clinicians and specialist nurses in order to support the school.



- School staff - any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. 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 will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Pupils – with medical conditions may be best placed to provide information about how their condition affects them, depending on age and ability. They will be as involved as possible in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will be encouraged to be sensitive to the needs of those with medical conditions.
- Parent/Carers – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and will be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They 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.
- 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 cooperation 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 well-being of children so far as relating to their physical and mental health, and their education, training and recreation. 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 at The Willows School because of their health needs, the local authority will be contacted to fulfil its 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 schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).



- Providers of health services - should co-operate with The Willows School in the support of children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Good relationships with health services.

7. Staff Training And Support

- 7.1. Any member of school staff providing support to a pupil with medical needs will have received suitable training. This will have been identified during the development or review of Individual Healthcare Plans. Where staff already have some knowledge of the specific support needed by a child with a medical condition, extensive training may not be required. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed, wherever possible.
- 7.2. The relevant healthcare professional will normally lead on identifying and agreeing with The Willows School, the type and level of training required, and how this can be obtained. The school may choose to arrange the training themselves and will ensure this remains up-to-date.
- 7.3. Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. This will include an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- 7.4. Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals will provide confirmation of the proficiency of staff, in a medical procedure, or in providing medication.
- 7.5. All staff will be made aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. The policy will be available in Teachers Shared online folder. Induction arrangements for new staff will include reference to this policy. The advice of the relevant healthcare professionals will be taken on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.



8. The Child's Role In Managing Their Own Medical Needs

- 8.1. After discussion with parent/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans. Wherever possible, guided by safety considerations, children will be able to access their medicines or relevant devices for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures will have an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.
- 8.2. If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the Individual Healthcare Plan. Parent/carers should be informed so that alternative options can be considered.

9. Managing Medicines On School Premises

- 9.1. Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- 9.2. No child under 16 should be given prescription or non-prescription medicines without their parent's/carer's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parent/carer. In such cases, every effort should be made to encourage the child or young person to involve their parent/carer, while respecting their right to confidentiality.
- 9.3. A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. A parent/carer will be informed.
- 9.4. Where clinically possible, The Willows School will ask for medicines to be prescribed in dose frequencies which enable them to be taken outside school hours.
- 9.5. The Willows School will only accept prescribed medicines that 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 school inside an insulin pen or a pump, rather than in its original container.



- 9.6. All medicines will be stored safely. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children, where appropriate. This is particularly important to consider when outside of school premises e.g. on school trips.
- 9.7. The Willows School will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.
- 9.8. School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions and parental consent. The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted.

10. Record Keeping

- 10.1. The Headteacher is responsible for ensuring that written records are kept of all medicines administered to children. On a day-to-day basis, staff administering medication will keep written records of all medicines given, and sign to confirm the details. Parent/carers will be informed if their child has been unwell at school, either by home-school book, phone call or in person as appropriate.

11. Emergency Procedures

- 11.1. The School's First Aid Policy sets out what should happen in an emergency.
- 11.2. Where a child has an Individual Healthcare Plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. If a child needs to be taken to hospital, staff will stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.



12. Day Trips, Residential Visits and Sporting Activities

12.1. Pupils with medical conditions will be actively supported to participate in school trips and visits, or in sporting activities, so that their condition does not prevent them from doing so. Teachers will be aware of how a child's medical condition will impact on their participation, but be flexible enough to enable all children to participate according to their own abilities and with any reasonable adjustments. The Willows School will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. Staff will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. The lead member of staff will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This may require consultation with parents/carers and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. (Please also see Health and Safety Executive (HSE) guidance on school trips.)

13. Other Issues

13.1. Home to School Transport – The School will work with parents and transport staff to ensure transport operators are aware of a pupil's Individual Healthcare Plan and what it contains, especially in respect of emergency situations.



14. Unacceptable Practice

14.1. School staff will use their discretion and judge each case on its merits with reference to each child's Individual Healthcare Plan. It is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication;
- Where a child is able, to prevent them administering their medication themselves under adult supervision and in line with safety;
- 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 or medical room 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 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 school trips, e.g. by requiring parents/carers to accompany the child.

15. Complaints

15.1. The procedure for making a complaint is set out in the Nexus MAT Complaints Policy.

Annexe A : Model process for developing individual healthcare plans.

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long term absence, or that needs have changed.



Headteacher or designated member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil



Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)



Develop IHCP in partnership –agree who leads on writing it. Input from healthcare professionals must be provided.



School staff training needs identified



Healthcare professional commissions/delivers training and staff are signed off as competent – review date agreed



IHCP implemented and circulated to relevant staff



IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate.