



# Supporting Pupils with Medical Conditions Policy

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# Supporting Pupils with Medical Conditions Policy

## Supporting Pupils with Medical Conditions Policy

### Introduction and Key Points

#### Definition

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

- a) **Short-term** - affecting their participation in school activities while they are receiving treatment
- b) **Long-term** - potentially limiting their access to education and requiring extra care and support

This Policy is based on the statutory guidance for governing bodies of maintained schools in England, September 2014. This guidance should be read alongside this policy. The formats are taken directly from the suggested templates included in the guidance to schools.

The key points of the guidance are:

- Pupils at school with medical conditions are supported so that they have full access to education, including school trips and physical education.
- The Governing Body will ensure that arrangements are in place in school to support children with medical conditions.
- The Governing Body will ensure that school leaders consult with health and social care professionals, pupils and parents to ensure that the needs of pupils with medical conditions are effectively supported.

*The Twyford C of E School Policy is incorporated into the guidance and is shown in bold italics.*

*As a school we interpret that a child with medical conditions is not a child needing a short course of antibiotics or with a minor or very temporary illness.*



# 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 governors meet their legal responsibilities and to set out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all pupils with medical conditions, both physical and mental health, are properly supported in school so that they can play a full 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 can be because pupils with long-term complex needs may require on-going support, medical care whilst at school or medicines to help them manage their condition. Others may require monitoring or interventions in emergency situations. It is also true that children's medical needs may change over time, sometimes leading to periods of absence. It is important that parents feel their child's needs are being supported in school and that each child feels safe. In making decisions about how to support each child the school should establish relationships with relevant local health services to help them. It is crucial that school receive help and advice from healthcare professional as well as considering the views of parents and pupils.

In addition to the educational impact of medical conditions, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may develop emotional disorders such as anxiety or depression around their condition. Long-term absences can impact on academic achievement and progress. It can also impact on their ability to integrate with their peers. Reintegration back into school should be fully supported by the school so that pupils are able to fully engage with their learning and do not fall behind. Short-term frequent absences, including those for appointments connected to the medical condition need to be carefully managed.

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



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case the Governing Body **must** comply with their duties under that Act. Some may also have special educational needs (SEND) and may also have an Education, Health and Care plan (EHC) which brings together health and social care needs as well as their special education provision. For children with SEN, this guidance should be read in conjunction with the new SEND Code of Practice 2014, the Twyford C of E School SEND Policy and the Equality Policy.

## Responsibilities of the Governing Body

In meeting the duty to make arrangements to support pupils with medical conditions, functions can be conferred on a governor, headteacher, a committee or another member of staff as appropriate. Help or co-operation can also be enlisted from other appropriate persons. We expect that an approach to meeting the duty will be taken in the light of the statutory guidance. This will inform the school and the others about what needs to be do in terms of implementation. However, the Governing Body remains legally responsible and accountable for fulfilling their responsibilities.

***At Twyford C of E School the SENDCo, Sarah O'Brien along with the Headteacher, Judith Foster in co-operation with parents and appropriate agencies make the arrangements. The Child Protection Governor monitors this and the Headteacher reports arrangements to the Governing Body in the Headteacher's report to Governors.***

The Governing Body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they must ensure that such children access and enjoy the same opportunities as other pupils. Schools, local authorities and other health professionals should work together to ensure that pupils with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school.

***At Twyford we understand that many of the medical conditions that affect pupils in school may affect their quality of life and may in some***



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*cases be life- threatening. Some may be more obvious than others, so we work to ensure we focus on the individual needs of each pupil.*

Children and young people with medical conditions are entitled to a full education and have the same rights of admission as other children. This means that no child with a medical condition should be denied admission or be prevented from taking up a place because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governing bodies must ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore, do not have to accept a child into school at times where it would be detrimental to the health of that child or others to do so.

Governing Bodies must ensure that arrangements they put in place are sufficient to meet their statutory responsibilities and ensure that procedures and systems are properly managed and effectively implemented.

*At Twyford the SENDCo will ensure that at each stage of a child's development and change of engagement all staff, who could be called upon to understand and account for the medical needs of a pupil are trained in meeting the needs of the child. This will be done through a medical needs meeting with parents and other relevant agencies.*

*If appropriate the child will then have a Health Care Plan to be kept on the central record and by their class teacher. They may also require a Health Card to be produced to display routines or additional requirements. This will be kept by teachers and can be placed into class first aid bags for trips. Where medication is involved the Plan will be stored alongside the prescribed medication in the child's medical pack.*

*These are-*

- kept in the First Aid room for all pupils*
- The office will track staff training needs and ensure that Epi-pen training and first aid training are booked as required.*
- The office will produce a 'medical needs' summary register for each class register and this will be regularly updated.*



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*If pupils with a Health Care Plan are attending a residential, the SENDCo will meet with teachers and parents to decide if and how the Plan must be adapted to cater for the child during the trip.*

## Procedure to be Followed when Notification is Received that a Pupil has a Medical Condition

For children starting at a new school, arrangements should be in place in time for the start of term. If a child joins a school mid-term, every arrangement should be made to meet the needs of the child within two weeks. If children are transferring from another school the SENDCo will meet with the appropriate person at the feeder school.

*The SENDCo will call a Medical Planning Meeting as far in advance as possible of start dates and will involve all relevant agencies, or advice from them in their absence. All relevant staff training will be arranged as soon as possible.*

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

## Individual Health Care Plans

Governing Bodies should ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.

*The SENDCo will ensure that all Healthcare Plans, where appropriate, are developed with the help of pupils, parents and other agencies.*



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*These plans will be reviewed annually or, if necessary, as pupils' needs change.*

*We will follow the templates for Healthcare Plans issued with the statutory guidance to ensure all relevant information is included in the plan. If additional information is necessary, for example for sporting events, trips, building adaptations etc. these will be included.*

*Additional support forms include details of prescribed medication and doses required, emergency procedure plans for pupils with Epi-pens and records for administering medication.*

*The Headteacher, Judith Foster will ensure that the school's policy is developed and implemented effectively.*

*Where a child has an Education, Health and Care plan or special needs Statement, the IHCP will be linked to it or become part of it.*

*Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child need to reintegrate.*

Any member of the staff may be asked to support a child with medical needs but they cannot be required to do so. Although administering medicines is not part of teacher's professional duties they should take into account the medical needs of the pupils 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 a child with medical needs. Any member of staff should know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

Parents **must** provide school with all the up-to-date information about the needs of their child.



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## Staff Training and Support

Governing Bodies should ensure that the school sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions and how this will be reviewed. They should specify how training needs are assessed, and how and by whom training will be commissioned and provided.

*The office will keep a central record of all staff training. This includes the register of Epi-pen trained staff, First Aid training and Manual Handling training.*

*Epi-pen training needs to be renewed every 12 months and is carried out by the School Nurse Team. This training will be organised by the office and staff informed about the training.*

*First Aid training is updated every 3 years and this is organised through St John Ambulance for the majority of staff. At least one member of the Early Years Team is offered Paediatric First Aid Training which is valid for 3 years.*

*Where staff join or leave First Aid training needs are assessed by the Headteacher and School Administrator.*

*Information supplied by parents on registration forms is kept in the school's central database (SIMS) and these forms are sent out to parents to update each September. All staff receive a list of pupils across the school who have additional medical needs.*

*Only medication that has been prescribed by a doctor is administered in school; details of each medication is included in the forms completed by parents via Dawn Hope.*

## The Child's Role in Managing their Own Medical Needs

Governing Bodies should make arrangements for pupils who are competent to manage their own health needs or medication.



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*Where possible, and in agreement with parents, we aim to ensure that children are fully aware of their medical needs and where appropriate are fully involved in managing their routine. This is done through charts, sticker systems, and natural breaks in the day, visual timetables or prompt cards. This enables children to feel in control and to understand their developing role in managing their condition. These systems are developed with the pupils, parents and other health professionals or support agencies.*

*If a child refused to take any medication, parents would be contacted immediately for their advice and decision.*

## Managing Medicines on School Premises

The Governing Body should ensure that the school's policy is clear about the procedures to be followed for managing medicines.

- *Medicines are only administered at school when it would be detrimental to a child's health not to do so.*
- *No child under 16 will be given prescription or non-prescription medicines without their parents written consent. (The only exception to this may be the use of an Asthma inhaler in a situation deemed to be an emergency and only by a qualified first aider)*
- *The only occasion where pain relief medication may be administered is on a residential visit. In order to administer 'Calpol' pre-approval is gained from parents prior to the visit.*
- *In the first instance, school will ask parents if any prescribed medication can be administered outside of school hours, this is usually possible for most common antibiotics which need to be taken three times daily and therefore can be taken before and after school.*
- *Medications are stored in designated areas of school, the first aid room and the fridge in the staff room. Medicines are not locked away to allow access but they are stored out of reach of pupils or where pupils are not allowed unaccompanied.*



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*(Exceptions to this are inhalers in Years five and six that are required by pupils at all times.)*

- *Individual pupils' medication is kept in clearly labelled zippy pockets that contain the plan for medication, details of the medication and expiry dates so that parents are kept fully informed about needs for renewal.*
- *When any medication is administered the record sheet is updated and parents are informed of doses and times of administration.*
- *When medication is no longer required or goes out of date it is returned to parents to dispose of responsibly or renew accordingly.*

## Record Keeping

Governing Bodies must ensure that written records are kept of all medication that is administered.

- *All medication taken by pupils or administered by staff is recorded in the child's health pack. For short term prescribed antibiotics, administration is recorded on the sheets filled in by parents giving permission to administer the medicine.*
- *Parents are asked to collect out of date medicines and to replace them accordingly.*
- *If a child receives a bump to the head parents are informed by phone.*
- *If a pupil is unwell parents are contacted and action agreed, this may include the pupil remaining at school but being monitored.*
- *If a child says that they are unwell but appears to be well, a parent may be contacted but not necessarily expected to come to school.*

## Emergency Procedures



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Governing Bodies should ensure that the school has a policy that sets out how to deal with emergency situations.

*Twyford has a clear Emergency Plan which includes all the relevant information and support for staff in an emergency situation. This plan is regularly reviewed and disseminated to all staff.*

## Day Trips, Residential Visits and Sporting Activities

Governing Bodies should ensure that their 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.

*All staff are aware of the risk assessments that need to be completed for a trip of any kind, including sporting activities. Each risk assessment includes a section about medical needs and what additional provision, if any, is required. All medication must be placed into the First Aid bucket that is to be taken on the trip and a qualified First Aider is required to accompany any school trip or sporting fixture.*

## Unacceptable Practice

Governing Bodies should ensure that the school's policy is explicit about what practice is not acceptable. Although staff should use their discretion and judge each case on its merits with reference to any Healthcare Plan it is not generally acceptable to:

- Prevent children from accessing inhalers or to prevent the administration of medication.
- Assume that every child with the same condition requires the same treatment.
- Dismiss written medical advice (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from attending normal school activities.



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- Penalise children for absences relating to their illness eg hospital appointments (doctor's notes may be sought for frequent absences where parents site a doctor's advice has been received).
- Prevent pupils from drinking, eating or taking toilet breaks if they require this.
- No parent should have to give up working because the school fails to support their child's medical condition *(this does not include the administration of short courses of antibiotics where, in the first instance, parents will be asked to administer these outside of school hours or may be asked to attend school to administer the medication at the appropriate time. If this is necessary and a parent/carer is not able to attend school, the school will make arrangements to administer the medication).*

## Liability, Indemnity and Complaints

Governing Bodies should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

*Staff wishing to view the insurance document should speak to the school administrator.*

Should parents be dissatisfied with the support provided, they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, there may be a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within the scope of section 496/497 of the Education Act 1996 and after all other attempts at resolution have been exhausted.

*As a school we try very hard to uphold the aims and procedures outlined in this policy. However, we recognise that on occasion and despite every effort, parents may feel the need to question actions and possibly complain.*

*Initial contact should first be made with the school. Any complaint that cannot be initially resolved by the class teacher should be passed to the SENDCo.*



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*If the situation remains unresolved it will be passed to the Headteacher.*

*Only if the Headteacher is unable to resolve the complaint or the complainant is unwilling to contact the Headteacher, the complainant should invoke the more formal procedures by contacting the Chair of Governors.*

*The Chair of Governors will investigate the matter and respond to the complainant.*

*If the Chair of Governors cannot resolve the matter it will be referred to the Governing Body Complaints Committee. The Committee will try to resolve the matter as quickly as possible.*

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## *Individual Healthcare Plan Implementation Procedure*

