

# Supporting Pupils with Medical Conditions

## Equalities Statement

Over recent years, schools and academies have (in line with other institutions and public bodies) been working towards an improved understanding of the diverse nature of their communities. Much of the work is in response to new legislation that places an increased duty on schools, academies and other settings to tackle radicalisation and to establish a positive ethos of British Values. Legislation requires schools and academies both to eliminate direct or indirect discrimination, victimisation or harassment and to promote equalities for students, staff and others who use their facilities.

In our Trust we work to ensure that there is equality of opportunity for all members of our community who hold a range of protected characteristics as defined by the Equality Act 2010, as well as having regard to other factors which have the potential to cause inequality, such as, socio-economic factors.

### Document Management

Date Approved:	March 2016
Reviewed	November 2018, no changes
Next review date:	November 2019
Approved by:	Board of Directors
Responsible for:	Director of Primary/Director of Secondary

## **Definitions of medical Conditions**

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

**Short-term** affecting their participation at school.

**Long-term** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances.

## **The statutory duty of the governing body (Directors)**

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body of each trust school fulfil this by:-

- Ensuring that arrangements are in place to support pupils with medical conditions.
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;

## **Implementation**

The overall responsibility for implementation is given to the Headteacher of each Trust school.

The school will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans. For pupils attached to a specialist resourced unit the health care plan will be drawn up and monitored by the head of each respective unit. In addition, the SENCO or a senior teacher may have input into the health care plans of some pupils.

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

Parents must inform the school of any medical conditions and a meeting may be arranged to discuss any reasonable adjustments that may be needed and to write, if necessary, a health care plan. For pupils transferring from year 6 parents will be able to inform the school via the

admission form. The school's transition arrangements include gathering information from each pupil's current school. For pupils transitioning during the school year the senior member of staff responsible for admissions will share relevant information with the SENCO and parental contact will be made.

The school is responsible for drawing up and updating a medical conditions register which will be held electronically and made available to staff to ensure they can access information relevant to their classes.

In making the arrangements, the school will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. The school will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that relevant staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities. We will make arrangements for the inclusion of pupils in such activities with any reasonable adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

The school does 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 available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

### **Individual healthcare plans**

Individual healthcare plans will 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. Not all children will require a healthcare plan. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher is best placed to take a final view.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. Where a child has SEN but does not

have a statement or Education Healthcare Plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) should be drawn up in partnership with the school, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which the school should take to help manage their condition and overcome any potential barriers to getting the most from their education.

Individual healthcare plans will be reviewed annually or earlier if evidence is presented that the child's needs have changed.

*See Annex A.*

### **Roles and responsibilities**

The school will seek support from the School Nurse Service with drawing up Individual Healthcare Plans, and to provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

Parents/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. 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.

### **Training**

All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professionals qualified to do so. During the development or review of the individual healthcare plan a training need may be identified and the school will seek advice from a qualified health professional.

Training should 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 set out in the individual healthcare plans. Staff will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A first aid certificate does not constitute appropriate training in supporting

children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.

### **The child's role in managing their own medical needs**

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so.

Wherever possible and appropriate children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily. Examples of medicines that pupils may carry themselves include asthma inhalers, diabetes equipment and adrenaline pens. The school does also recognise that children who take their medicines themselves and/or manage procedures may require 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.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

### **Managing medicines on school premises and record keeping**

The following procedures are to be followed:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours.
- No child under 16 should be given prescription or non-prescription medicines without their parents' written consent except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
- With parental written consent we will administer non-prescription medicines except aspirin or those containing aspirin except when prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken.
- We will only accept prescribed medicines, with written permission from parent/carer 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 be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container.
- All medicines to be administered by the school will be stored safely in the medical room. Children should know where their medicines are at all times and be able to

access them.

- Medicines and devices such as spare asthma inhalers, blood glucose testing meters and spare adrenaline pens should be readily available and not locked away. Spare asthma inhalers and adrenaline pens should be marked with the child's name.
- During school trips the first aid trained member of staff will carry all medical devices and medicines required.
- The school does not allow pupils to carry their own controlled drugs, an example of this would be ADHD medication. We will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only specific staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in the school.
- Staff administering medicines should do so in accordance with the prescriber's instructions. 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 should be noted.
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps. Medication that is not collected by parent or carer or is out of date will be taken to a local pharmacy for safe disposal.

### **Emergency procedures**

The Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

In an emergency situation, a senior member of staff is to be made aware and will take the lead.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

### **Day trips, residential visits, and sporting activities**

We will actively support pupils with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments, unless there is evidence from a clinician, such as a GP, that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will

involve consultation with parents/carers and relevant healthcare professionals and will be informed by Health and Safety Executive (HSE) guidance on school trips.

### **Unacceptable practice**

It is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and 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; 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, 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 to accompany the child.

### **Liability and indemnity**

The Trust will ensure that the appropriate level of insurance is in place to indemnify schools for claims arising relating to staff support to pupils with medical conditions.

### **Complaints**

Any complaints regarding the support provided to pupils with medical conditions will be dealt with according to the Trust's Complaints procedure.

### **Review**

This policy is drawn up by reference to the statutory guidance from the DfE relating to 'Supporting pupils at school with medical conditions' (April 2014) and will be reviewed every two years.

**Attachments**

Annex A: Model process for developing individual healthcare plans

Template A: individual healthcare plan

Template B: parental agreement for setting to administer medicine

Template C: record of medicine administered to an individual child

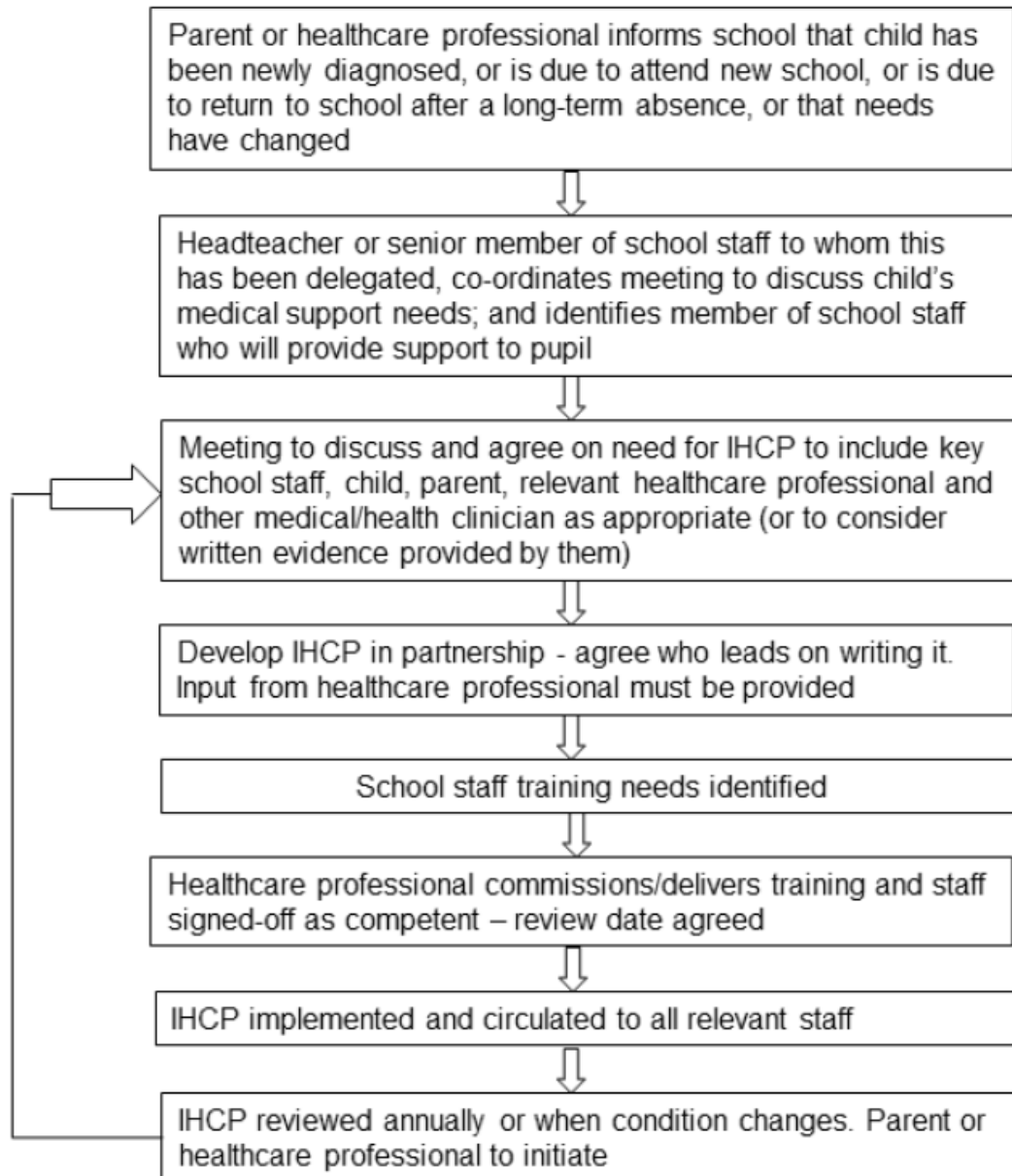
Template D: record of medicine administered to all children

Template E: staff training record – administration of medicines and/or medical procedures

Individual schools may use their own forms which must collate the same information as the templates listed above.



## Annex A: Model process for developing individual healthcare plans



## Template A: individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

### Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

### Clinic/Hospital Contact

Name	
Phone no.	

### G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
--	--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

## Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

## Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

**C: Record of medicine administered to an individual child (Continued)**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			



## Template E: staff training record – administration of medicines and/or medical procedures

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_