



DOWNSELL PRIMARY SCHOOL

Supporting Children with Medical Conditions

Date approved: 15th September 2022

Next review: Autumn Term 2023



1. Policy Statement

This policy is governed by the statutory guidance and has statutory advice set out in the [DfE's Supporting Children with Medical Conditions](#)

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

This policy should be read in conjunction with:

1. SEND Policy and SEND Information Report
2. Equality Policy
3. Behaviour Policy
4. Anti-Bullying Policy

2. Principles

This policy is based on the following principles:

1. All children and young people are entitled to a high-quality education.
2. Disruption to the education of children with health needs should be minimised.
3. If children can be in school, they should be in school. Children's diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all children to attend school.
4. Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child.
5. Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires.
6. Children and young people with health needs are treated as individuals, and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs

As a school we will use discretion and judge each case on its merit but generally will not engage in unacceptable practice, as follows:

- 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 a child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- 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.
- 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 their child.
- Assume that every child with the same condition requires the same treatment.

- Ignore the views of the child or their parents (although this may be challenged).
- Ignore medical evidence or opinion (although this may be challenged).

1. Aims

Our main aim at Downsell Primary School is that every member of the school community feels valued and respected, and that each person is treated fairly and well. We are a caring community whose values are built on mutual trust and respect for all. The school's 'Supporting Children with Medical Needs' has been designed with this in mind. We endeavour to create an environment where everyone feels happy, secure and safe.

We aim to:

- Ensure that we provide all of our pupils with the same opportunities
- Ensure that pupils at school with medical conditions are properly supported so that they have full access to education, including school trips and physical education.
- Ensure that pupils with medical conditions are effectively supported in consultation with relevant school staff, health and social care professionals, their parents and the pupils themselves.
- Ensure that, where necessary, we meet our **statutory responsibilities in response to Covid-19 in line with Government guidance 'Safe working in education, childcare and children's social settings, including the use of personal protective equipment (PPE).'**

4. Definition of medical needs

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

1. Short-term affecting their participation in school activities, whilst they are on a course of medication.
2. Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

Some children with medical conditions may be considered disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEND policy / SEND Information Report and the individual healthcare plan will become part of the EHCP.

5. Collaborative working arrangements

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, parents, pupils, healthcare professionals, and where appropriate, social care professionals and local authorities is critical.

The Role of the Governing Body

- Ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.
- Take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. They will often be long-term, on-going and complex and some will be more obvious than others. The governing body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

- Ensure that their arrangements give parents confidence in the school's ability to support their child's medical needs effectively. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, increase their confidence and promote self-care. In line with their safeguarding duties, not place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so.
- Ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should 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.
- Ensure that written records are kept of all medicines administered to children.

The Role of the Head Teacher

- Have overall responsibility for the development of individual health care plans.
- Ensure that policies are 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.
- Ensure that all staff who need to know are aware of the child's condition.
- Ensure that sufficient trained staff are available to implement the policy and deliver against all individual health care plans, including in contingency and emergency situations.
- Make sure that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way.
- Ensure that the policy can be implemented alongside the Covid-19 risk assessment in place
- All staff are clear of the protective measures that must be employed to reduce the risk of transmission of Covid-19 as outlined in the 'Effective infection protection and control' section of the Government guidance document 'Safe working in education, childcare and children's social settings, including the use of personal protective equipment (PPE)'

The Role of the SENDCO

- Help update the school's policy on medical conditions
- Know which children have a medical condition and which have special educational needs because of their condition.
- Be the key member or liaise with other staff to ensure children with medical conditions continue to make expected progress.
- Ensure teachers make the necessary arrangements and make reasonable adjustments if children need special consideration or access arrangements in statutory tests.

The Role of School Staff

- Understand the policy and how it impacts on children's education.
- Know which pupils in their care have a medical condition and to be familiar with the content of the child's Individual Health Care plan.
- Allow pupils to have immediate access to their emergency medication.
- May be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- Will have received suitable training, and their competency will be assured, before they take on responsibility to support children with medical conditions.
- Should be aware of potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- Be aware that medical conditions can affect a child's learning and provide extra help when they need it.
- Maintain effective communication with parents, informing them if their child has been unwell at school.
- Ensure that any medication for individual pupils is taken when they go on a school visit.

- Be aware of children with medical conditions who may be experiencing bullying or need extra social support.
- Ensure that records of medication administered are kept up to date

The Role of First Aiders

First aiders at the school have a responsibility to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school.
- When necessary ensure that an ambulance or other professional medical help is called.
- Ensure that any Individual Healthcare Plans are passed on to the hospital in the case of emergency.

The Role of Pupils

Pupils will often be best placed to provide information about how their medical condition affects them. They will 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 health care plan.

Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.

Wherever possible, children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication, quickly and easily.

Children who can take their medicines themselves or manage procedures may require a level of supervision.

The parents/carers of a pupil at the school have a responsibility to:

- Inform the school if their child has a medical condition.
- Ensure the school has a complete and up-to-date Individual Healthcare Plan for their child.
- Inform the school about the medication their child requires during school hours.
- Inform the school of any medication their child requires while taking part in educational visits or residential visits, especially when these include overnight stays.
- Inform the school about any changes to their child's medication, what they take, when, and how much.
- Inform the school of any changes to their child's condition.
- Ensure their child's medication and medical devices are labelled with their child's full name and date of birth and a spare is provided with the same information.
- Ensure that their child's medication is within expiry dates.
- Inform the school if the child is feeling unwell.
- Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional and information that will require the school to support your child is passed on to them.
- Ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

School nurse or other qualified healthcare professionals will:

- Notify the school when a child has been identified as having a medical condition who will require support in school. Wherever possible, they will do this before the child starts at the school.

The school nursing service would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions but can support staff on implementing a child's individual health care plan (if required) and provide advice and liaison.

The school nursing service is able to provide training to school staff to administer the following medications:

- EpiPen (for allergies)
- Buccal Midazolam (for epilepsy)
- Inhalers (for asthma)
- SPA – Single point of access – 0300 300 1970
- GPs, paediatricians and other healthcare professionals:
- Will notify the school when a child has been identified as having a medical condition for which they will require support at school.
- May provide advice on developing health care plans.
- May be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy or other health needs as appropriate).

The Role of the Local Authority

- Promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and the 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.
- Provide support, advice and guidance, including suitable training for school staff.
- Ensure that the support specified within individual healthcare plans can be delivered effectively.
- Work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs then the local authority has a duty to make other arrangements.

Providers of health services will:

- Co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses, and participation in locally developed outreach and training.

6. Staff training and support

Staff will be supported in carrying out their role to support pupils with medical conditions, and training needs will be reviewed. Training needs will be assessed by the Head Teacher with regards to individual pupils and appropriate training will be provided. This will include raising whole staff awareness of relevant issues. Staff will not give prescription medicines or undertake health care procedures without appropriate training.

7. Procedure following notification that pupil has medical condition

Information about medical needs or SEND is requested on admission to the school. The school is also notified that a pupil has a medical condition by either parent/carer, a Health Care Professional or by previous school. This information is recorded on SIMs and transferred to “Allergies and Medical Information List”. Staff are advised that this list has been up-dated.

If the medical condition is a temporary condition involving the school administering medication

Eg. child prescribed antibiotics for temporary condition

The school’s Administration of Medication Policy will be followed.

This situation will normally be dealt with by the school office in conjunction with Class Teacher and first aiders.

If the medical condition is a temporary condition that involves adjustments to be made in school to ensure that the pupil has full access to education, PE, school trips

Eg. child has broken limb

This situation will normally be dealt with by the school office in conjunction with Class Teacher, (and first aiders if relevant). A risk assessment will be undertaken if appropriate.

If the medical condition is ongoing/long-term/permanent

Inclusion Manager to be made aware of medical condition by staff member in school that is alerted to this. School to liaise with parent and/or relevant Health Care Professionals and previous school if relevant.

Inclusion Manager and/or Headteacher to determine what staff training/support is required, who should be commissioned to provide this and to arrange.

Individual Health Care Plan to be drawn up if necessary.

If it is necessary for medication to be administered, the school's Administration of Medication Policy will be followed.

8. New Starters/New Diagnosis

Providing the school has been made aware of the pupil's medical condition in the summer term, the school will ensure that arrangements are in place to support the pupil at the beginning of the new September school year.

For all other new starters or new diagnosis, the school will make every effort to put arrangements in place within 2 weeks of being made aware of the pupil's condition.

9. Administration /Admission forms

The school has clear guidance keeping clear and up to date records which supports the planning and access to school

- Parents of new children starting at the school are asked to provide information about any health conditions or health issues on admission and medical forms.
- Parents are asked if their child has any health conditions or health issues on the medical form, which is filled out at the start of each school year for existing pupils.
- Parents are asked to keep the school updated as to medical conditions and other important information

10. School Medical register

- Individual Healthcare Plans are one document that is used to create a Medical register of pupils with medical needs, not all pupils with medical conditions will need an individual plan. An identified member of staff has responsibility for the medical register at school. In Downsell this is the Inclusion Manager.
- The identified member of staff has responsibility for the medical register and follows up with the parents any further details on a child's Individual Healthcare Plan required or if permission for administration of medication is unclear or incomplete. In Downsell this is the Inclusion Manager.

11. Individual Healthcare Plans

Drawing up Individual Healthcare Plans

- An individual Healthcare plan may be initiated by a member of school staff, plans should be drawn up with the input of healthcare professionals e.g. Specialist Nurse, parents and the child.

- As a sign of good practice the school will use Individual Healthcare Plans to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments and used to identify the level support they need. Further documentation can be attached to the Individual Healthcare Plan if required.
- An Individual Healthcare Plan is sent to all parents of children with a long-term medical condition when a diagnosis is first communicated to the school.

Ongoing communication and review of the Individual Healthcare Plan

- Parents at this school are regularly reminded to update their child's Individual Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication, treatments or conditions change.
- Parents and relevant health professionals are invited to review and check that information held by the school on a child's condition is accurate and up to date.
- Every child with an Individual Healthcare Plan at this school has their plan discussed and reviewed at least once a year.
- Where the child has SEND, the Individual Healthcare Plan should be as part of the graduated approach of Assess, Plan, Do, Review and/or linked to their Education Health and Care Plan if they have one.

Storage and access to Individual Healthcare Plans

- The school ensures that all staff protect confidentiality.
- Individual Healthcare Plans are kept securely on the school system.
- Apart from the central copy, specified members of staff (agreed by the child and parents) securely hold copies of Individual Healthcare Plans. These copies are updated at the same time as the central copy.
- All members of staff who work with groups of children will access the Individual Healthcare Plans to provide support with their planning of teaching and learning.
- When a member of staff is new to a child group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Individual Healthcare Plans of children in their care.

Use of an Individual Healthcare Plan

Individual Healthcare Plans are used by the school to:

- Inform the appropriate staff and supply teachers about the individual needs of pupils with a medical condition in their care
- Remind children with medical conditions to take their medication when they need to
- Identify common or important individual triggers for children with medical conditions at school that bring on symptoms and can cause emergencies. The school uses this information to help reduce the impact of common triggers
- Ensure that all medication stored at school is within the expiry date

- Ensure this school's local emergency care services have a timely and accurate summary of a child's current medical management and healthcare in the event of an emergency
- Remind parents of a child with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

12. Managing medicines on school premises

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 will be given medicine containing aspirin unless prescribed by a doctor.
- Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents (It is good practice for professionals to follow the criteria commonly known as the Fraser guidelines). 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
- The school will only accept prescribed medicines that are in-date, labelled (with the child's name and instructions for administration, dosage and storage) and provided in the original container as dispensed by a pharmacist. The exception to this is insulin which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- All medicines will be stored safely. Children will know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens will be readily available to children and not locked away.
- 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.
- 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 should be noted; and if medication is for any reason not given a record must be kept and the parent informed.
- A record of all allergies of the child must be maintained.
- When no longer required, medicines will be returned to the parent to arrange for safe disposal.
- Sharps boxes will always be used for the disposal of needles and other sharps.

13. Day trips, residential visits and sporting activities

Reasonable adjustments will be made to encourage pupils with medical conditions to participate in school trips and visits, or in sporting activities. Teachers will be aware of how a child's medical condition will impact

on their participation, but there should be enough flexibility for all children to participate according to their own abilities. The schools will make arrangements for the inclusion of pupils in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

14. Supporting pupils through periods of absence from school

For some pupils, their health condition will require them to have an extended period of time out of school. The school will do all that it can to ensure that such children are supported through their period of absence from school and sensitively re-integrated once they are well enough to attend.

The school's Inclusion Manager for children with medical needs will take an active and continuing role in their educational, social and emotional progress. The school will at all times aim to work in partnership with parents to ensure the best possible outcomes and a return to school as soon as possible.

Where a child's health condition requires an extended period of absence from school, the school may need to seek the assistance of the Hospital and Home Teaching Service (HHTS). Staff at the service, including hospital teachers, will support pupils who are temporarily unable to attend classes on a full-time basis. These pupils may be:

(a) Children who have been deemed by a medical practitioner as being too ill to attend the school for more than 15 days or who have conditions which lead to recurrent absences from school which becomes significant in the longer term.

(b) Pupils with mental health problems who are unable to attend school.

Some children with medical conditions may be disabled. Where this is the case the governing body will comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

One aim of the HHTS will be to support the school in its work to reintegrate pupils into full time education at the earliest possible opportunity. In the greatest number of cases this means a return to mainstream education.

The school will continue to maintain a contact with a pupil who is unwell and not attending and will contribute to their academic and reintegration plans in order that they may enjoy a continuous level of education and support from the school during their period of absence. This may include providing to the HHTS relevant information about the child, helping to maintain contact with parents, assisting with and guiding the work of the child, supporting the process of achieving public examinations or taking part in National Curriculum tests and providing emotional support at the level of teacher and peer involvement. The school will do all that it can to maintain links with appropriate agencies including HHTS, the Educational Welfare Service, and the Educational Psychology Service. Reintegration back into school will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

15. Complaints Procedure

If parents or carers have concerns or are dissatisfied with the support provided, they should directly contact the school and follow the complaint procedure. Details of this policy are on the school website.

16. Liability and indemnity

The appropriate level of insurance is in place and appropriately reflects the level of risk. The insurance policy provides liability cover relating to the administration of medication with written consent from the parent/carer.

17. Legislation and Guidance

This policy and guidance has been compiled using recommended government documents and Acts, these include;

- Supporting pupils with Medical Conditions – December 2015
- Special Educational Needs and Disability Code of Practice: 0-25 years
- Children and Families Act 2014 – Part 5: 100
- Health and Safety: advice for schools – June 2014
- Equality Act 2010
- The management of Health and Safety at work regulations 1999
- Education Act 1996
- Health and Safety at work Act 1974
- Medicines Act 1968
- The Local Authority will provide both national and local guidance.
- For further information and guidance see

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2>

<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe>