



Somerset Bridge Primary School

Aspire - Brave - Care - Collaborate

Supporting Pupils with Medical Conditions Policy

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Fifth review date	Nov 24
Headteacher's signature	
Chair of Governor's signature	

Introduction

1. On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. In meeting this duty the Governing Body must have regard to guidance issued by the Secretary of State under this section.

Supporting pupils at school with medical conditions – statutory guidance for governing bodies of maintained schools and proprietors of academies in England – December 2015.

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

Roles and Responsibilities

The Role of the Governing Body

The Governing Body remains legally responsible and accountable for fulfilling its statutory duty, although, in meeting the duty to make arrangements to support pupils with medical conditions, functions can be conferred on members of staff as appropriate.

The Governing Body will ensure that:

- Arrangements are in place to support pupils with medical conditions and ensure that such children can access and enjoy the same opportunities at school as any other child.
- Arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school, show an understanding of how medical conditions impact on a child's ability to learn, increase confidence and promote self-care.
- The focus is on the needs of each individual child and how their medical condition impacts on their school life.
- Sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- This policy is reviewed regularly and is readily accessible to parents and school staff.

The Role of the Headteacher

The Headteacher will ensure that:

- The school policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of this policy and understand their role in its implementation.
- All staff who need to know are aware of the child's condition.
- 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.

- School staff are appropriately insured and are aware that they are insured to support pupils in this way. The Headteacher will contact 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 Headteacher has overall responsibility for overseeing the development of individual healthcare plans.

The Role of Parents

Parents will provide the school with sufficient and up-to-date information about their child's medical needs.

Parents are key partners and should 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.

The Role of Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They will be encouraged to 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.

The Role of 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 will 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.

The Role of School Nurses

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They will not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

The role of other healthcare professionals

Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

The role of Local Authorities

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 co-operation 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 wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities and clinical commissioning groups (CCGs) **must** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). 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 in a mainstream school because of their health needs, the local authority has a 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 school for 15 days or more because of [health needs](#) (whether consecutive or cumulative across the school year).

The role of clinical commissioning groups (CCGs)

Clinical commissioning groups commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 and **must** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings. Since 2013 Local Authorities have been responsible for commissioning public health services for school-aged children including school nursing. CCGs should be aware that this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility. Children in special schools in particular may need care which falls outside the remit of local authority commissioned school nurses, such as gastrostomy and tracheostomy care, or postural support. CCGs should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school.

The role of providers of health services

Providers of health services should co-operate with schools that are supporting 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 participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

The role of Ofsted

Ofsted's new common inspection framework came into effect on 1 September 2015, aimed at promoting greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.

Implementation of the Policy

In order to ensure that this Policy is fully implemented the following roles have been allocated within School:

- cover arrangements in case of staff absence or staff turnover to ensure someone is always available – this will be organised by Phase Leaders and the Business Manager.
- briefing for supply teachers – this will be carried out by the Deputy Head Teacher or Business Manager.
- risk assessments for school visits, holidays, and other school activities outside the normal timetable – this will be carried out by the SENCO and the Business Manager.
- monitoring of individual healthcare plans – this will be carried out by the SENCO.
- procedure to be followed whenever the school is notified that a pupil has a medical condition (schools do not have to wait for a formal diagnosis – see guidance) – the data manager is informed of pupils with a medical condition at the time of their registration with the School. This information is recorded and passed to the SENCO.
- procedure to cover any transitional arrangements between schools – the data manager and the SENCO will liaise with other schools and agencies as appropriate.
- procedure to be followed upon reintegration or when pupils' needs change – the data manager will coordinate the reintegration of a pupil or share new information with the SENCO who will then liaise with the headteacher regarding reintegration meeting.
- arrangements for staff training or support – the SENCO will coordinate staff training or support.

Arrangements for new children should be in place for the start of term, in other cases (such as a new diagnosis) arrangements should be in place within two weeks.

Individual Healthcare Plans

The SENCO is responsible for the development of IHPs and their role in supporting pupils at school with medical conditions.

IHPS will be drawn up in partnership between the school, parents and a relevant healthcare professional who can best advise on the particular needs of the child. Pupils will be encouraged to be involved whenever appropriate.

The school, healthcare professional and parent should agree when a healthcare plan would be appropriate.

The Governing Body will ensure that plans are reviewed at least annually, or earlier if the child's needs have changed. They will ensure that the IHPs are developed with the child's best interest in mind and ensure that the school assess and manages risk to the child's education, health and social wellbeing, and minimises disruption. When deciding what information should be recorded on IHPs, the Governing Body will consider the guidance.

Where a child has SEN, their special educational needs should be mentioned in their IHP.

Staff training and support

Suitable training is identified during the development or review of the IHP.

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

Whole school awareness training is provided by the SENCO.

Staff will not give prescription medicines or undertake healthcare procedures without appropriate training. In some cases written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide having considered the IHP.

The child's role in managing their own medical needs

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans.

Wherever appropriate, 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 an appropriate level of supervision. If it is not appropriate for a child to self-manage, 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 will 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.

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

- Non-prescription medicines, such as Calpol, will be administered at school for a limited time (subject to the condition above) and will be managed in the same way as prescribed medicines.
- Medication for pain relief, such as Calpol, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed by telephone if pain relief medication has been given.
- No child under 16 will 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. In such cases, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- The Schools will only accept medicines if these 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 schools inside an insulin pen or a pump, rather than in its original container
- All medicine will be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips
- When no longer required (or on a date agreed), medicines will be returned to the parent, together with a copy the record of medicine given, to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Controlled Drugs

- 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. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should 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 in school

Record keeping

The Governing Body will ensure that written records are kept of all medicines administered to children (see templates).

Emergency procedures

A child's IHP will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of the emergency symptoms and procedures.

If a child needs to be taken to hospital, staff will stay with the child until the parents arrive, or accompany a child taken to hospital by ambulance.

Day trips, residential visits and sporting activities

Teachers will consider how a child's medical condition will impact on their participation, but where possible will ensure that there is enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The Headteacher and SENCO 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.

The Headteacher and SENCO will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Unacceptable practice

Staff are informed that 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 for reasons associated with their medical condition 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

Somerset County Council has in place public liability insurance that indemnifies Somerset County Council and Somerset County Council employees, including maintained schools, against legal liability to pay damages or compensation as a result of personal injury or damages arising out of Somerset County Council's business (including the business of maintained schools).

This insurance does not apply to liability arising in whole or in part from:

- The provision of services by a hospital or a clinic or by physicians, pharmacists or various other categories of medical professionals;
- The prescribing of any drugs or medicines;
- The use of equipment for diagnostic purposes;
- The rendering or failure of any other medical or paramedical services (except as noted below)

However, the insurance does apply to liability arising in whole or in part from:

- Emergency and/or first aid medical services;
- The administering of drugs or medicines or procedures pre-prescribed by a medical practitioner and subject to any written guidelines by an employee of the public authority in connection with the business of Somerset County Council provided that no indemnity is available for any other source.

Complaints

Should parents or pupils 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, they may make 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 scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.