



At St George's, God calls us by name to love,
learn and achieve together, safe in the palm of His hands.

'I have called you by your name; you are mine' Isaiah 43

Supporting pupils at school with medical conditions

This policy has been developed using the statutory and non- statutory guidance for Local Governing Committees of maintained schools and proprietors of academies in England as published by DfE in December 2015

About this policy

This policy follows both statutory guidance and non-statutory advice.

The statutory guidance applies to any 'appropriate authority' as defined in section 100 of the Children and Families Act 2014. That means Local Governing Committees in the case of maintained schools, proprietors in the case of academies and management committees in the case of pupil referral units (PRUs).

'Appropriate authorities' must have regard to this guidance when carrying out their statutory duty to make arrangements to support pupils at school with medical conditions. The guidance also applies to activities taking place off-site as part of normal educational activities. In this document, references to schools are taken to include academies and PRUs and references to Local Governing Committees include proprietors in academies and management committees of PRUs. Further advice, where provided, is based on good practice but is non-statutory.

Early years settings should continue to apply the Statutory Framework for the Early Years Foundation Stage. This advice in this document supersedes an earlier version of this guidance published in September 2014. Previous guidance on managing medicines in schools and early years settings was published in March 2005.

What legislation is this guidance issued under?

Section 100 of the Children and Families Act 2014 places a duty on Local Governing Committees of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions. In meeting the duty, the governing body, proprietor or management committee must have regard to guidance issued by the Secretary of State under this section. This guidance came into force on 1 September 2014.

Who is this guidance for?

This statutory guidance applies to:

- Local Governing Committees of maintained schools (excluding maintained nursery schools)
- management committees of PRUs
- proprietors of academies, including alternative provision academies (but not including 16–19 academies)

This guidance is also provided to assist and guide:

- schools, academies (including alternative provision academies) and PRUs
- local authorities
- clinical commissioning groups (CCGs), NHS England
- anyone who has an interest in promoting the wellbeing and academic attainment of children with medical conditions, including alternative provision, e.g. independent schools
- parents/carers and pupils
- health service providers

Key points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Local Governing Committees must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Local Governing Committees should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

Introduction

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.

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support they provide, schools should establish relationships with relevant local health services to help them. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

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 case Local Governing Committees must comply with their duties under that Act. Some may also have special educational needs and disabilities (SEND) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the Special educational needs and disability (SEND) code of practice. The Special educational needs and disability code of practice explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational

needs under part 3 of the Children and Families Act 2014. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

The role of Local Governing Committees, proprietors and management committees

In meeting the duty to make arrangements to support pupils with medical conditions, functions can be conferred on a governor, a headteacher, a committee or other member of staff as appropriate. Help and co-operation can also be enlisted from other appropriate persons. However, the governing body, proprietor or management committee remains legally responsible and accountable for fulfilling its statutory duty.

The governing bodies must ensure that arrangements are in place to support pupils with medical conditions. In doing so it should ensure that such children can access and enjoy the same opportunities at school as any other child.

Further advice:

Schools, local authorities, health professionals, commissioners and other support services should work together to ensure that children 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 in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence

The governing body 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. Some will be more obvious than others. Local Governing Committees should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The governing body should ensure that its arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be 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 their safeguarding duties, the governing body will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We do not have to accept a

child in school at times where it would be detrimental to the health of that child or others to do so.

The governing body will 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.

The Headteacher will monitor:

- that sufficient staff are suitably trained;
- all relevant staff are be made aware of the child's condition;
- that cover arrangements in case of staff absence or staff turnover will ensure someone is always available;
- there is a briefing for supply teachers;
- risk assessments for school visits, holidays, and other school activities outside the normal timetable;
- individual healthcare plans.

Mrs Kathleen O'Shea is the designated member of staff who will oversee the administration of medicines. It is expected that all staff will make themselves aware of the children with individual health care plans.

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

In the first instance, on the child's admittance to school, the Head Teacher will be informed. This information will then be passed directly onto the SENCO and Mrs O'Shea. Staff will be informed of any new medical issues or any changes at weekly staff meetings. It is the responsibility of all staff to make themselves aware of the child and ask for any additional training to support the children.

Individual healthcare plans

The SENCO is responsible for the development of all individual health plans. She has the responsibility to share these with parents/carers and staff. The plans are reviewed annually or earlier if evidence is presented that the child's needs have changed. They will be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They 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, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will

require one. The school, healthcare professional and parent 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.

The format of individual healthcare plans may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, 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 a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

When deciding what information should be recorded on individual healthcare plans, the school will consider the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;

specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;

- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Roles and responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical.

Local Governing Committees should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. 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.

Headteachers

Headteachers should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should 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.

Parents

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents 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.

Pupils

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. Other pupils will often be sensitive to the needs of those with medical conditions.

School staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should 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.

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 would 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.

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).

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 Local Governing Committees 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 health need 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 medical needs (whether consecutive or cumulative across the school year).

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.

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.

Staff training and support

The Head teacher will liaise with Mrs O'Shea to arrange any training needs. In school, all staff will receive training for:

- Paediatric first aid (which includes asthma awareness) ~ renewed every three years
- EpiPen training ~ annually

The SENCo will liaise with all classteachers in July to refresh their knowledge of the specific needs of any child they will teach, who holds a care plan. At this meeting, she will also assess if any further training is needed.

Supporting pupils at school with medical conditions ~ day to day.

This part of the policy covers children who are attending school with short term medical illnesses such as viral infections, coughs, colds headaches etc.

At St George's, no members of staff or volunteers will administer any medication unless it has been prescribed by a doctor, is labelled, in date and in the original packaging. Parents must fill out the appropriate consent form. This can be found on the school website, requested from the office and copies are available at breakfast club. It is the parent's responsibility to collect the medicine at the end of each day.

Parents administering medicine

Children are not allowed to bring medicine to school. If a child needs medicine during the day to support their attendance at school, for example paracetamol, Calpol, Piriton, throat lozenges, antihistamine cream etc, medicines can be administered by the parent or the parent's appointed representative with a letter of consent. It should be noted this can only be done for a maximum of 3 days on medical advice. When this is the case a detailed Medical Request Form, with administration and dosage, must be completed and signed by the parents and representative and school. Parents must inform the school if their child has a serious recurring medical problem. They must also ensure that they keep the office up to date on any health matters, especially allergies which relate to your child.

First Aid

All of our staff members have First Aid training. Basic First Aid is given to children when necessary and an email giving details will be sent to the parent/carer. If a child has an allergy to plasters we ask that alternatives dressings are provided. If a child is injured and it is considered to be of a serious nature whilst in school, the injury is reported to the Head Teacher and recorded on CPOMS (e.g. head injury). Normally the injury will be dealt with in school. If an accident should happen which requires hospital treatment we will contact parents immediately. If you are unavailable, the emergency number given on the admission form will be tried. It is important that the person named to be contacted in an emergency understands that they may be called upon to take full responsibility for that child in case of accident or injury.

Should it not be possible to contact you or the emergency contact, a member of staff will accompany the child to the hospital BUT they cannot give consent for any treatment (e.g. stitches). They will however, stay with the child until the parent(s) arrive.

Illness during the day

Should your child become ill during the day we will contact parents and ask that the child is collected by the parent or the person named on the emergency number immediately. It is important that, should a child be ill, there is somewhere he/she can go. We do not have facilities or staff to take care of an ill child in school for long periods.

Return to school after illness

All illness should be reported on the first day. If we do not hear from parents we will phone to find out why a child is not at school. When a child returns to school after an illness we ask that parents send in a letter to your child's teacher or office with information as to why your child was off. This is for our records. Children who have been away due to sickness and/or diarrhoea should not return to school within 48 hours.

Emergency contact information.

All parents must ensure that all information provided is kept up-to-date in order for us to contact the parents/carers. This should include any health matters that may relate to your child.

Staff Medication

Any medication brought into school by staff or volunteers must remain in a secure place. This may be in a handbag, stored in a cupboard in the classroom; the staffroom; locked away in the school office. All medications must be kept away from children.

This policy was reviewed and agreed Summer Term 2021

Review date Summer Term 2024