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Supporting Children with Medical Conditions Policy

Reviewing Committee: Impact

Adopted by the Governing Body on 1st November 2018

Signed Chair of Governing Body

Date:.....

Review Date: 31st October 2019

Supporting Children with Medical Conditions

We aim to give parents and carers confidence in the school's ability to provide effective support for children with medical conditions in school so that:

- in terms of both physical and mental health, children are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- Children access and enjoy the same opportunities as any other child
- children who are competent are encouraged to take responsibility for their own medicines and procedures.

1. Introduction

- 1.1. Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting children at their school with medical conditions.
- 1.2. Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because children with long-term and complex medical conditions may require on-going 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 children 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 children.
- 1.3. 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 child'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.
- 1.4. Some children with medical conditions may be 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 (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, please refer to the school's Special Educational Needs and Disabilities Policy.

- 1.5. In some cases this will require flexibility and involve, for example, 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.

2. Statutory Responsibilities

- 2.1. The **Governing Body** is responsible for ensuring:

- the policy is reviewed regularly and is readily accessible to parents and school staff
- sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

- 2.2. The **Headteacher** is responsible for ensuring:

- effective implementation of the policy with all staff and support agencies
- sufficient staff are suitably trained to implement the policy and deliver against all individual health care plans, including contingency and emergency situations
- all relevant staff are made aware of a child's medical condition and understand their role
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available
- briefing supply teachers
- approving risk assessments for educational visits and activities outside of the normal school timetable
- monitoring individual healthcare plans

- 2.3. The **School Business Manager** is responsible for ensuring:

- all staff are appropriately insured and that staff are aware that they are insured to support children in this way
- induction for new staff to ensure awareness of children with medical conditions

- 2.4. The **class teacher** is responsible for:

- attending relevant training in order to achieve the necessary level of competency required before taking on responsibility to support children with medical conditions and to fulfil the requirements set out in the individual healthcare plan.
- ensuring they know preventative and emergency measures so that they can recognise and act quickly when a problem occurs

- completing risk assessments for all educational visits and activities outside of the normal school timetable
 - ensuring all advice from external agencies is followed
 - recording all medication administered in line with the Administering Medicines Policy.
- 2.5. Any member of school staff may be asked to provide support to children 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 children 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.
- 2.6. 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 the proficiency of staff in a medical procedure, or in providing medication.

3. Nurses, GPs and other Healthcare Professionals

- 3.1. Nurses, GPs and other healthcare professionals should notify 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.
- 3.2. 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.

4. Procedure Following Notification

- 4.1. As soon as the school is notified that a child has a medical condition, procedures should be put in place to cover any transitional arrangements between schools and the process to be followed upon reintegration or when a child's needs change, and arrangements for any staff training or support.
- 4.2. For children new to the school, the Headteacher should contact the other school as soon as possible to ensure a smooth handover of individual healthcare care plans and medical information. A meeting should be held with parents and healthcare professionals to ensure arrangements are in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

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

5. Individual Health Care Plans (IHCPs)

- 5.1. Individual healthcare plans (IHCPs) can help to ensure the school effectively supports children 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.
- 5.2. IHCPs 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.
- 5.3. IHCPs, (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, specialist or children's community nurse, who can best advise on the particular needs of the child.
- 5.4. Children should also be involved whenever appropriate. The aim should be to capture the steps which the school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. 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.
- 5.5. Plans should be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should 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 well-being and minimises disruption. 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.
- 5.6. 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.

6. Individual Healthcare Plan

6.1. The Individual Healthcare Plan should consider the following:

- the medical condition, its triggers, signs, symptoms and treatments
- the child'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, movement between lessons
- specific support for the child's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counseling 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 child 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.

7. Emergency Procedures

- 7.1. An individual healthcare plan 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. Other children in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- 7.2. 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.

8. Partnership with Parents

- 8.1. 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.
- 8.2. Should parents be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

9. Involving Children

- 9.1. Children with medical conditions will often be best placed to provide information about how their condition affects them. Where possible, 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 children will often be sensitive to the needs of those with medical conditions.
- 9.2. After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.
- 9.3. Wherever possible, children should 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, then relevant staff should help to administer medicines and manage procedures for them.
- 9.4. 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 should be informed so that alternative options can be considered.

10. The Local Authority

- 10.1. The Local Authority are commissioners of school nurses for maintained schools. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, clinical commissioning groups and 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.
- 10.2. 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.
- 10.3. Local authorities should work with schools to support children with medical conditions to attend full time. Where children 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).

11. Record Keeping

- 11.1. In line with the school's Administering Medicines Policy, written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- 11.2. Parents should be informed if their child has been unwell at school.

12. Educational Trips

- 12.1. The Governing Body actively supports children with medical conditions to participate in school trips and visits, or in sporting activities, and will not prevent them from doing so.
- 12.2. Teachers should 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 and with any reasonable adjustments. School will make arrangements for the inclusion of children in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- 12.3. School will consider what reasonable adjustments it might make to enable children with medical needs to participate fully and safely on visits. A risk assessment will be carried out so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This will require consultation with parents and advice from the relevant healthcare professional to ensure that children can participate safely. Please also refer to the school's policy for Educational Visits.

13. Unacceptable Practice

- 13.1. The DfE requires that Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable.
- 13.2. Although school staff should use their discretion and judge each case on its merits with reference to the child's IHCP, 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 ¹¹SEP 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;
- 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.

14. Monitoring and Review

- 14.1. This policy is a working document. Therefore, it is open to change and restructure as and when appropriate.
- 14.2. The school will monitor the impact of the policy using:
 - Logs of administered medicines
 - Speaking to parents of children with medical conditions
- 14.3. The Senior Leadership Team will monitor records at least twice per year to identify any trends and any remedial actions required.
- 14.4. This policy will be reviewed bi-annually by the Senior Management Team in School.

15. Relevant Policies and Documentation

This policy should be read in conjunction with these documents:

- Administering Medicine
- Personal and Intimate Care
- Safeguarding
- First Aid Policy