



Supporting Pupils with Medical Conditions

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.
- Governing bodies **must** ensure that arrangements are in place in school to support pupils at school with medical conditions.
- Governing bodies 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 effectively supported.

This policy should be read in conjunction with other school policies (see the following list

- health and safety
- safeguarding
- intimate care
- parent guidelines

- Managing medicines policy

1. In September 2014 a new duty was introduced for governing bodies to make arrangements to support pupils at school with medical conditions. The aim is to ensure that 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.

2. 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 on-going support, medicines and care while at school to help them manage their condition and keep them well.

Others may require interventions in particular 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 their child's medical condition will be supported effectively in school and that they will be safe. In making decisions about the support they provide, it is crucial that schools consider advice from healthcare professionals and listen to and value the views of parents and pupils.

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 absences, including those for medical appointments, (which can often be lengthy), also need to be effectively managed.

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 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, this guidance should be read in conjunction with the SEN code of practice.

Role of the governing body

5. The governing body must 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 should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

6. 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 focus therefore must be on the needs of each individual child and how their medical condition impacts on their school life.

7. Parents must have confidence in the school's ability to support their child's medical needs effectively. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, increase their confidence and promote self-care. There should be recognition that some medical conditions if not managed well can be fatal.

8. A child's health should not be put at unnecessary risk simply because they attend school. In addition, and in line with their safeguarding duties, governing bodies should 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.

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

9. For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, this should normally take no more than two weeks. A flow chart setting out the process that may be followed for identifying and agreeing the support a child needs is provided at annex A.

Individual healthcare plans

10. Individual healthcare plans, if required will be agreed with the parents and health care professionals. They provide clarity about what needs to be done, when and by whom. Individual healthcare plans may be initiated by a member of school staff, the school nurse or another healthcare professional involved in providing care to the child. Plans may be drawn up with input from such professionals e.g. a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child and their parents. Plans should be reviewed at least annually or earlier if the child's needs change. Where the child has a special educational need, the individual healthcare plan should be linked to the child's statement or EHC plan where they have one.

11. When identifying what the information plan should record, the following will be considered:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues eg crowded corridors
- 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
- 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 own 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
- who in the school needs to be aware of the child's condition and the support required
- written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by individual pupils 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 eg 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

Roles and responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals, and parents and pupils is essential.

- Head teacher - must ensure that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Head teachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained 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. They should also make sure that the school is appropriately insured and that staff 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.
- School staff - any member of school staff may volunteer or be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Staff must have received suitable training before they take on responsibility to support children with medical conditions. Although administering medicines is not part of teachers' professional duties, they can provide other support and should take into account the needs of pupils with medical conditions that they teach.
- School nurse or other qualified healthcare professional - If a parent has given permission to a hospital specialist, GP or to the school nurse they may notify the school when a child has been identified as having a medical condition who will require support in school. Wherever possible, they should do this before the child starts at the school. If the parent has given permission to the hospital specialist or GP the school nurse can support the school in ensuring that pupils with medical conditions are properly supported in schools. They should liaise with lead clinicians on appropriate support for the child and associated staff training needs. School nurses should work with head teachers to determine the training needs of school staff. The school

nurse is able to deliver generic training on how to deal with asthma, the use of inhalers and the use of the EpiPen in the case of anaphylaxis, for example as the result of a nut allergy.

- GPs and paediatricians (or other appropriate healthcare professional) - should notify the school nurse (provided the parents have given their permission) when a child has been identified as having a medical condition that will require support at school. Where parental permission has been granted they may provide advice on developing healthcare plans.
- 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 cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and the NHS Commissioning Board, 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. 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 then the local authority has a duty to make other arrangements.
- 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 participation in locally developed outreach and training.
- Clinical commissioning groups - 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.
- Pupils - will often be best placed to provide information about how their medical condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

- Parents - should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases notify the school that their child has a medical condition. They are a key partner and should be involved in the development and review of their child's individual healthcare plan. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- Ofsted - Ofsted's inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

Staff training and support

12. The school nurse should normally lead on identifying with other health specialists, and agreeing with the school, the type and level of training required, and putting this in place. Schools may choose to arrange training themselves. School nurses should liaise with those providing training and ensure that training remains up-to-date.

13. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.

14. Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

15. Induction arrangements for new staff should be included. The school nurse should be able to advise on training that will help ensure that all health conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.
16. Parents should be asked for their views and may be able to support school staff by explaining how their child's needs can be met. They should provide specific advice, but should not be the sole trainer.
17. Governing bodies should consider providing details of continuing professional development provision opportunities.

Children's role in managing their own medical needs

18. After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. Wherever possible, children 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. If it is not appropriate for a child to self-manage, then relevant staff should administer medicines and manage procedures for them.
19. 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.

Record keeping

20. Written records will be kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

Emergency Procedures

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

the school should know what to do, such as informing a teacher immediately if they think help is needed.

22. 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. Staff should not take children to hospital in their own car. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Day trips, residential visits and sporting activities

23. 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. Schools should make arrangements for the inclusion of pupils in such activities unless a GP or consultant states that this is not possible.

24. Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment 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 school nurse or other healthcare professional who are responsible for ensuring that pupils can participate. The Health and Safety Executive (HSE) provide guidance for school trips.

Home to school transport for pupils requiring special arrangements

25. Governing bodies have agreed to adopt the Local Authority policy which sets out the arrangements to be made in relation to pupils with medical conditions travelling to and from school. This should include what should be done in emergency situations.

26. Where pupils have life threatening conditions, specific transport healthcare plans should be carried on vehicles.

Unacceptable practice

27. Although school staff should use their discretion and judge each case on its merits, 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
- send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch
- if the child becomes ill, send them to the school office or medical room unaccompanied
- penalise children for their attendance record if their absences are related to their medical condition eg 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 or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg requiring parents to accompany the child

Liability and indemnity

28. The Governing body ensures that the school has the appropriate level of insurance in place through the Local Authority. This provides liability cover relating to the administration of medication but individual cover may need to be arranged for health care procedures associated with more complex conditions. Any requirements of the insurance such as the need for staff to be trained should be made clear.

29. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer, who carries public liability, rather than the employee.

Should parents be dissatisfied with the support provided to their child they should discuss their concerns directly with the school. If for whatever reason this doesn't resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a complaint to the Department for Education should only happen after other routes have been followed.

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Annex A: Process for developing Individual Healthcare Plans

