

# THE WILLOWS PRIMARY SCHOOL



## **SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY**

### Safeguarding Statement

The school is committed to safeguarding children and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

Author: Headteacher

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## **Regard to Documentation**

At The Willows Primary School, we will have due regard to the following documents:

- Department for Education’s statutory guidance, ‘Supporting pupils at school with medical conditions’, December 2015 (This statutory guidance also refers to other specific laws.)
- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- Special Educational Needs and Disabilities Code of Practice
- Other school policies, such as Child Protection, Equal Opportunities, Behaviour, Special Educational Needs and Disabilities.

## **Introduction**

At The Willows Primary School, children with medical conditions, in terms of both physical and mental health, will be properly supported in school so that they can play a full and active role in school life, remain healthy, achieve their academic potential and can access and enjoy the same opportunities at school as any other child.

We recognise that pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. The Willows Primary School recognises that each child’s needs are individual.

We also recognise that needs may change over time, and that this may result in extended absence from school. The school will make every effort to minimise the impact on a child’s educational attainment and support his or her emotional and general well-being, including any necessary reintegration programmes. The school will focus on giving pupils and their parents every confidence in the school’s approach.

The school recognises that some children who require support with their medical conditions may also have special educational needs and may have a Statement or Education Health and Care Plan (EHCP). We will work together with other schools, health professionals, other support services, and the Local Authority (LA). Sometimes it may be necessary for the school to work flexibly, and may, for example, involve a combination of attendance at school and alternative provision.

No child with a medical condition will be denied admission on the grounds that arrangements for his or her medical condition have not been made. In line with the school’s safeguarding duties, the school does 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.

## **Policy Implementation**

- The Headteacher will ensure that sufficient staff are suitably trained, all relevant staff will be made aware of the child's condition, cover arrangements will be put in place to cover for staff absence, to ensure that someone is always available
- Supply teachers will be briefed
- Risk assessments will be put in place for educational visits, and other school activities outside the normal timetable
- Individual healthcare plans will be monitored frequently.

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

The school, in consultation with all relevant stakeholders including parents, will:

- Ensure that arrangements are put in place to cover transition from another setting, upon being notified that a child is coming into school with a medical condition. These may vary from child to child, according to existing IHPs.
- Ensure that arrangements are implemented following reintegration into the school or when the needs of a child change.
- Put arrangements into place in time for the start of the new school term.
- In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are in place within two weeks.
- Provide support to pupils where it is judged by professionals that there is likely to be a medical condition. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put into place.
- Any staff training needs are identified and met.

## **Individual Healthcare Plans (IHPs)**

The school's Special Educational Needs Co-ordinator (SENCO) will be responsible for developing IHPs. Their purpose is to ensure that 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 they 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 professionals and parents 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 Healthcare Plan is a confidential document. The level of detail within will depend on the complexity of the child's condition and the degree of support needed. Where a child has a special educational need, but does not have a statement or EHC plan, their special educational needs will be mentioned in their IHP.

IHPs, 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 for the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, eg

specialist or community nurse. Wherever possible, the child will also be involved in the process. The aim is 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. Responsibility for ensuring the plan is finalised rests with the school.

Where a child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

The IHPs are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. The plans are devised with the child's best interests in mind, ensuring that an assessment of risk to the child's education, health and social well-being is managed minimising disruption. Reviews will be linked to any education healthcare plan the child may have.

### **The information to be recorded**

When deciding on the information to be recorded on individual healthcare plans, the following will be considered:

- 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 eg crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs – for example, exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed, including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide the 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, eg Risk assessments. Risk assessments are completed by the Educational Visits Co-ordinator (currently the Headteacher). Advice on medical conditions and how to assess risk for educational visits is sought from the LA insurance team, the LA Health & Safety team and EVOLVE (Educational Visits) team. If the child is under consultant care, their consultant's medical opinion would be sought or the child's care plan referred to. The recommendation from all of the above will be shared with parents.
- Where confidentiality issues are raised by the parent or 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 the 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. The school will work collaboratively, both with staff within the organisation and with outside agencies, as the circumstances of each child dictate.

### ***Governing Body***

The Governing Body will ensure that pupils in school with medical conditions are supported to enable the fullest participation possible in all aspects of school life. It will ensure that a policy is developed, implemented and monitored. The Governing Body will ensure that staff receive suitable training and that they are competent before they take on the responsibility to support children with medical conditions and are able to access information and other teaching support materials as needed.

### ***Headteacher***

The Headteacher will:

- Ensure that the Supporting Pupils with Medical Conditions Policy is developed and effectively implemented with partners, including all staff are aware of the policy and that they understand their role in implementing the policy.
- Ensure that all staff who need to know are aware of a child's condition.
- Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all the individual healthcare plans, including in contingency and emergency situations.
- Have overall responsibility for the development of individual healthcare plans.
- Ensure that all staff are appropriately insured to support pupils in this way.
- Liaise with the school nurse in respect of a child who has a medical condition, including in cases where the situation has not yet been brought to the attention of the school nursing service.

### ***School Staff***

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

### ***School Nurses/ Healthcare Professionals***

School Nurses 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. 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. Specialist local health teams may be able to provide support for children with particular conditions (eg asthma, diabetes, epilepsy).

### ***Pupils***

Pupils with medical conditions may be best placed to provide information about how their condition affects them. They should be 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.

### ***Parent***

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. Parents are seen as key partners and they will be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. Parents should carry out the 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.

### ***Local Authority***

The Local Authority has a duty to promote co-operation between relevant partners – such as governing bodies, 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.

### ***Ofsted***

Inspectors will consider how well a school meets the needs of the full range of pupils, including those with medical conditions.

## **Staff training and support**

Training needs for staff will be assessed by looking at the current and anticipated needs of pupils already on the roll. It may be possible to determine training needs by early information relating to a child about to be admitted to the school. All members of staff providing support to a child with medical needs will have been trained beforehand. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The type of training, and frequency of refresher training, will be determined by the actual medical condition that a child may have and this will be supported by the Governing Body. Some training may be arranged by the school, and other types may make use of the skills and knowledge provided by the school nurse service, or specialist nurse services, among others. Other training may involve on-site or off-site provision. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Training will 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 an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Parents will be asked to supply specific advice and then this will be reinforced with healthcare professional advice.

All members of staff will be informed of the supporting Pupils with Medical Conditions Policy and it will be included in the induction arrangements for new staff to the school.

### **The child's role in managing their own medical needs**

Children who require medication or other procedures will be supervised in administering them or receive them from a relevant member of staff. If a child refuses to take medicine or carry out a medical procedure, staff will not force him or her 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. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. The following will apply:

- No child will be given prescription or non-prescription medicines without their parent's written consent
- No child will be given a medicine containing aspirin unless it has been prescribed by a doctor. Parents will be required to give their written consent.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.
- Medicines will be stored safely. This may be in the office or in a fridge in the office. Children who need to access their medicines immediately, such as those requiring asthma inhalers, will be shown where they are kept. On educational visits, medicines will also be available and they will be looked after by a relevant member of staff.
- School staff may only 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.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

### **Record Keeping**

Written records will be kept of all medicines administered to children and parents will be informed if their child has been unwell at school.

## **Emergency procedures**

A child's IHP will clearly define what constitutes an emergency and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms and procedures. It may be necessary to inform other pupils in general terms so that they can inform a member of staff immediately if they think help is needed.

If a child is taken to hospital, a member of staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital.

## **Educational visits and sporting activities**

The school will consider how a child's medical condition will impact on their participation. We will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.

The school will consider what reasonable adjustments may need to be made after carrying out a risk assessment 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 pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

## **Unacceptable practice**

Although school staff will use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, 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;
- 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.



## Complaints

Parents who are dissatisfied with the support provided should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they make a formal complaint via the school's complaints procedure.

## Liability and indemnity

The Governing Body at The Willows ensures that appropriate insurance is in place and that it reflects the level of risk. The insurance covers staff providing support to pupils with medical conditions. From time to time, the school may need to review the level of cover for health care procedures and any associated related training requirements.

## Further sources of information

### *Other safeguarding legislation*

**Section 21 of the Education Act 2002** provides that governing bodies of maintained schools must, in discharging their functions in relation to the conduct of the school, promote the wellbeing of pupils at the school.

**Section 175 of the Education Act 2002** provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Part 3, and in particular paragraph 7 of the Schedule to the Education (Independent School Standards) Regulations 2014 sets this out in relation to academy schools and alternative provision academies.

**Section 3 of the Children Act 1989** confers a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

**Section 17 of the Children Act 1989** gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

**Section 10 of the Children Act 2004** provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to co-operate in the making of these arrangements.

**The NHS Act 2006: Section 3** gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it is responsible. **Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in, the persons for whom it is responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.

Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

- They **must not** discriminate against, harass or victimise disabled children and young people
- They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

### *Other relevant legislation*

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child who has been prescribed a controlled drug.

The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

**Regulation 5 of the School Premises (England) Regulations 2012 (as amended)** provides that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet. It **must not** be teaching accommodation. Paragraph 24 of the Schedule to the the Education (Independent School Standards) Regulations 2014 replicates this provision for independent schools (including academy schools and alternative provision academies).

### **The Special Educational Needs and Disability Code of Practice**

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

**Section 19 of the Education Act 1996** (as amended by Section 3 of the Children, Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full-time, or such part-time education as is in a child's best interests because of their health needs.

### **Associated resources**

DfE link to other information and associated advice, guidance and resources ,e.g. templates, and to organisations providing advice and support on specific medical conditions:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

## Annex A: Model process for developing individual healthcare plans

