



Supporting Pupils with Medical Conditions Policy

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Statement of intent

The Community Inclusive Trust (CIT) Board have a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential. This policy serves as the overarching guidance for all of our schools, but each of our individual schools will hold their own policies that detail their specific approaches.

CIT believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition and that pupils feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact on integration with peers and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have special educational needs and disabilities (SEND) and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the Trust's SEND Policy will ensure compliance with legal duties.

The Medical Conditions Policy is regularly reviewed, evaluated and updated. Updates are produced annually in line with the Trust's policy timeline. Any updated guidance and legislation will be shared and integrated into the policy as necessary. In order to evaluate the effectiveness and acceptability of the policy, each of the individual Trust schools will seek feedback from a wide-range of key stakeholders within the school and health settings. The views of pupils are actively sought and considered during the evaluation process.

1. Legal framework

1.1. This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017

1.2. This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- OfSTED (2019) 'The Education Inspection Framework'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

1.3. This policy has due regard to the following school policies:

- SEND Policy
- General Complaints Procedure Policy
- Parental Complaints and Communications Policy

2. The role of the Trust Board

2.1. The Trust Board:

- Is legally responsible for fulfilling its statutory duties under legislation;
- Ensures that arrangements are in place to support pupils with medical conditions across all Trust schools;
- Aspires to ensure that pupils with medical conditions can access and enjoy the same opportunities as any other pupil in each of the Trust's schools;
- Works with the Local Authority (LA), health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education;
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively;
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.

- Instills confidence in parents/carers and pupils in the Trust's ability to provide effective support;
- Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed;
- Ensures that arrangements for a child's medical condition to be met have been addressed to ensure no prospective pupil is denied admission to any of the Trust's schools;
- Ensures that pupil's health is not put at unnecessary risk. As a result, the Board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease;
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.

2.2. Each of the Trust's schools' Headteachers hold overall responsibility for implementation of this policy.

3. The role of the Headteacher

3.1. The Headteacher:

- Ensures that this policy is effectively implemented with stakeholders;
- Ensures that all staff are aware of this policy and understand their role in its implementation;
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations;
- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported;
- Has overall responsibility for the development of IHPs;
- Contacts the Children and Young Peoples Nurses/Specialist Nurse Trainers for Children with Disabilities where a pupil with a medical condition requires support that has not yet been identified.
- Contacts Public Health if required for further guidance

4. The role of parents/carers

Parents/carers will:

- Tell the school if their child has a medical condition;
- Communicates well with the school when completing and updating a Healthcare Plan for their child where necessary;
- Inform the school in writing about the medication their child requires during school hours;
- Inform the school of any medication their child needs while taking part in visits, outings or field trips and other out-of-school activities;
- Tell the school about any changes to their child's medication, what they take, when and how much;
- Inform the school of any changes to their child's condition;
- Ensure their child's medication and medical devices are labelled with their child's full name;
- Provide the school with appropriate spare medication labelled with the child's name;
- Ensure the child's medication is within the expiry date;

- Keep their child at home if they are not well enough to attend school;
- Ensure their child, where possible, catches up on and work their child may have missed;
- Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional;
- Where appropriate, to inform child of the management and medication for their condition;
- Be involved in the development and review of their child's IHP;
- Carry out any agreed actions contained in the IHP;
- Ensure that they, or another nominated adult, are contactable at all times.

5. The role of pupils

Pupils should:

- Be fully involved in discussions about their medical support needs where able;
- Contribute to the development of their IHP;
- Be sensitive to the needs of other pupils with medical conditions;
- Treat other pupils with, and without, a medical condition equally;
- Tell their parents/carers, teacher or nearest staff member when they are not feeling well;
- Let a member of staff know if another pupil is feeling unwell;
- Treat all medication with respect;
- Know how to gain access to their medication when needed;
- Know how to take their own medication and take it when they need it (if the pupil is mature and old enough);
- Ensure a member of staff is called in an emergency situation.

6. The role of school staff

6.1. School staff:

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so;
- Should consider the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication;
- Must receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions;
- Should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

6.2. Teachers' should:

- Be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it;
- Liaise with parents/carers and the pupil's healthcare professionals if a child is falling behind with their work because of their condition;
- Use opportunities such as PSHE and other areas of the curriculum to raise awareness about medical conditions;
- Ensure that pupils who are unwell are supported to catch up with any missed school work.

- Help provide access to regular, updated training for school staff in managing the most common medical conditions at school;
- Provide information about where the school can access other specialist training;
- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school;
- When necessary, ensure that an ambulance or other professional medical help is called.

7. The role of the Children and Young Peoples' Nurses/Specialist Nurse Trainers for Children with Disabilities Team

The appropriate Team should:

- At the earliest opportunity, notify the school when a pupil has been identified as having a medical condition which requires support in school;
- Support staff to implement IHPs and provide advice and training;
- Liaise with lead clinicians locally on appropriate support for pupils with medical conditions.

8. The role of clinical commissioning groups (CCGs)

CCGs:

- Ensure that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions;
- Make joint commissioning arrangements for education, health and care provision for pupils with SEND;
- Are responsive to Local Authorities (LAs) and schools looking to improve links between health services and schools;
- Provide clinical support for pupils who have long-term conditions and disabilities;
- Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

9. The role of other healthcare professionals

Other healthcare professionals, including GPs and pediatricians should:

- Notify the school nursing team when a child has been identified as having a medical condition that will require support at school;
- Provide advice on developing IHPs;
- Provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy;
- Liaise with the individual schools, where necessary, on the writing of Healthcare Plans;
- Where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours;
- Where appropriate, give child written care/self management plan to control their condition;
- Ensure the child knows how to take medication effectively where appropriate;
- Ensure children have regular reviews of their condition and their medication;
- Provide the school with information and advice regarding individual children with medical conditions (with the consent of the pupil and their parents/carers);
- Understand and provide support for the school's medical conditions policy if needed

10. The role of the LA

10.1. The LA:

- Promotes co-operation between relevant partners;
- Makes joint commissioning arrangements for education, health and care provision for pupils with SEND;
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered;
- Works with the school to ensure that pupils with medical conditions can attend school full-time.

10.2. Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a school.

11. The role of OfSTED

11.1. OfSTED inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

11.2. Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural development.

12. Admissions

12.1. No child is denied admission to any of the Trust schools or prevented from taking up a school place because arrangements for their medical condition have not been made.

- 12.2. A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

13. Notification procedure

- 13.1. When one of the Trust schools are notified that a pupil has a medical condition that requires support in school, the Children and Young Peoples Nurses/Specialist Nurse Trainers for Children with Disabilities Team informs the Headteacher or vice versa, depending on who is aware of it first. The school will then arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP (outlined in detail in section 17).
- 13.2. The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the Headteacher based on all available evidence (including medical evidence and consultation with parents/carers).
- 13.3. For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.
- 13.4. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place as soon as practicably possible.

14. Staff training and support

- 14.1. Any staff member in the Trust providing support to a pupil with medical conditions will receive suitable training.
- 14.2. Staff do not undertake healthcare procedures or administer medication without appropriate training.
- 14.3. In consultation with the school, training needs are assessed by the Children and Young Peoples Nurses/Specialist Nurse Trainers for Children with Disabilities through the development and review of IHPs.
- 14.4. Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.
- 14.5. The Children and Young Peoples Nurses/Specialist Nurse Trainers for Children with Disabilities confirms the proficiency of staff in performing medical procedures or providing specialist medication.
- 14.6. A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.
- 14.7. Where required (e.g. for Epilepsy) Whole-school awareness training is carried out on an annual basis for all staff.
- 14.8. The Children and Young Peoples Nurses/Specialist Nurse Trainers for Children with Disabilities liaises with the schools and identifies suitable training opportunities that ensure all medical conditions affecting pupils in any of the Trust schools are fully

understood and that staff can recognise difficulties and act quickly in emergency situations.

14.9. Training is commissioned by the Headteacher and may be provided by the following bodies:

- Commercial training provider
- Parents/carers of pupils with medical conditions
- Children and Young Peoples Nurses/Specialist Nurse Trainers for Children with Disabilities

14.10. Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

15. Supply teachers

Supply teachers are:

- Provided with access to this policy;
- Informed of all relevant medical conditions of pupils in the class they are providing cover for;
- Covered under the school's insurance arrangements.

16. Record-keeping

16.1 Parents are asked to provide each school with medical information and health issues for their child. A form is sent to new parents and must be completed at the beginning of the academic year or when their child starts school.

16.2 Each of the schools in the Trust use a healthcare plan which records details such as individual children's medical needs at school, their triggers, signs and symptoms, medication and other treatments (see section 17).

16.3 A healthcare plan accompanied by an explanation of why and how it is used, is sent to all parents/carers, with a long-term medical condition. This will be sent at the start of the school year, at enrolment and when a diagnosis is first communicated to the school

17. Individual healthcare plans (IHPs)

An IHP format can be seen in appendix 2 at the end of this document

17.1 The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Headteacher makes the final decision.

17.2 The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHPs. It is important to note that in the case of some medical conditions, such as Epilepsy, a paediatrician will provide a suitable care plan. Where appropriate, the pupil is also involved in the process.

17.3 IHPs include the following information:

- The medical condition, along with its triggers, symptoms, signs and

treatments;

- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues;
- The support needed for the pupil's educational, social and emotional needs;
- The level of support needed, including in emergencies;
- Whether a child can self-manage their medication;
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively;
- Cover arrangements for when the named supporting staff member is unavailable;
- Who needs to be made aware of the pupil's condition and the support required;
- Arrangements for obtaining written permission from parents/carers and the head teacher for medicine to be administered by school staff or self-administered by the pupil;
- Separate arrangements or procedures required during school trips and activities;
- Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition;
- What to do in an emergency, including contact details and contingency arrangements;
- Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP.

17.4 IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

17.5 IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

17.6 Where a pupil has an EHC plan, the IHP is linked to it or becomes part of it.

17.7 Where a child has SEND but does not have an EHC plan, their SEND should be mentioned in their IHP.

17.8 Where a child is returning from a period of hospital education, alternative provision or home tuition, we will work with the LA and education provider to ensure that their IHP identifies the support the child needs to reintegrate.

18 Guidance on the administration of medicines

The Trust has clear guidance on the administration of medication at school. Each school will have their own policy but this will follow the Trust policy guidelines with their individual specifications of locations of storage cabinets, etc.

18.1 Administration – emergency medication:

- Medication for all pupils with medical conditions is kept in a locked cabinet;
- The lead member of staff in each school keeps medication for out of school and residential activities in a specified bag with written instructions and recording forms;
- Pupils, where they are cognitively-aware, will know where their medication is stored and know the times and procedures for retrieving it;
- All medication is taken under supervision;
- Medication is always taken as prescribed;
- All staff working across the Trust are aware that there is no legal or contractual duty for a member of staff to administer medication or supervise a pupil taking it unless they have been specifically contracted to do so;
- Medication will only be given with written consent from parents/carers whether this is prescribed or non-prescribed (paracetamol);
- Awareness training is given to all staff on administering medications;
- In some circumstances, medication is administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult. However, in extreme circumstances this may not be possible if the life of the pupil is at risk;
- Parents/carers understand that if their child's medication changes or is discontinued or the dose or administration method changes, that they should notify the school immediately;
- If a child refuses their medication, parents are informed immediately;
- Drivers and escorts are informed if any pupil has a medical condition.
- If the pupil needs to have medication administered during the journey to and from school the local authority will provide properly trained escorts.
- All staff attending off-site visits are aware of any pupils with medical conditions. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed;
- If a member of staff, who is usually responsible for administering the medication is not available alternative arrangements will be made. This is always addressed in the risk assessment;
- If medication is missed for any reason, parents are informed as soon as possible.

19. Storage of Medication

19.1 Safe storage – emergency medication

- Emergency medication is readily available to pupils who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the key is readily available to all staff and not held personally by one member;
- All medication is stored in a locked cabinet or carried by a member of staff when outside the building;

- All pupils who have emergency medication know the procedures for retrieving it.

19.2 Safe storage – general

- There is an identified member of staff who ensures the correct storage of medication;
- All medication is stored in locked cabinets;
- All parents/carers are responsible for supplying medication in a container which is clearly labelled with pupil's name, dosage and frequency;
- Medication is stored where possible in its original container with expiry date and instructions for administering;
- Medication is stored according to instructions, paying particular note to temperature;
- Some medication may need to be refrigerated. It is stored in a labelled container in a secure area inaccessible to pupils;
- Certain medication is sent home with transport escorts at the end of the school year;
- It is the parent's/carer's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

19.3 Safe disposal of medication

- Medication will be given to the local pharmacy/school nurse for disposal;
- A named member of staff in each of our schools are responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times per year and is documented;
- If a sharps box is required, arrangements will be made with the appropriate environmental services for collection.

20. Liability and indemnity

20.1 The Trust ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

20.2 The Trust holds an insurance policy with the Department for Education - Risk Protection Arrangements' covering liability relating to the administration of medication. The policy has the following requirements.

20.3 All staff must have undertaken appropriate training.

20.4 The Trust holds an insurance policy with Department for Education - Risk Protection Arrangements' covering healthcare procedures.

20.5 In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the Trust, not the individual.

21. Complaints

21.1 Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.

21.2 If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the Parental Complaints and Communication Policy.

21.3 If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

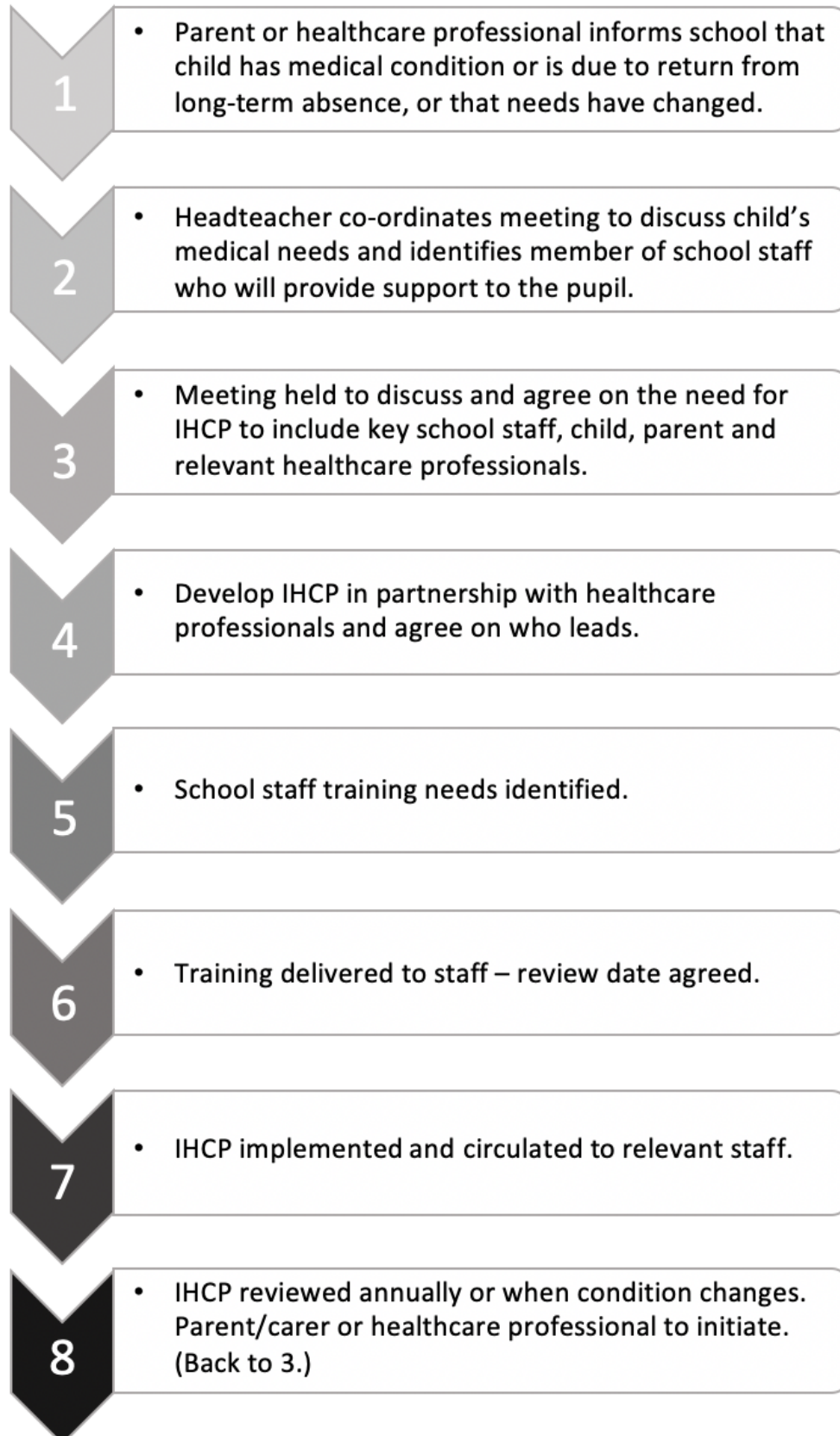
21.4 Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

22 Home-to-school transport

22.1 Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.

22.2 Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

Appendix 1 - Individual healthcare plan implementation procedure



Appendix 2: Individual healthcare plan (page 1 of 3)

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Individual healthcare plan (page 2 of 3)

Place pupil's photo here

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Individual healthcare plan (page 3 of 3)

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Appendix 3 - Model letter inviting parents to contribute to individual healthcare plan development (this will usually be done by inviting the Parents/Carers to meet at school but the letter may be used should the Parents/Carers fail to respond)

SCHOOL NAME AND ADDRESS

Dear Parent,

RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided.

Individual healthcare plans are developed in partnership with the school, parents/carers, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for *xx/xx/xx (insert date)*. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will include *(add details of team)*. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible. If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. You will need to come in to school to complete a

letter of authorisation. I or (add name of other staff lead) would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

**Headteacher name
School name**