



Keystone Academy Trust

**Supporting Pupils
with Medical
Conditions
Policy**

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Contents:

1. Legal requirements
2. Introduction
3. Definitions of medical conditions
4. The statutory duty of the governing body
5. Policy implementation
6. Procedure to be followed when notification is received that a pupil has a medical condition
7. Individual healthcare plans
8. Roles and responsibilities
9. Staff training and support
10. The child's role in managing their own medical needs
11. Managing medications on school premises and record keeping
12. Emergency procedures
13. Offsite visits and sporting activities
14. Hygiene and infection control
15. Equipment
16. Unacceptable practice
17. Liability and indemnity
18. Complaints

1. Legal Requirements

This policy has been written with due regard to the following guidance and legislation:

- Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, Department for Education (Dfe) September 2014
- 0-25 SEND Code of Practice 2015
- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- Mental Health and behaviour in schools: departmental advice for school staff Dfe June 2014
- Schools Admissions Code Dfe 1 Feb 2010

2. Introduction

Our Keystone Academy Trust believes that all children with medical conditions, in terms of both physical and mental health, should be properly supported in school so that they can play a full and active role in school life, remain healthy and 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. Our Trust 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. Our schools 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 re-integration programmes. Our schools will focus on giving pupils and their parents every confidence in the school's approach.

Our Trust recognises that some children who require support with their medical conditions may also have special educational needs and may have an Education, Health and Care Plan (EHCP). We will always work closely with parents, health professionals, other support services, and the Local Authority in order to meet their needs. Sometimes it may be necessary for our schools to work flexibly, and this may, for example, involve a combination of attendance at school and alternative provision.

The admission to school is conducted by the Lincolnshire Local Authority. 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 our schools' safeguarding duties, a 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.

3. Definitions of medical conditions

Pupils' medical needs can be broadly summarised as being of two types:

- **Short-term:** affecting their participation at school because they are on a course of medication
- **Long-term:** potentially limiting access to education and requiring ongoing support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe

Some children with medical conditions may be considered 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 an Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice 2015, the school's SEND policy, SEN Information Report and Accessibility Plan.

4. The statutory duty of the governing body

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body of our Keystone Academy Trust fulfils this by:

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts upon their school life;

- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, show an understanding of how medical conditions impact upon a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that the policy includes details on how it will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notification is received that a pupil has a medical condition);
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions (see section below on individual healthcare plans);
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);
- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines, including the completion of written records (see section below on managing medicines on school premises);

- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- Ensuring that the arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);
- Where home to school transport is being provided by Lincolnshire County Council, to support the development of any associated risk assessments and/or specific transport emergency plans;
- Considering whether to
 - Purchase and train staff in the use of defibrillators
 - Hold asthma inhalers for emergency use;
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the correct level of insurance is in place and appropriate to the level of risk (see section on liability and indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support of pupils with medical conditions (see section on complaints).

5. Policy implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the Governing Body. The Governing Body have conferred the following functions of the implementation of this policy to the staff below; however, the Governing Body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy at Long Sutton Primary School is given to Melissa Ford, Inclusion Leader. They will also be responsible for ensuring that sufficient staff are suitably trained. Clare Webley, Deputy Headteacher will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

At Long Sutton Primary School, Melissa Ford, Inclusion Leader, will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure that relevant staff are aware of these plans.

All members of staff are expected to show a commitment to and awareness of children's medical conditions and the expectations of this policy.

All new members of staff will be expected to read and carry out this policy upon taking up their post.

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

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to our schools for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to our schools mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts upon their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact upon the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to actively support pupils with medical conditions to participate in offsite visits, or in sporting activities, and not prevent them doing so. We will make arrangements for the inclusion of pupils in such activities and put in place any reasonable adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example, infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Our Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide, based on available evidence. This would normally involve some form of medical evidence from a health professional and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. At Long Sutton Primary School, these discussions will be led by Melissa Ford, Inclusion Leader and then an individual healthcare plan will be written in conjunction with the parent/carers and any professionals involved and put in place.

7. Individual healthcare plans

Individual healthcare plans will help to ensure that we can support pupils with medical conditions. They will provide clarity about the child's needs, the provision needed, 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. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan 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.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional (where possible) who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which staff should take to help manage the condition and overcome any potential barriers to getting the most from the child's education. Plans will be completed by either Melissa Ford, Inclusion Leader or the lead health care professional involved.

We will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support that the child will need to reintegrate effectively.

Individual healthcare plans will suit the specific needs of each pupil, but will all include the following information:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors;
- 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;
- Separate arrangements or procedures required for offsite visits or other school activities outside of the normal school timetable that will ensure the child can participate e.g., risk assessment;
- 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.
- Parent/carer details, with telephone numbers identified, should they need to be called in an emergency;
- GP and any necessary healthcare professionals' details with telephone numbers identified, should advice be needed in an emergency.

8. Roles and responsibilities

Healthcare professionals, including GPs, the School Nursing Team (0-19 Team) and paediatricians should notify the school when a child has been identified as having a medical condition that will require support at school. The Healthcare professionals, particularly the School Nursing Team (0-19 Team) and Specialist Nurse for Pupils with a Disability will often be able to provide support and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy, and hydrocephalus).

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

Parents/carers 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 will be involved in its drafting. They should carry out any action that 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. Parents are required to sign their child's individual health care plan to acknowledge that it is accurate and correct at the time of writing and that they are in agreement to the plan.

Lincolnshire County Council will work with us 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.

The Ofsted 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 it is being implemented effectively.

9. Staff training and support

All staff that are required to provide support to pupils with medical conditions will be trained by healthcare professionals qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training ourselves and will ensure that it remains up-to-date. 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 set out in the individual healthcare plans. They will need an understanding of the specific medical conditions that they are being asked to deal with, their implications and preventative measures.

For the protection of both staff and children a second member of staff will be present while more intimate procedures are being followed.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.

All staff will receive regular whole school training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. Melissa Ford, Inclusion Leader, will seek advice from relevant healthcare professionals about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be essential in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer. Parents/carers are welcome to attend any training specific to their child.

10. The child's role in managing their own medical needs

If, after discussion with the healthcare professional and parent/carer, it is agreed that the child is competent to manage their own medication and procedures, they will be encouraged to do so. This will be reflected in the individual healthcare plan.

Children will be able to access their medication for self-medication quickly and easily; these will be stored in either the class medical rucksack or in an individual labelled container in the classroom cupboard to ensure that the safeguarding of other children is not compromised. Our school also recognises that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

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/carers will be informed so that alternative options can be considered.

11. Managing medicines on school premises and record keeping

In our school the following procedures are to be followed:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. No child under 16 should be given prescription or non-prescription medicines without their parent's written consent;

- With parental written consent we will administer non-prescription medicines. Medication, e.g. for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. Parents should be informed;
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- We will only accept prescribed medicines, with written permission from parents/carers that are in-date, labelled, provided in the original container (as dispensed by a 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 a pump, rather than its original container;
- It is recommended that a primary school child should never carry medicine to and from school. Medicine must be handed to a member of the office staff as soon as the child arrives at school;
- All medicines will be stored safely in the medical cabinet in the school office. Some medicines need to be refrigerated. These may only be kept in a refrigerator containing food if they are in an airtight container and clearly labelled. These will be stored in the staff room refrigerator;
- Children who self-administer will know where their medicines are at all times and be able to access them immediately;
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available in the class medical rucksack and not locked away. All medicines should be marked with the child's name. In some circumstances, such as diabetic equipment, these devices may be stored in an individual, named bag to which the pupil can have easy access and carry with them throughout the day;
- Staff administering medicines should do so in accordance with the prescriber's instructions. We will keep a record of all medicines administered to individual children stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal.
- Sharps boxes should always be used for the disposal of needles and other sharps.

12. Emergency procedures

In an emergency, a member of staff holding an up-to-date First Aid Certificate needs to be called and any necessary first aid administered. Whilst administering first aid, another member of staff must call the emergency services. It is also necessary to inform a member of the school office that the emergency services have been called so that they can stand at the school gates in order to direct the paramedics to the correct area of the school as quickly and efficiently as possible. Once the emergency services have been called, a further call needs to be made to the child's parents/carers. Melissa Ford, Inclusion Leader alongside the staff member responsible for risk assessments will ensure that arrangements are in place for dealing with emergencies for all off site school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process. 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 in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with them until the parent arrives, or accompany a child taken to hospital by ambulance.

If the Headteacher or senior member of staff judges the situation to be less urgent, e.g. broken bones, the parent will be called so that the child can be taken to the Accident and Emergency department. If a parent cannot be contacted, two members of staff will take the child to hospital.

13. Offsite visits and sporting activities

We will actively support pupils with medical conditions to participate in offsite visits and sporting activities by being flexible and making reasonable adjustments, unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. The individual healthcare plan will be updated with specific information required for visits/activities and a copy will be taken on the visit. All staff supervising offsite visits will be made aware of any medical needs and relevant emergency procedures. This will involve consultation with parents/carers and relevant healthcare professions and will be informed by our Offsite Visits Policy.

Staff with the role of administering medicines must have relevant and current training to do so. A First Aid qualification does not cover the skills and knowledge required for the administration of medicines.

14. Hygiene/Infection Control

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable vinyl gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Further information is contained in the First Aid Policy and the Guidance for Schools on First Aid.

15. Equipment

Some children will require specialist equipment to support them whilst attending school. Healthcare professionals will advise the Inclusion Leader of any equipment needed to ensure that the child's medical needs are met. Staff should check the equipment, in line with any training given, and report any concerns to Melissa Ford, Inclusion Leader.

Staff must be made aware of the use, storage and maintenance of any equipment. Where necessary, training will be provided in the use of equipment by the relevant healthcare professional.

16. Unacceptable practice

Although the staff at our school should 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/carers; or ignore medical evidence or 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 plan;
- 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 breaks whenever they need to in order to manage their medical condition effectively;
- Require parents/carers, 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 creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

17. Liability and indemnity

Individual cover may need to be arranged for any healthcare procedures – advice will be sought from the Insurance and Risk Management Team. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Staff that assist with administering medication to a child in accordance with the procedures detailed within this policy are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that these procedures are followed as described in this policy. The indemnity though will not be given in cases of fraud, dishonesty, or criminal offence. In the most unlikely event of any civil action for damages being taken against you, the County Council will accept responsibility in accordance with the indemnity. Any member of staff will be fully supported throughout the process should an allegation be made.

18. Complaints

Should parents/carers be unhappy with any aspect of their child's care, then they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to the attention of Melissa Ford, Inclusion Leader or a member of the senior leadership team, who will, where necessary, bring concerns to the attention of the head teacher.

If the situation remains unresolved, then a letter outlining the concern should be sent formally to the Clerk to the Governors at the school address.

