

Introduction

The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in the academy so that they can play a full and active role in academy life, remain healthy and achieve their academic potential.

The policy will be reviewed regularly in line with the most recent statutory guidance and advice and be readily accessible to parents and school staff, both on-line and in paper form.

Pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well.

Pupils at school with medical conditions should be properly supported so that they have full access to education, including educational visits and physical education.

Roles and responsibility

Local governing bodies (LGB) must ensure that arrangements are in place in academies to support pupils with medical conditions. LGBs should ensure that, in the first instance, academy leaders consult health and social care professionals alongside pupils and parents to ensure that the needs of children with medical conditions are effectively supported. It is the LGB's responsibility to ensure that arrangements are made to implement the policy effectively, including a named person who has overall responsibility for this policy.

The named person will ensure that there are:

- sufficient staff, relevantly trained by specialist medical professionals, named on the Individual Healthcare Plan (IHP) relevant staff are made aware of the child's condition
- cover arrangements in place in case of staff absence
- briefing for supply teachers
- additional risk assessments for academy visits/residential and other academy activities outside of the normal timetable
- monitoring of IHPs
- relevant transitional arrangements in place to meet individual needs working closely with specialist medical professionals

The responsibility of the Principal

To ensure that this policy is implemented.

The responsibility of all school staff

Any member of academy staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. Academy staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of academy staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Staff must not give prescription medicines or undertake health care procedures without appropriate training.

The responsibility of healthcare professional

Every academy has access to school nursing services. They are responsible for notifying the academy when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the academy. They would not usually have an extensive role in ensuring that academies are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. Doctors should notify the school nurse when a child has been identified as having a medical condition that will require support. Specialist nursing teams should provide support for children with particular conditions e.g. asthma, diabetes and epilepsy provide training for all staff where required.

The responsibility of providers of health services

Providers of health services should co-operate with academies that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to academies, and their staff, to support children with medical conditions in our academies.

The responsibility of pupils

When able, pupils can provide their own information about how their own condition can affect them. They can contribute to their own IHP. Other pupils should be sensitive to the needs of those with medical conditions.

The responsibility of parents and carers

Parents and carers must provide the academy with sufficient and up-to-date information about their child's medical needs. Parents should contribute to their IHP and carry out any necessary action, e.g. provide correct medication and equipment.

The responsibility of local authorities (LAs)

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 academy staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with academies to support pupils with medical conditions to attend full-time. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from the academy for 15 days or more because of health needs (whether consecutive or cumulative across the academy year).

Clinical Commissioning Groups (CCGs)

Clinical Commissioning Groups commission other healthcare professionals such as specialist nurses. 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 NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for academy staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with academies 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.

Social and emotional implications associated with medical conditions

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 the academy should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Implementation of IHPs

It is the role of the Governing Body to ensure that IHPs support pupils in the academy with medical conditions. The IHP will provide clarity about what needs to be done, when and by whom. This has to be in agreement with the academy, parents and healthcare professionals. The plan should be reviewed, at least annually or earlier if needed, by the same individuals. However, if consensus cannot be reached, the Principal is best placed to take the final view. Plans should be easily accessible whilst preserving confidentiality. Plans should capture the key information and actions which are required to support the child effectively. In the case of a child having an IAP (Individual Assessment Plan) then the IHP should be attached.

The IHP (Individual Health Plan)

The plan should contain:

- information about the medical condition
- the pupils' resulting needs, including medication and other treatments
- the level of support needed
- accommodation to be made to meet individual needs
- who will provide this support and when it will be provided
- who needs to be made aware that the pupil requires this support
- written permission for medication to be administered
- arrangements to be made for trips and other academy, activities, outside the normal school timetable
- what to do in an emergency, e.g. arrangements for transporting to hospital, home
- Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

It is important that these are personalised as different children with the same health condition may require very different support.

Medical conditions and Special Education needs and disability

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the 6 Special educational needs and disability (SEND) code of practice⁴ The Special educational needs and disability code of practice explains the duties of local authorities, health bodies, schools, academies and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

Staff training and support

The LGB should ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided. The policy should be clear that any member of staff providing support to a pupil with medical needs should have received suitable training. The academy must always take into consideration the staff training requirements as specified in pupils' individual health care plans.

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. The academy's policy should additionally set out arrangements for 'whole-school' awareness training so that all staff are aware of the policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff should be included. The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the academy, are understood fully.

Managing medicines

The governing body should ensure that the academy's policy is clear about the procedures to be followed for managing medicines. Although the academy may already have such procedures in place, they should reflect the following details:

- Medicines should only be administered in the academy when it would be detrimental to a child's health or attendance not to do so
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. The academy should set out the circumstances in which non-prescription medicines may be administered
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents/carers should be informed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside academy hours
- Academies will only accept prescribed medicines 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 still be in date, but will generally be available to academies inside an insulin pen or a pump, rather than in its original container.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on academy trips

- Academies should keep controlled drugs in a non-portable container and only named staff should have access.

Academy staff may administer drugs to the child for whom it has been prescribed according to the pharmacist's printed instructions. Records should be kept of who it was administered by and why. Any side effects should be noted. When no longer required medicines should be returned to the parents for safe disposal.

Record keeping

LGBs should ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell during the day.

Asthma

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

- The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).
- This change applies to all primary and secondary schools/academies in the UK. **Academies are not required to hold an inhaler – this is a discretionary power enabling schools/academies to do this if they wish. Academies which choose to keep an emergency inhaler should follow the protocol for the use of the emergency inhaler outlined below.**
- Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to the academy. Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

Protocol for emergency inhalers

- arrangements must be clear for the supply, storage, care, and disposal of the inhaler and spacers in line with this policy on supporting pupils with medical conditions
- having a register of children in the academy that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler
- having written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan
- ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use
- appropriate support and training for staff in the use of the emergency inhaler in line with this policy on supporting pupils with medical conditions
- keeping a record of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler
- having at least two volunteers responsible for ensuring the protocol is followed

Feeding tubes

In the event that a child requires feeding via a nasal gastric tube or stomach gastronomy, relevant staff must be trained to test and administer feeds. Staff will not change or replace tubes. This is the responsibility of the family and the Children's Community Team.

Emergency procedures

If a child has an IHP it should be stated what constitutes an emergency and what needs to happen, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the academy should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If hospital treatment is needed, staff will stay with the child until the parents/carers or emergency services arrive and provide relevant details.

Academy trips and sporting activities

All children should be allowed to participate. A risk assessment is essential to outline additional arrangements and make reasonable adjustments.

Admission arrangements

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in the academy because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in the academy at times where it would be detrimental to the health of that child or others to do so.

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

Procedures should also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupils' needs change, and arrangements for any staff training or support. 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, every effort should be made to ensure that arrangements are put in place within two weeks. Academies 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 the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

The role of Ofsted

Ofsted's new common inspection framework came into effect on 1 September 2015, aimed at promoting greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.

Unacceptable practice

LGBs should ensure that the academy's policy is explicit about what practice is not acceptable. Although academy staff 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; 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 academy activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the academy office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend the academy to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the academy 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 academy trips, e.g. by requiring parents to accompany the child.

Liability and indemnity

The Trust board have made arrangements to ensure that each Focus-Trust academy is a member of the Department for Education's Risk Protection Arrangement (RPA). This is accessible to staff and ensures that they are adequately covered, to provide medical support when needed. In the event of a claim of negligence civil actions would be likely to be brought against the employer.

Complaints

Any complaints should be discussed directly with the Principal. In most cases, the issue can be resolved. Parents can refer to the Trust's complaints procedure if they are not satisfied. In extreme cases there is an option to seek further legal advice. If the School has breached the terms of its Funding Procedure, legal procedures may be needed.

Other issues for consideration

LGBs may want the academy's policy to refer to:

- home-to-school transport – this is the responsibility of local authorities, who may find it helpful to be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plans¹¹ for pupils with life-threatening conditions;
- defibrillators – sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe. Schools are advised to consider purchasing a defibrillator as part of their first-aid equipment. DfE has put arrangements in place to assist schools/academies in purchasing defibrillators at reduced cost. If academies install a defibrillator, they should notify the local NHS ambulance service of its location. Staff members appointed as first-aiders should already be trained in the use of CPR and may wish to promote these techniques more widely in the school, amongst both teachers and pupils alike; If an academy does not have a defibrillator they need to be aware of any that are available in the local community for community use and state this in the academy's policy.

Title	Policy for supporting pupils with medical conditions
Aim	To outline the Focus-Trust's policy for supporting pupils with medical conditions in our academies
Related documents	DfE – Supporting Pupils at Schools with Medical Conditions 2015
Date for implementation	1st January 2015
Approved by	Trust Board – 15.12.2014
Updated	April 2016
Date of next review	As required

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 well-being 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. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to school schools and alternative provision academies.

Section 3 of the Children Act 1989 provides 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 school, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate 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's 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's 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

Further sources of information: 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 school 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 that 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) provide 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 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools (including school schools and alternative provision academies).

Further sources of information: The Special Educational Needs Code of Practice

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.

Department for Education Supporting pupils at School with medical conditions- Statutory guidance December 2015.

Associated resources

Links to other information and associated advice, guidance and resources, e.g. templates and to organisations providing advice and support on specific medical conditions will be provided on the relevant web-pages at GOV.UK.

Further information can be found at GOV.UK