



# Supporting Pupils at School with Medical Conditions Policy

## Review Summary

<b>Adopted:</b>	<i>27 September 2017</i>
<b>Review Cycle:</b>	<i>Bi-annual</i>
<b>Last Review:</b>	
<b>Next Review:</b>	

## **1. Introduction**

- 1.1. Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences.
- 1.2. In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition, 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.
- 1.3. 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 school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. It is important to the Trust that parents feel confident that our schools will provide effective support for their child's medical condition and that pupils feel safe.
- 1.4. For children with SEN, this guidance should be read in conjunction with the School's Special educational needs and disability (SEND) policy.

## **2. Role of the School**

- 2.1. The school will ensure that arrangements are in place to support pupils with medical conditions, so that they can access and enjoy the same opportunities at school as any other child.
- 2.2. The arrangements will focus on the needs of each individual child and how their medical condition impacts on their school life and will ensure:
  - a. sufficient staff are suitably trained;
  - b. all relevant staff are made aware of the child's condition;
  - c. cover arrangements are sufficient in case of staff absence or staff turnover to ensure someone is always available;
  - d. briefing for supply teachers are in place;
  - e. risk assessments for school visits, holidays, and other school activities outside the normal timetable will be in place; and
  - f. individual healthcare plans will be in place and monitored ongoing.

## **3. Role of the Parent/Carer:**

Parents are required to 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 will be involved in the development and review of

their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action 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.

#### **4. Role of the Pupil**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. The pupil will 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.

#### **5. Staff Training**

- 5.1. Staff will receive regular and ongoing training as part of their development. Staff who have specific responsibilities of supporting pupils with medical conditions will receive the appropriate and relevant training.
- 5.2. No member of staff will be able to administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility or administer drugs by injection unless they have received the appropriate training.
- 5.3. A record of the training will be held on the staff file.

#### **6. Individual Healthcare Plans**

- 6.1. The aim of an Individual Healthcare Plan (IHCP) is to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services.
- 6.2. The process that is followed is captured in a flowchart in Appendix 1.
- 6.3. When the school is notified of a medical condition, an IHCP will be completed, which can help to ensure that schools effectively support pupils with medical conditions. (Appendix 2).
- 6.4. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one.
- 6.5. The school, healthcare professional and parent will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will make the final decision.
- 6.6. The healthcare plan will be easily accessible to all who need to refer to them, while preserving confidentiality. The plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. Where a child has

SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their individual healthcare plan.

- 6.7. The Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.
- 6.8. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.
- 6.9. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

## **7. Avoiding Unacceptable Practice**

- 7.1. School staff will use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, however the Trust agrees that it is not generally acceptable practice to:
  - a. prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
  - b. assume that every child with the same condition requires the same treatment;
  - c. ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
  - d. send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
  - e. if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
  - f. penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
  - g. prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
  - h. require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or

- i. prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

## **8. Managing Medicines on School Premises**

Refer to the Medication Policy for further information

## **9. Complaints**

- 9.1. Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

## **10. Policy Circulation**

- 10.1. This Policy will be published on the Trust's website and included in the Trust's Policy Monitoring Schedule.
- 10.2. This Policy will be circulated to every Member, Trustee/Director, Governor and Senior Employee by sending an email to the link on the Trust's website.
- 10.3. The Trustees are responsible for overseeing, reviewing and organising the revision of this Policy.

## **Adoption of the Policy**

This Policy has been adopted by the Trustees of the Ted Wragg Multi Academy Trust.



**Signed**  
**(Chair of Trust)**

**Date: 27 September 2017**

## Appendix 1 - Procedure to be Followed when a Pupil has a Medical Condition



**Appendix 2 Individual Healthcare Plan Template**

**Photo**

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**Child's name**

**Tutor group**

**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

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.

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

Form copied to