

## LEARNING ALLIANCE ACADEMY TRUST

### SUPPORTING PUPILS WITH MEDICAL CONDITIONS

This policy should be read in conjunction with section 100 of the Children and Families Act 2014, Equality Act 2010, DFE Statutory guidance 'Supporting pupils at school with medical conditions' published September 2014, the current SEN code of practice, and CEFM Education Update April 2014ii and July 2014ii Pupils with medical conditions together with CEFM's policy on Administration of medicines.

#### **Background**

In September 2014, section 100 of the Children and Families Act 2014 came into force. It requires governing boards of all maintained schools, including academies and PRUs, to make arrangements for supporting pupils at their school with medical conditions so that such children can access and enjoy the same opportunities at school as any other child. To support these arrangements, schools must have in place a policy that is reviewed regularly and is readily accessible to parents and staff.

In producing that policy, they must have regard to guidance issued by the Education Secretary. The DFE has now issued statutory guidance 'Supporting pupils at school with medical conditions'. The guidance is applicable in all school settings except early years settings where, until further notice, governors should follow the procedures outlined in the statutory framework for the early years foundation stage.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. If so governing boards 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. For these pupils, the SEND code of practice should be considered as well as the statutory guidance on pupils with medical conditions.

No child with a medical condition should be denied admission to a school because arrangements for their medical condition have not been made. However, governing boards should ensure that pupils' health is not put at unnecessary risk and thus are not obliged to accept a child in school where it would be detrimental to the health of that child or others.

#### **Introduction**

The Learning Alliance Academy trust believes that pupils with medical conditions should be supported, as best we can, to play an active role in school life, enjoy the same opportunities as any other pupil and have full access to all aspects of education. The governing board has arrangements in place to see that this is achieved and the school liaises fully with health professionals where appropriate. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils themselves feel safe. For these reasons, the school will liaise with health and social care professionals, pupils and their parents to achieve this.

#### **Objectives and targets**

The purpose of this policy is to explain how Lynch Hill School implements its procedures on dealing with pupils who have medical conditions, in line with government requirements, with a view that all pupils will receive the best education possible for them, despite any medical conditions that they may have to contend with.

#### **Action plan**

The schools' trust board is ultimately responsible for the implementation of this policy. The Executive Headteacher is in charge on a day-to-day basis and named individuals are responsible for the provision

of support to individual pupils with medical conditions. Where pupils have disabilities and/or special needs as well as a medical condition, these will be taken into consideration at all times.

### **The role of the Executive Headteacher**

The Executive Headteacher will ensure that:

- Ensure that all staff protect the confidentiality of all young people with a medical condition.
- Sufficient staff are suitably trained and available to implement the policy.
- All staff are aware of the policy and their role in implementing it. Relevant staff will be made aware of any child with a medical condition.
- Cover arrangements are in place in case of staff absence, staff turnover and in emergency and contingency situations, to ensure someone is always available.
- Any supply teachers are aware of the medical condition where appropriate.
- Staff are appropriately insured and are aware that they are insured to support pupils with medical conditions.
- Staff are able to examine insurance policies relating to providing support to pupils with medical conditions should they wish to
- The school nurse is aware of any child who has a medical condition that may require support at school, and is also aware of any child with a medical condition who has not yet had a formal diagnosis.
- Risk assessments for school visits, holidays, and other school activities outside of the normal timetable include consideration for any child with a medical condition.
- Individual healthcare plans (IHPs) are initiated, monitored and reviewed at least annually.
- The focus of support is on the needs of each individual child and how their medical condition impacts on their school life.
- Consideration is given as to how children will be reintegrated back into school after periods of absence due to their medical condition.
- Make sure the medical conditions policy is effectively monitored and evaluated and regularly updated according to review recommendations and recent local and national guidance and legislation.

### **The role of school staff**

- understand the school's medical conditions policy;
- know which young people in their care have a medical condition and know what action to take in the event of a medical emergency;
- Ensure the child knows who to speak to in an emergency and knows where his/her medication is located;
- maintain effective communication with parents/carers including informing them if their child has been unwell at school;
- implement the IHP

## **Teachers at this school have a responsibility to:**

- ensure that children with medical conditions who have been unwell catch up on missed school work;
- be aware that medical conditions can affect a young person's learning and provide extra help when young people need it;
- liaise with parents, Head of Years and Special Educational Needs coordinator if a young person is falling behind with their work because of their condition.

Any member of staff may be asked to provide support to pupils with medical conditions. Administering medicines is not part of teachers' professional duties but they are expected to take into account the needs of pupils with medical conditions that they teach. All school staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do, and respond accordingly, when they become aware that a pupil with a medical condition needs help.

## **The role of the school nurse**

Lynch Hill School has access to the school nursing service. When a child has been identified as having a medical condition which will require support in school, the school nursing service will liaise between medical practitioners and school staff on implementing a child's IHP and provide advice and training.

## **The role of other healthcare professionals, including GPs and paediatricians**

The GP will be involved in drawing up IHPs and specialist local health teams are also available to provide support for children with particular conditions (eg asthma, diabetes).

## **The role of the individual pupil**

Pupils with medical conditions will be fully involved in discussions about their medical support needs and expected to comply with their IHP.

After discussion with parents, children who are competent are encouraged to take responsibility for managing their own medicines and procedures and this will be reflected within their IHP. Wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves 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 will not force them to do so, but follow the procedure agreed in the IHP. Parents will be informed so that alternative options can be considered.

## **The role of the parents**

- ensure their child's prescribed medication and medical devices are labelled with their child's full name;
- provide the school with appropriate spare medication labelled with their child's name;
- ensure that their child's medication is within expiry dates;
- ensure new and in date medication comes into school on the first day of a new academic year;
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional, and provide the school with updates.

Parents are expected to provide the school with sufficient and up-to-date information about their child's medical needs. Parents are key partners and will be involved in the drafting, development and review of their child's IHP. They are expected to carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment, and must ensure they or another nominated adult are contactable at all times.

Where the administration of medication or toileting is part of a child's IHP, and staff are trained, the school will take responsibility for supporting the child's needs at school.

### **The role of the local authority**

Local authorities (LAs) provide school nurses for maintained schools and academies. The LA provides support, advice and guidance, including suitable training for school staff, to ensure that the support specified within IHPs can be delivered effectively. The LA works with Lynch Hill school to support pupils with medical conditions to attend full time but has a duty to make other arrangements when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

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

Where possible the school will not wait for a formal diagnosis before providing support to a pupil with medical needs. Support will be provided based on the available medical evidence and after consultation with parents.

For children starting at Lynch Hill 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 changed circumstances, every effort will be made to ensure that arrangements are put in place within two weeks. For children moving on to another school, relevant information will be passed to the new school as soon as possible.

### **Individual healthcare plans (IHPs)**

Many pupils with medical conditions will require an IHP which will help to ensure that each pupil's medical conditions are supported. The school, healthcare professionals and parents will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Executive Headteacher will take a final view.

- IHPs 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. Those involved will agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.
- IHPs will be developed with the child's best interests in mind
- IHPs will ensure that the school assesses and manages risks to the child's education, health and social well-being and minimise disruption
- IHPs will be drawn up in partnership between the school, parents, and a named relevant healthcare professional who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.
- When a child is returning to school following a period of hospital education or alternative provision (including home tuition) the school will work with the LA and education provider to ensure that the IHP identifies the support the child will need to reintegrate effectively
- The IHP will state the steps which the school will take to help the child manage their condition and overcome any potential barriers to getting the most from their education. The format of IHPs will vary to enable the school to choose what is most effective for the specific needs of each

pupil, and the level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. However, all will contain 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( eg crowded corridors), travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs – eg how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- Level of support needed including in emergencies. If a child is self-managing their medication this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional.
- Cover arrangements for when the usual support person is unavailable.
- Who in the school needs to be aware of the child's condition and the support required.
- Arrangements for written permission from parents and the Executive Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours. Parents will have a copy of the procedures to be followed when administering medicines.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments.
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
- What to do in an emergency, including whom to contact, and contingency arrangements. (Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP).
- IHPs will be easily accessible to all who need to refer to them while preserving confidentiality.
- Where a child has SEN but does not have a statement or education, health and care (EHC) plan, their SEN needs will be mentioned in their IHP.
- Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

A flow chart for identifying and agreeing the support a child needs and developing an IHP is provided at appendix A. A template for a pupil's healthcare plan is provided at appendix B.

### **Staff training**

Periodical training is undertaken so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy and to keep them up-to-date with procedures to be followed. New staff will receive training through their induction process. The named relevant healthcare professional advises the school on training that will help ensure that all medical conditions

affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

During the development or review of IHPs suitable training requirements for staff who will be involved with the individual pupil will be discussed. The relevant healthcare professional will normally lead on identifying, and agreeing with the school, the type and level of training required, and how this can be obtained. Once trained, the healthcare professional will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The family of a child will be able to provide relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. However, they will not be the sole trainer.

### **Managing medicines in the school**

Details of how the school manages medicines in school can be found in the school's policy on administration of medicines. Medicines are carefully labelled and stored. Access is readily available when the need arises. The school ensures that written records are kept of all medicines administered to children, and parents are informed if their child has been unwell at school.

### **School trips and sports activities**

At Lynch Hill Schools, pupils with medical conditions are encouraged to participate in school trips and visits, or in sporting activities, and will not be prevented from doing so wherever possible. Teachers will be aware of how a child's medical condition will impact on their participation. A risk assessment will be undertaken so that planning arrangements, with any reasonable adjustments, take account of any steps needed to allow all children to participate according to their own abilities. Parents and pupils will be consulted and advice taken from the relevant healthcare professional to ensure that pupils can participate safely, if at all.

### **Emergency situations**

Pupils in the school will know to inform a teacher immediately if they think help is needed. Staff will follow the school's procedures to contact emergency services if necessary.

Where a child has an IHP, it will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or, if an ambulance needs to be called, will accompany the child to hospital and stay until a parent arrives there.

Lynch Hill Schools hold salbutamol inhalers for use only in emergencies. The inhalers may only be used by children whose parents have agreed the use of the emergency inhaler and who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler will be used if the pupil's prescribed inhaler is not available (eg because it is broken, or empty).

### **Unacceptable practice**

It is considered as unacceptable to:

- Prevent children from easily accessing their inhalers and medication and from 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 or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP.
- Send a child who is experiencing difficulties with their medical condition to the school office or medical room without being accompanied, or with someone unsuitable.
- Penalise children for their absences related hospital appointments and treatment for their medical condition. However, it is not a condoned excuse for poor attendance.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips. However, the support of parents is greatly appreciated particularly where aspects of their support cannot be guaranteed by school staff.

Staff may face disciplinary action if any such instances are brought to the attention of the Executive Headteacher.

### **Complaints**

If parents or pupils are dissatisfied with the support provided they should discuss their concerns informally with the appropriate member of staff. If, however, this does not resolve the situation then they should make a formal complaint using the school's complaints procedure.

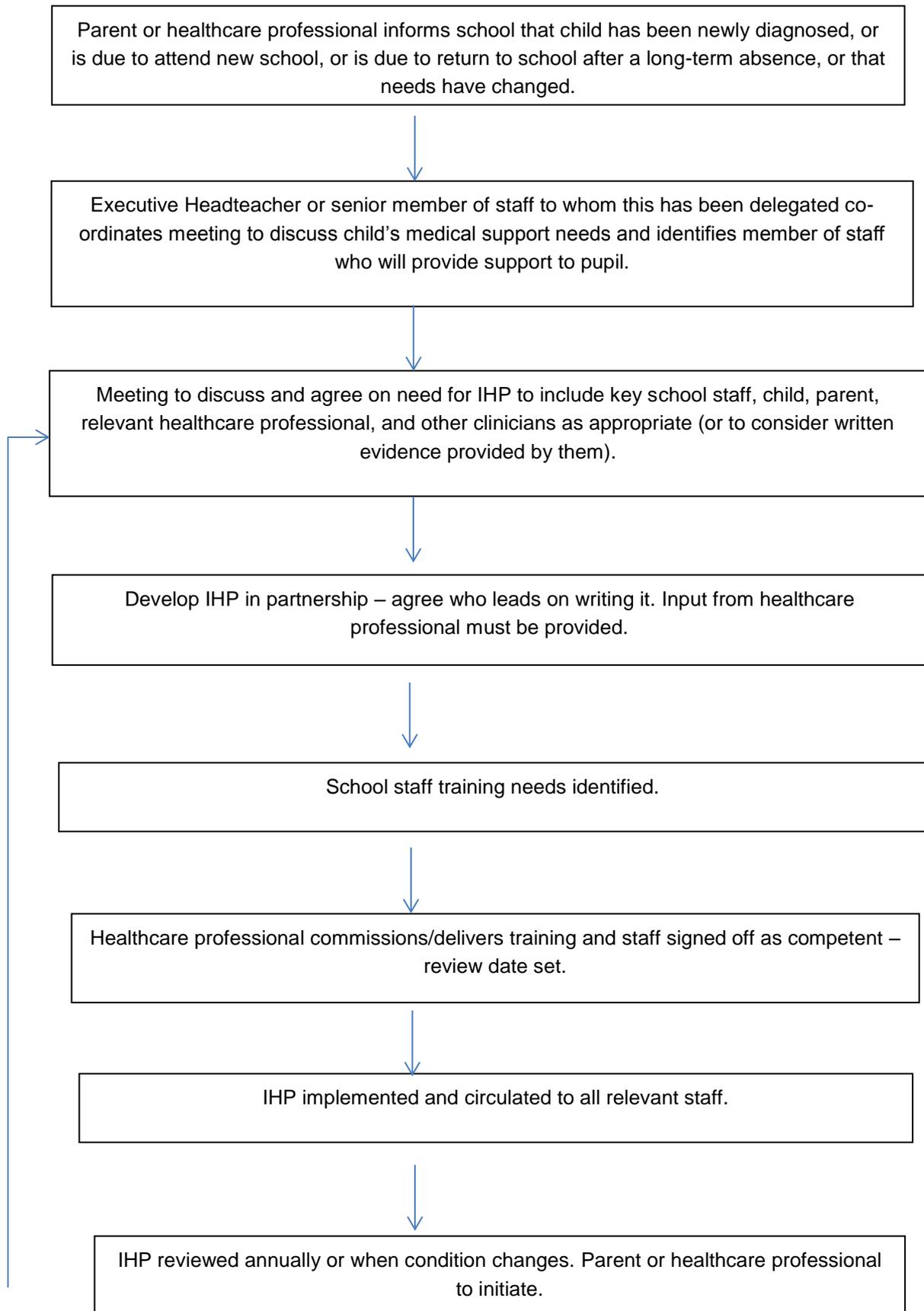
### **Monitoring and evaluation**

The policy will be monitored by the Executive Headteacher and governors for its effectiveness in implementation, and evaluated and reviewed at least annually, or sooner in the light of any incidents that may occur or any changes to legislation.

### **Reviewing**

Next school review June 2017

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



## Appendix B – Pupil’s Healthcare Plan

Name of school	
Child’s name	
Group/class/form	
Date of birth	
Child’s address	
Medical diagnosis or condition	
Date	
Review date	

### Family contact information

Name	
Phone numbers	work
	home
	mobile
Name	
Phone numbers	work
	home
	mobile

**Clinic/hospital contact**

Name	
Phone number	
GP	
Name	
Phone number	

**Describe medical needs and give details of child's symptoms**

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**Daily care requirements (eg before sport/at lunchtime)**

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

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**Follow-up care**

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

**Form copied to**

**Parental agreement**

I agree that the medical information contained in this form may be shared with individuals involved with the care and education of (insert child's name) .....

Signed ..... Date / /

Parent or Guardian (or pupil if above age of legal capacity)