



SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

1.0 INTRODUCTION

At Queensway School, we will ensure that all children with medical conditions, in terms of both physical and mental health, are supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential. Pupils with long-term and complex medical conditions may require ongoing support, medicines or care whilst 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. In making decisions about support for medical conditions, advice from healthcare professionals and the views of parents / carers and the pupils themselves will be fully evaluated.

Long-term absences due to health problems can affect children's educational attainment, impact on their ability to integrate with their peers and affect their general well-being and emotional health. 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.

Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. Where this is the case, the school's Governing Body will comply with their duties under that act. Some children may also have special educational needs (SEN) and have an 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 Special Educational Needs and Disabilities (SEND) Code of Practice¹.

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. They have the same right of admission to school as other children and cannot be refused admission or excluded on medical grounds alone.

2.0 OUR AIMS

This policy aims to ensure that:

- All children with medical conditions are supported to allow them to access the same education as their peers, including attending school trips, visits and sporting activities.
- Parents / carers feel confident that the school will provide effective support for their child's medical condition(s) and that all pupils feel safe.
- The views of parents / carers and pupils with medical conditions will be listened to and acted on.
- Effective relationships with health services will be established and maintained in order to seek and fully consider any advice they offer in terms of supporting children with medical conditions.
- Staff have appropriate training and the skills needed to respond sensitively, discretely and quickly to situations where a medical condition requires support.

¹ <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

This policy meets the school's statutory requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions. It also pays due regard to the Department for Education's statutory guidance: [Supporting Pupils at School with Medical Conditions \(December 2015\)](#).

3.0 ROLES AND RESPONSIBILITIES

3.1 The Governing Board:

The Governing Board maintains a general overview and has a representative whose role it is to facilitate and monitor the development and implementation of this policy. The Governing Body ensure that:

- Arrangements are in place to support pupils with medical conditions. In doing so it should ensure that such children can access and enjoy the same opportunities at school as any other child.
- Sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.
- Written records are kept of all medicine administered to pupils. Records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- Pupil confidentiality is protected in line with the General Data Protection Regulation (GDPR).

3.2 The Headteacher:

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- Take overall responsibility for the development of IHPs.
- Ensure that pupils with medical conditions are clearly identified on risk assessment forms for educational out of school activities.
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the School Nurse.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

3.3 School staff:

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions and this may include managing care and the administration of medicines. Staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will take into account the medical needs of pupils they teach. All staff will know what to do and will respond accordingly when they become aware that a pupil with a medical condition needs help and support. The school takes pupil privacy and confidentiality very seriously. Therefore, some medical information about a child will only be shared with staff on a need-to-know basis.

All medication given will be recorded by the member of staff responsible for its administration. School staff will not give non-prescribed medication to children (e.g. paracetamol) except in special cases (such as residential trips) and at the complete discretion of the Headteacher.

3.4 Parents / Carers:

Parents / carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs and medical history. This may include providing copies of health letters from supporting professionals, such as the child's GP or paediatrician.
- In many cases, be the first to notify the school that their child has a medical condition.
- Keep the school informed about any changes to their child's health.
- Complete a 'Parental Agreement form' giving consent for school to administer medicine before bringing medication into school. It is imperative that parents / carers do not send any medication into school with or via their child.
- Provide the school with the medication their child requires in original (prescription) packaging, ensuring that the medicine held in school is always in date.
- Collect any leftover medicine at the end of the course, term or year as appropriate.
- Be involved in the development and review of their child's IHP (if needed) and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP, for example provide medicines and equipment.
- Ensure they are contactable at all times.

3.5 Pupils:

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of an IHP if this is needed. They are also expected to comply with their IHP.

Following discussions with parents / carers, children who are competent will be encouraged to take responsibility for managing their own medical procedures whilst in school. This will always be with supervision from a trained member of staff.

3.6 School nurses and other healthcare professionals:

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. Wherever possible, this will be before the pupil starts school and / or returns to school following a period of health-related absence.

The school nursing service may support staff to implement a child's IHP and provide advice. They can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. Healthcare professionals have a responsibility to work collaboratively with school to support children who have medical conditions.

Healthcare professionals, such as GPs and paediatricians, will provide information and advice to Queensway School where consent from the child's parents / carers has been given. They too may provide advice on developing IHPs. Specialist local teams may be able to offer support for children with particular conditions, for example asthma, diabetes and epilepsy.

Oxfordshire Hospital School (OHS) is an Oxfordshire County Council (OCC) maintained Hospital School. It serves children and young people aged 4-19 who are unable to attend the school where they are 'on roll' due to a wide range of medical needs. Children may access education through the hospital school for varied periods of time. OHS also has an outreach teaching programme and a psychiatric unit for pupils experiencing mental health difficulties.

3.7 The Local Authority:

The Local Authority is responsible for providing support, advice and guidance, including suitable training for school staff to ensure that the provision specified within IHPs can be delivered effectively. OCC has a statutory duty to arrange suitable full-time education (or part-time when appropriate for a child's needs) for children who, because of illness, would otherwise not receive suitable education. This statutory duty applies to all children of compulsory school age, permanently living in Oxfordshire, who would normally attend a mainstream or special school, including academies, free schools and independent schools, or where a child is not on roll at a school.

Local authorities must arrange suitable full-time education (or as much education as the child's health condition allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education. "Suitable" means suitable to the child's age, aptitude, ability and any special educational needs that he or she may have. "Full-time education" is not defined in law but it should equate to what the pupil would normally have in school.

Local authorities should:

- Provide such education as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative. They should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child.
- Ensure that the education children receive is of good quality (as defined in the statutory guidance *Alternative Provision*, 2013), allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible.
- Address the needs of individual children in arranging provision.

For further information, please refer to the documents:

- *Ensuring a good education for children who cannot attend school because of health needs*
*Statutory guidance for local authorities*²
- *The Education of Children and Young people who are unable to Attend School due to Medical Needs*³

²https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941900/health_needs_guidance_accessible.pdf

³<https://www2.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/childreducationandfamilies/educationandlearning/specialeducationalneeds/SEND/MedicalNeeds.pdf>

4.0 INDIVIDUAL HEALTHCARE PLANS (IHPs)

When the school is notified that a pupil has a medical condition, the process outlined in Appendix A will be followed to decide whether the pupil requires an IHP. The school will make every effort to ensure that arrangements are put into place within two weeks, or by the beginning of the relevant term for pupils who are new to our school. IHPs can help to ensure that pupils with medical conditions are supported effectively.

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. At Queensway School this has been delegated to the Inclusion Manager.

IHPs are confidential documents. They are kept in a readily accessible place (the school office), but in a secure location to protect confidentiality. IHPs will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. They are developed with the pupil's best interests in mind and the aim is to capture the steps the school must take to help a child manage their condition and overcome any potential barriers to their education. IHPs will provide clarity about what needs to be done, when, and by whom

Not all pupils with a medical condition will require an IHP. They will often be essential where conditions fluctuate or where there is a high risk that an emergency intervention will be needed. If there is not a consensus on whether an IHP is needed, the Headteacher will make the final decision.

IHPs will be drawn up in partnership with school, parents and a relevant healthcare professional, such as the School Nurse, a specialist or a paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved when appropriate. IHPs will be linked to, or become part of, any Education, Health and Care (EHC) Plan. If a pupil has a special educational need (but does not have an EHC Plan), this will be acknowledged in the IHP.

The format of IHPs is at the discretion of a school and they should not be a burden to prepare. The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Headteacher will consider the following when deciding what information to record on individual healthcare plans:

- 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, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs. For example, 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.
- The level of support needed, including in emergencies. If a pupil 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 pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the pupil's condition and the support required.

- Arrangements for written permission from parents / carers and the Headteacher for medication to be administered by a member of staff or self-administered by the pupil during school hours, with supervision from a trained member of staff.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent / carer or the pupil themselves, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact, and contingency arrangements

5.0 MANAGING MEDICINE ON SCHOOL PREMISES

Medicines will only be administered at school when it would be detrimental to the pupil's health or school attendance not to do so; **and** where we have written consent from the parent / carer. A staff member giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents / carers will always be informed. Children in our school setting (because they are under 16 years of age) will never be given medicine containing aspirin unless prescribed by a doctor. Where clinically possible, parents / carers should request that medicines for their child are prescribed in dose frequencies which enable them to be taken outside of school hours.

The school will only accept prescribed medicines that are:

- In-date
- Provided in the original container / packaging, as dispensed by the pharmacist, with the child's first and last name. The instructions for administration, dosage and storage must be clear to see. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container / packaging

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and school staff will be able to access them swiftly. Medicines and devices, such as asthma inhalers, blood glucose testing equipment and adrenaline pens, will always be readily available to pupils and not locked away. This is particularly important to consider when outside of the school premises, e.g. on school trips and provision for this will be detailed on the educational visits risk assessment.

It is the parents / carers responsibility to ensure that their child's medication is in school at all appropriate times and (where applicable) is in full working order. It is also the parent / carers responsibility to ensure that medication held in school for their child is in date. Medicines will be returned to parents to arrange for safe disposal when no longer required. Asthma inhalers will be returned to a child's parent / carer periodically, e.g. when the plastic housing needs to be cleaned and air dried.

Sharps boxes will be used for the disposal of needles and other sharps. These will be provided to school by parents / carers via the GP and returned when emptying is required. Bodily fluids are placed in yellow bags and disposed of securely.

5.1 Emergency Equipment and Medication

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. Queensway School has a defibrillator as part of first aid equipment, which can be used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Staff members appointed as first-aiders are trained in the use of CPR. However, general duty of care enables any person to use the defibrillator as part of first aid, in an emergency situation.

Asthma inhalers – Queensway School holds a salbutamol inhaler for emergency use. From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 has allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler will 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).

Adrenaline auto-injector (AAI) device – Queensway School holds an EpiPen AAI device for emergency use. Under Schedule 17 of the Human Medicines Regulation (amended 2017) school can buy an adrenaline AAI, without a prescription, for emergency use in children who are at risk of anaphylaxis when their own device is not available or not working (e.g. because it is broken, or out-of-date). The school's spare adrenaline auto-injector (AAI) will only be used for pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

Spare AAI(s) are considered to be a back-up device and not a replacement for a pupil's own AAI(s). Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times. This guidance does not supersede the advice from the MHRA, and any spare AAI(s) held by a school should be in addition to those already prescribed to a pupil.

5.1 Pupils managing their own needs:

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures, under supervision of a trained member of staff. This will be discussed with parents / carers and it will be reflected in a child's IHP where applicable.

Staff will not force a pupil to take medicine if they refuse but will inform the child's parent / carer at the earliest opportunity.

5.2 Controlled drugs:

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments. All controlled drugs are kept in a secure cupboard in the school office and only named staff have access. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Queensway School will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held.

School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. A record will be kept 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.

5.3 Record keeping

Records offer protection for staff and children and provide evidence that agreed procedures have been followed.

6.0 STAFF TRAINING AND SUPPORT

Staff who are responsible for supporting pupils with medical needs will receive training to do so. The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings (as needed) where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required. Training will be kept up to date and will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support a pupil.
- Fulfil the requirements in the IHP
- Help staff to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

7.0 UNACCEPTABLE PRACTICE

Queensway School staff will use their discretion and judge each case individually, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents / carers.
- Ignore medical evidence or opinion (although this may be challenged).
- Send children home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless specified in their IHP.
- If the pupil becomes ill, send them to the school office unaccompanied or with someone unsuitable.
- Penalise pupils for their attendance record if their absences are related to their medical condition, for example 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.
- Prevent or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, for example by requiring parents / carers to accompany their child.
- Administer, or ask pupils to administer, medicine in school toilets.

8.0 EQUAL OPPORTUNITIES

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips, residential visit, or in sporting activities, and not prevent them from doing so. There will be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments, unless evidence from a clinician (such as a GP) states that this is not possible. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

9.0 EMERGENCY PROCEDURES

Staff will follow the school's normal emergency procedures (for example, calling 999). If a pupil has an IHP, this will clearly set out what constitutes an emergency and will explain what action staff need to take. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent / carer arrives or accompany the pupil to hospital by ambulance.

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10.0 LIABILITY AND INDEMNITY

The Governing Board will ensure that the appropriate level of insurance is in place and that this reflects the school's level of risk.

11.0 PROCEDURE FOR COMPLAINTS

The school has a standard complaints procedure. Should parents / carers or pupils be dissatisfied with the school, the first point of contact should be the Class Teacher who may refer the query to the Senior Leadership Team and / or the Head Teacher. If this does not bring a satisfactory conclusion the complaint will be heard by a panel comprising members of the Governing Board.

12.0 LINKS TO OTHER POLICIES

This policy links to the following policies:

- Accessibility Policy and Plan
- Attendance Policy
- Child Protection and Safeguarding Policy
- Drug Policy
- Equality Policy and Plan
- First Aid Policy
- Health and Safety Policy Part 4
- Special Educational Needs and Disabilities Policy

13.0 MONITORING ARRANGEMENTS

This policy will be reviewed annually, by the Senior Leadership Team or the Resources Committee. Any alterations that come from this review will be discussed and ratified by the full Governing Body.

Chair of Resources Date

Head Teacher Date

APPENDIX A:

The flow chart below details the procedure that will be followed when notification is received that a pupil has a medical condition. *Please note: The abbreviation 'IHP' stands for 'individual healthcare plan'.*

