



**ST IVO SCHOOL**

## **Supporting Students with Medical Conditions Policy**

Approved: October 2017, Governors Student Welfare and Community

Engagement Committee

Next review due: October 2019

This document is produced following the statutory guidance of the document Supporting Pupils at School with Medical Conditions:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf)

### **1. Introduction**

St Ivo School has a statutory duty in accordance with section 100 of the Children and Families Act 2014 to make arrangements to support students at school with declared medical conditions.

The aim of this new duty 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.

Students 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. Other students may require monitoring and interventions in emergency circumstances. Children's health care needs may also change over time in ways that cannot always be predicted sometimes resulting in extended absences. In order to provide effective support, St Ivo School will maintain close liaison with the local health services and listen to the views of parents and students.

Long term absences due to health problems affect children's attainment, impact on their ability to integrate with their peers, and, affect their general wellbeing and emotional health. Reintegration back into school 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 student's medical condition 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. If this is the case St Ivo School must comply with the duties of that Act. Some children may also have special educational needs (SEN). If this is the case then St Ivo School will also take into account the (SEND) Code of Practice. The St Ivo School Equal Opportunities Statement (Public Sector Equality Duty) defines the School's commitment to ensure that equality of opportunity is available to all members of the School community.

### **2. The role of the school**

St Ivo School must ensure that children with medical conditions can access and enjoy the same opportunities at school as any other child. School will work with the local authority, health

professionals and other support services to make sure that a full education is received. This will in some cases require flexibility and for example may involve part time attendance at school combined with alternative provision managed by the school/local authority. Consideration will also be given to how children will be reintegrated back into school after periods of absence.

The focus is on the needs of each individual child and how their medical condition impacts on their school life. Arrangements made for each child will include understanding of how the medical condition impacts on a child's ability to learn, as well as increase confidence and promote self-care. School has a responsibility to ensure that staff are properly trained to provide the support that students need.

### **3. Implementing support for students with medical needs**

- The Headteacher is responsible for ensuring staff are suitably trained to support children with medical needs.
- The Headteacher will ensure all relevant staff are made aware of the child's condition.
- The school will ensure that someone is always available to assist (including cover arrangements)
- Supply teachers will be informed of support needs
- Risk assessments for school trips, holidays and school activities will be undertaken
- Individual health care plans will be monitored and reviewed annually or when changes are made. The plan should have the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

### **4. Procedure to be followed when school is notified that a student has a medical condition**

School does not have to wait for a formal diagnosis before supporting a student but judgements about any support needed will be based on the evidence from a healthcare professional, usually the child's General Practitioner or Paediatric Consultant, and in consultation with parents.

Transition arrangements will be discussed with the primary school about appropriate support in the summer term of Year 6 to ensure arrangements are in place when the child attends St Ivo School. A new diagnosis or children moving into the school mid-term will have arrangements put in place within two weeks.

St Ivo School however does not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

### **5. Individual Health Care plans (IHCP's)**

The Inclusion Manager at St Ivo School is the focal point for the development of individual care plans in supporting students with medical needs in close liaison with the School Nurse and parents.

IHCP's should:

- provide clarity about what needs to be done, when and by whom.
- be essential for some students where their condition may fluctuate or that there is a high risk that emergency intervention will be needed.
- be helpful where medical condition is long term and complex.

However, not all children will require an IHCP. School, the healthcare professional and the parent should agree based on evidence when an IHCP would be inappropriate or disproportionate. If a

consensus cannot be reached the Headteacher will take the final view. A flow chart for identifying and agreeing the support a child needs and developing an IHCP is provided at Annex A.

IHCP's should capture key information and actions that are required to support the child effectively. The level of detail within the plan depends upon the complexity of the child's condition and the degree of support needed. Different children with the same health condition may require very different support. Where a child has special educational needs but does not have a Statement or an Education and Health Care Plan (EHCP) then their special educational needs should also be mentioned in their IHCP.

IHCP's can be initiated by school, or by a healthcare professional, usually the School Nurse, but will be done in consultation with the parent. Students should be involved where appropriate. School is responsible for ensuring that the IHCP is finalised and implemented.

Plans should be reviewed at least annually or earlier if evidence is presented to demonstrate that the child's needs have changed. School should develop the IHCP with the child's best interests in mind and ensure that risks to the child's education, health and social wellbeing are assessed and managed with the minimum of disruption.

The following information should be recorded on the IHCP:

- the medical condition, its triggers, signs, symptoms and treatments;
- the student'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 student'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 (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- 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 health care professional; and cover arrangements for when they are 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 headteacher for medication to be administered by a member of staff, or self-administered by the student during school hours;
- 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; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

## **6. Roles and Responsibilities**

Supporting a child with a medical condition is not the sole responsibility of one person. In order to provide effective support it will involve working cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate social care professionals) local authorities and parents and students is critical.

Collaborative working arrangements include working with the following range of people:

- **Governing body** – ensuring that policy is developed and implemented. They should also ensure sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- **Headteacher** – has overall responsibility for the development of IHCP's and should ensure that the policy is effectively implemented with partners.
- **School staff** – any member of staff may be asked to provide support to students with medical conditions, including the administering of medicines although they cannot be required to do so. Any member of staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help. SEN and medical issue information is provided to Supply Teachers/Cover supervisors.
- **School Nurse** – is responsible for notifying school when a child has been identified as having a medical condition which will require support in school. They may support staff in implementing a child's IHCP and will provide advice and training. School Nurses can liaise with lead clinicians locally on appropriate support and associated staff training needs.
- **Other** healthcare professionals (including GP's and paediatricians) should notify the School Nurse when a child is identified as having a medical condition that will need support at school.
- **Students** – with medical conditions are often best placed to provide information about how their condition affects them and should be as fully involved as possible.
- **Parents** – should provide the school with sufficient and up to date information about their child's medical needs. They should provide medicine and equipment and ensure that they or a nominated adult are contactable at all times.
- **Local Authority** – is the commissioner of the School Nurse in school. They should work with school to support students to attend full time. Where students would not receive a suitable education in a mainstream school, ie St Ivo School, then it has a duty to make other arrangements. Responsibilities and further guidance can be found at [www.gov.uk/illness-child-education](http://www.gov.uk/illness-child-education) and [www.cambridgeshire.gov.uk](http://www.cambridgeshire.gov.uk)

## 7. Staff Training and Support

Any member of staff who is required to provide support to a student will be identified during the development or review of individual healthcare plans. Staff may already have knowledge of the specific support needed by a child with a medical condition and so training may not be required. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

Where formal training needs are identified, training will be arranged with accredited providers such as Cambridgeshire County Council. In addition the following will apply,

Teachers and support staff will receive training on the Supporting Students with Medical Conditions Policy as part of their new starter induction.

Teachers and support staff will receive regular and ongoing training as part of their development. Whole school awareness training is generally undertaken at the start of each academic year courtesy of the School Nursing Team.

- The clinical lead for this training is the School Nurse.
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility. A First Aid certificate does not constitute appropriate training in supporting children with medical conditions
- No staff member may administer drugs by injection unless they have received training in this responsibility.
- The School Medical Officer will keep a record of training undertaken and a list of teachers and support staff who are qualified to undertake responsibilities under this policy.

#### **8. The Child's Role in Managing Their Own Medical Needs**

- Wherever possible students should be allowed to carry their own medicines and relevant devices or be able to access for self-medication quickly and easily although some may require an appropriate level of supervision. If a child refuses to take medicine staff should not force them but follow the agreed procedure in the IHCP. Parents should be informed so that alternatives can be considered.

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

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the student to take them outside of school hours.
- If this is not possible, prior to staff members administering any prescribed medication, the parents/carers of the child must complete and sign a Parental Agreement for School to Administer Prescribed Medicine form . If this form is emailed to school a follow up phone call will be made.
- Prior to staff administering any non-prescribed medication, e.g Paracetamol for pain relief, the parents/carers of the child must complete and sign the declaration on the Medical Form.
- Parents may be also be contacted by phone prior to medicine being administered so it is essential that school hold up to date phone numbers.
- All medicines should be delivered personally to the Medical Officer.
- No child will be given any prescription or non-prescription medicines without written parental consent or the appropriate authorisation of a medical professional except in exceptional circumstance, for example, where the medicine has been prescribed to the child without the knowledge of the parents.
- Where a student is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the student to involve their parents while respecting their right to confidentiality.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered. It is the parent's responsibility to ensure that medicines provided are in date.

- Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.
- Medications will be stored in a lockable cabinet in the Medical Room under the supervision of the Medical Officer.
- 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 lockable cabinet. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children. This is particularly important when outside of school premises, eg on school trips.
- Any medications left over at the end of the course will be returned to the child's parents as it is their responsibility to dispose of.
- Written records will be kept of any medication administered to children.
- Students will never be prevented from accessing their medication.
- St Ivo School cannot be held responsible for side effects that occur when medication is taken correctly.

## **10. Avoiding unacceptable practice**

St Ivo School understands that the following behaviour is unacceptable:

- Assuming that students with the same condition require the same treatment.
- Ignoring the views of the student and/or their parents.
- Ignoring medical evidence or opinion.
- Sending students home frequently or preventing them from taking part in activities at school
- Sending the student to the Medical Room alone if they become ill.
- Penalising students with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

## **11. Emergencies**

Medical emergencies will be dealt with under the School's First Aid Procedures and Critical Incident procedures.

Where an Individual Healthcare Plan (IHCP) is in place, it should detail

- What constitutes an emergency
- What to do in an emergency.

Students will be informed in general terms of what to do in an emergency such as telling a teacher.

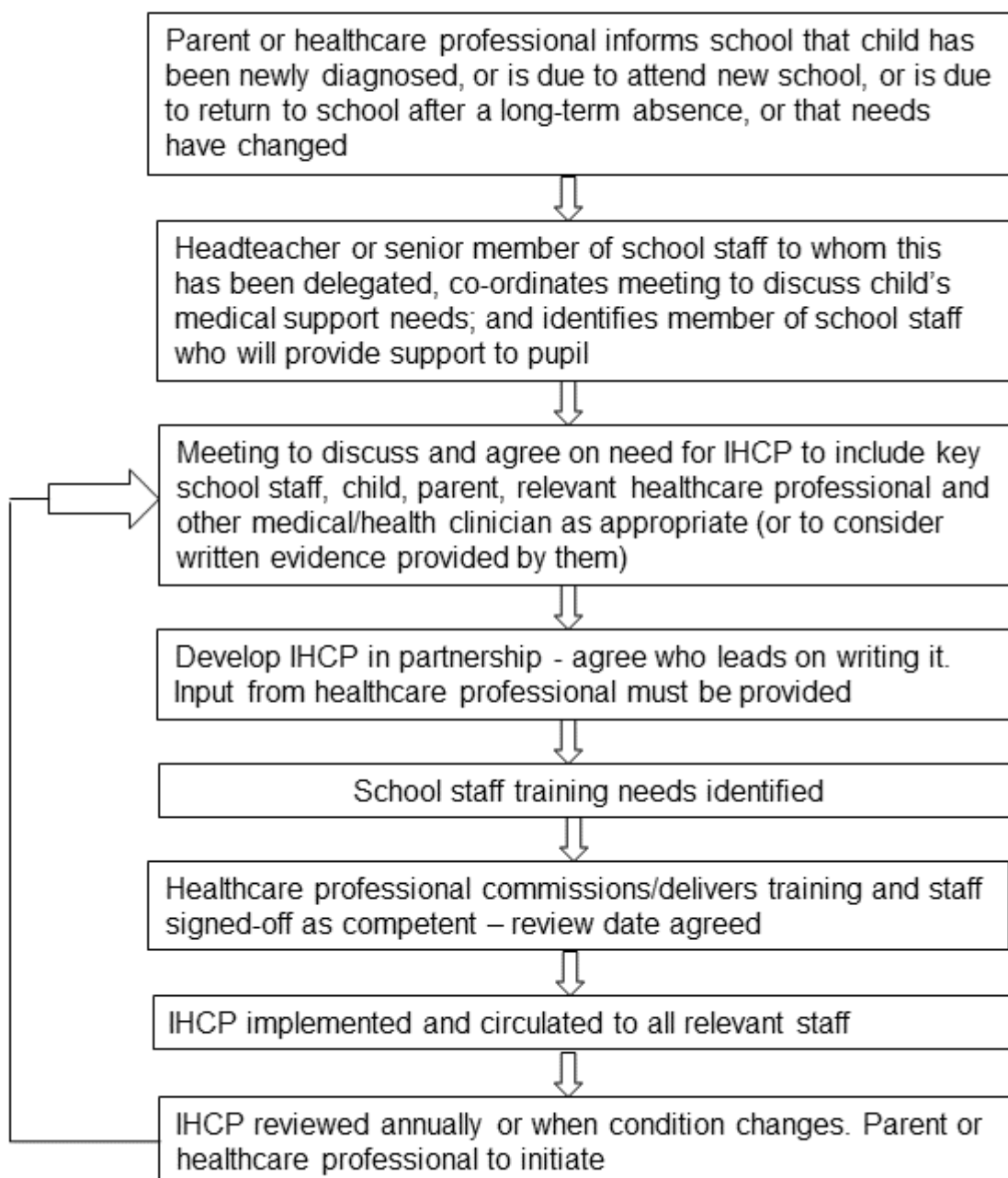
If a student needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

## **12. Insurance**

Teachers and support staff who undertake responsibilities within this policy are covered by the school's insurance under the Public Liability section of the policy. Full written insurance policy documents are available to be viewed by members of staff who are providing support to students with medical conditions. Those who wish to see the documents should contact the school office.

Details of how to make a complaint is set out in St Ivo School's Complaints Policy which can be found on the school's website.

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





## 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 wellbeing 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. Part 3, and in particular paragraph 7 of the Schedule to the Education (Independent School Standards) Regulations 2014 sets this out in relation to academy schools and alternative provision academies.

**Section 3 of the Children Act 1989** confers 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 academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to co-operate in the making of these arrangements.

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

## 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 academy 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 who 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)** provides 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 24 of the Schedule to the the Education (Independent School Standards) Regulations 2014 replicates this provision for independent schools (including academy schools and alternative provision academies).

### **The Special Educational Needs and Disability Code of Practice<sup>14</sup>**

**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.