



Pupils with Ongoing Medical Conditions Policy

This policy should be read in conjunction with the Children and Families Act 2014, Equality Act 2010, DFE Statutory guidance 'Supporting pupils at school with medical conditions' (September 2014), the current SEN Code of Practice, together with Arnold Hill Academy's policies for Special Educational Needs & Disabilities, Health and Safety and Child Protection.

Background to this policy

In September 2014, section 100 of the Children and Families Act 2014 came into force. It requires governing bodies of all schools 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. In September 2014 the DFE issued statutory guidance 'Supporting pupils at school with medical conditions'. The aim of the guidance 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.

The key points in this guidance are that:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

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 on-going 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. It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support they provide, schools should establish relationships with relevant local health services to help them. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

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 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 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 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 Special educational needs and disability (SEND) code of practice. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with the statutory elements of this guidance with respect to those children.

Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

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 bodies 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.

Ofsted's inspection framework emphasises the need to meet the needs of disabled children and pupils with SEN, and to consider the quality of teaching and progress made by these pupils. Inspectors are briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are therefore expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

This policy will be monitored by the Principal and Governors for its effectiveness in implementation, and evaluated and reviewed annually, or sooner in the light of any incidents that may occur or any changes to legislation. It will be readily accessible to Parents/Carers and staff through our Academy website.

Purpose of the policy

The purpose of this policy is to explain how Arnold Hill Academy 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.

This policy sets out to ensure that staff at Arnold Hill Academy:

- Are aware of how a pupil's medical condition impacts on their school life.
- Can focus their support on the needs of each individual child through individual healthcare plans (IHP).
- Make sure that parents and pupils are confident in the academy's ability to provide effective support.
- Have been properly trained and are competent to provide the support that pupils need.
- Will not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any IHPs).

The policy makes clear:

- That any member of school staff providing support to a pupil with medical needs has received suitable training.
- How training needs are assessed.
- How and by whom training will be commissioned and provided.
- How staff will be supported in carrying out their role to support pupils with medical conditions.
- How their roles will be reviewed.

The policy will also:

- Explain the role of IHPs, the roles and responsibilities of all those involved in their development, implementation and review.



- Ensure that individuals involved in the arrangements made to support pupils at school with medical conditions are aware of their own roles and responsibilities.
- Ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- Outline the arrangements for children who are competent to manage their own health needs and medicines, and the procedures to be followed for managing medicines.
- Ensure that written records are kept of all medicines administered to children.
- Set out what should happen in an emergency situation.
- Ensure that insurance for all staff is in place and appropriately reflects the level of risk.
- Ensure that the school's policy is explicit about what practice is not acceptable.
- Explain how complaints concerning the support provided to pupils with medical conditions may be made and will be handled.

PUPILS WITH MEDICAL CONDITIONS

Introduction

At Arnold Hill Academy we believe 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 (see articles 23, 24 and 28 on the UN Convention on the Rights of the Child.) The governing body has arrangements in place to see that this is achieved. 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.

Action plan

The academy's governing body is ultimately responsible for the implementation of this policy. The Principal, SENCO and other relevant staff in school, including teachers, first aiders, attendance officer, educational visits coordinator, exams officer and pastoral team leaders, are in charge on a day to day basis, and responsible for the provision of support to individual pupils with medical conditions.

The role of the Principal

The Principal will ensure that:

- The policy is developed and effectively implemented.
- 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 to support pupils with medical conditions.
- Staff are appropriately insured and are aware that they are insured to support pupils with medical conditions.

The role of the SENCO

The SENCO will:

- Ensure that information related to pupils' medical conditions is made available to all relevant staff.
- Coordinate Individual Healthcare Plans (IHPs) and ensure these are reviewed at least annually.
- Work closely with parents, the Healthy Families Team (school nurse), the lead first aider and other health practitioners to put appropriate support in place, and to enable clear coordination of necessary information and actions needed.
- Contact the Healthy Families Team in the case of a child who has a medical condition (diagnosed or undiagnosed) that may require support at school, but who has not yet been brought to the attention of the Healthy Families Team.



- Liaise with primary schools to plan for the medical needs of pupils at year 7 transition.
- Ensure sufficient staff have received suitable training and are competent before academy staff take on responsibility to support children with medical conditions.
- Consider how children will be reintegrated back into school after periods of absence due to their medical condition.
- Ensure that the focus of support is on the needs of each individual child and how their medical condition impacts on their school life.

The role of the Educational Visits Coordinator:

The Educational Visits Coordinator (EVC) will ensure that there are appropriate risk assessments for school visits, holidays, and other school activities outside of the normal timetable include consideration for any child with a medical condition.

The role of school staff:

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 Healthy Families Team (school nurse):

Arnold Hill Academy has access to the Healthy Families Team which can advise the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, this will be done before the child starts at the school. The Healthy Families Team 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 or other healthcare professional will advise parents to notify staff in school, including the Healthy Families Team, when a child has been identified as having a medical condition that will require support at school. Where appropriate, they will be involved in drawing up IHPs. Specialist nurses are also available to provide support for children with particular conditions (e.g. 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 named 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:

“Be Inspired and Achieve Together”



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, e.g. provide medicines and equipment, regularly checking dates replacing medicines /equipment as necessary and must ensure they or another nominated adult are contactable at all times.

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 Arnold Hill Academy 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 5 days or more because of health needs (whether consecutive or cumulative across the school year.) Where necessary, referrals can be made to the Health Related Education Team (HRET) to support pupils who are not able to access full-time education due to significant health problems. The HRET can provide short-term support, with up to 5 hours 1:1 tuition in the home, with guided independent study recorded in addition. There is an equivalent health related education team for pupils who live in Nottingham City.

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

Where possible staff at Arnold Hill Academy 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 Arnold Hill Academy, 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.

Long Term Medical Needs & Individual Healthcare Plans (IHP)

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. 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.

The academy, healthcare professional and parents should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the head teacher will make the final decision. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at appendix A.

IHPs may be initiated, in consultation with the parent, by a member of academy staff or a healthcare professional involved in providing care to the child. Pupils will also be involved whenever appropriate.

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 academy.



IHPs will be developed with the child's best interests in mind, and will ensure that all concerned (parents, academy staff and healthcare professionals) assess and manage risks to the child's education, health and social well-being and minimise disruption.

The IHP will include family and medical contacts, daily care requirements (including medication) and emergency procedures. The initial healthcare plan will be completed on admission, signed by parents and reviewed annually or sooner if required. See appendix B.

It will be the responsibility of the parent to inform the academy of any changes in healthcare needs as soon as possible. Any information recorded on a child's Healthcare Plan will remain confidential within the academy and will not be disclosed to anyone outside of the academy without parental consent.

Where a child has short term medical needs or requires short term changes to their healthcare plan an additional form must be completed.

When a child is returning to school following a period of hospital education or alternative provision (including home tuition) the academy will work with the LA support services, health professionals and education providers 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 may vary, to enable the academy 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 (e.g. crowded corridors), travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs – e.g. 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 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, e.g. 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. A copy will be kept in the child's individual file school file located in the school office and noted on SIMS.
- Where a child has SEN but does not have an 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 Healthy Families team school link or 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.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient. This will be agreed between parents, academy staff and healthcare professionals for each individual child, having taken into consideration the training requirements as specified in pupils' individual health care plans.

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 academy, 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.

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should 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 be identified who can help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

Non-prescription medicines should only be brought to school when essential. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Medicines should only be administered at school when it would be detrimental to a student's health or school attendance not to do so.

No student under 16 will 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 student without the knowledge of the parents. In such cases, every effort will be made to encourage the student or young person to involve their parents while respecting their right to confidentiality.



No student under 16 should ever 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 should be informed.

The academy 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 schools inside an insulin pen or a pump, rather than in its original container.

All medicines will be stored safely. Children will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.

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. Otherwise all controlled drugs that have been prescribed for a pupil are kept securely stored in a non-portable container and only named staff have access. Controlled drugs are easily accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held in the academy.

Academy 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 is 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.

When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

School trips and sports activities

At Arnold Hill Academy 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. Advice is taken from the relevant healthcare professionals, to ensure that pupils can participate safely, unless evidence from a clinician such as a GP states that this is not possible.

Emergency situations

Pupils in the school will know to inform a teacher immediately if they think help is needed. 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.

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 with a medical condition to the school office or medical room without being accompanied, 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 school to administer ongoing 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).
- 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.

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

Liability and Indemnity

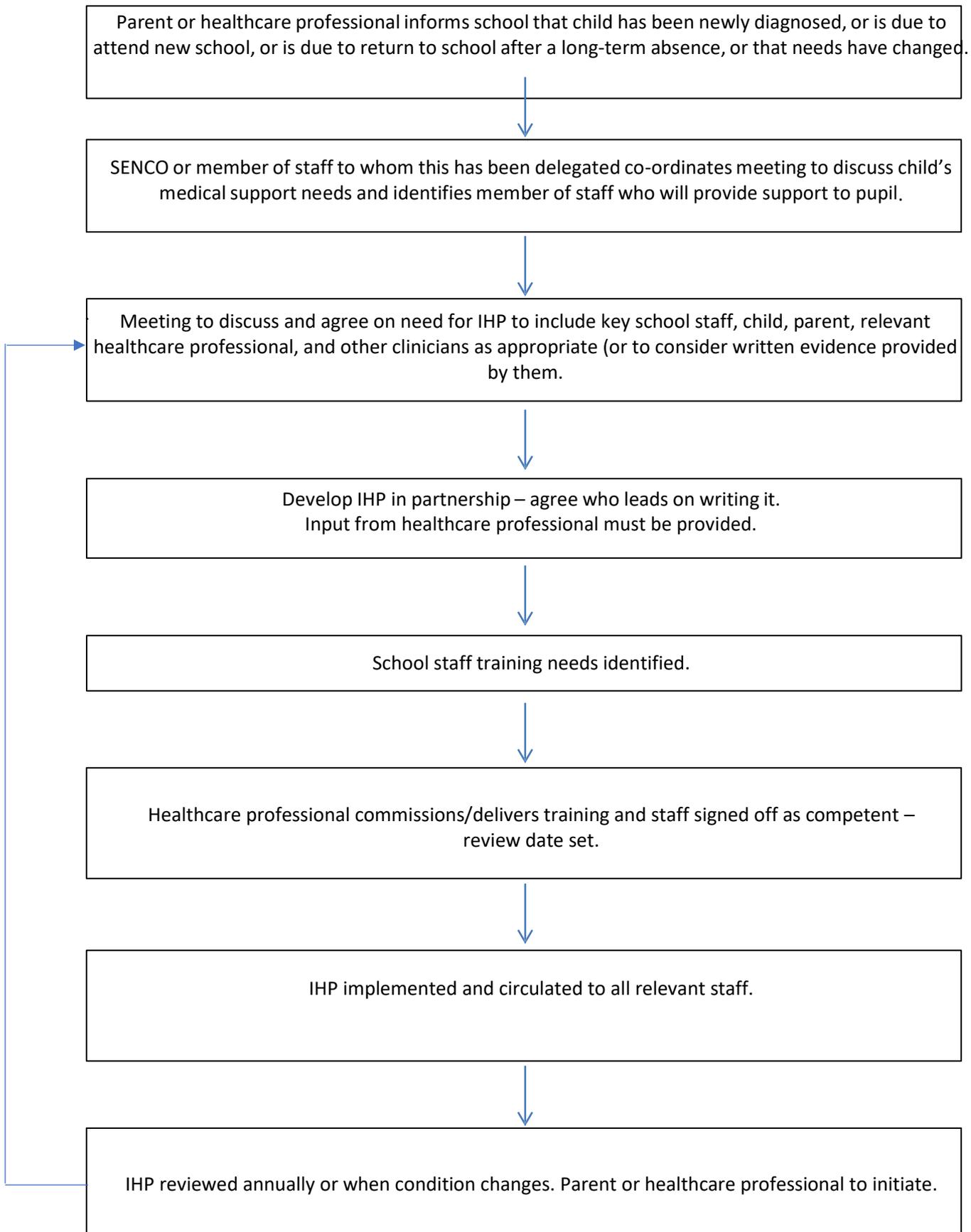
Arnold Hill Academy has the appropriate insurance in place with Zurich Insurance Company, and copies of this insurance policy are available to all staff and are attached to this policy as appendix 1. The provision of first aid / support of pupils with medical conditions is included within Zurich's definition of 'business' and as such the policy covers employees and volunteers who treat employees, pupils and third parties. The public liability cover has a limit of indemnity of £25,000,000.

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.



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

Daily care requirements (e.g. before sport/at lunchtime)



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

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 Carer (or pupil if above age of legal capacity)