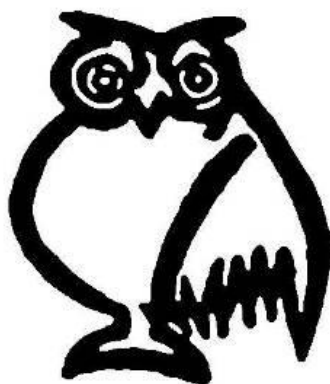


Danbury Park Community Primary School



Supporting Pupils with Medical Conditions Policy

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Be wise, be happy, belong



Danbury Park Community Primary School

Supporting Pupils with Medical Conditions Policy

1. Rationale

- 1.1. Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.
- 1.2. Most pupils at some time have a medical condition, which could affect their participation in school activities. This may be a short-term situation or a long-term medical condition which, if not properly managed, could limit their access to education.

2. Aims

- 2.1. Danbury Park Community Primary School aims to provide a fully inclusive educational and pastoral environment. To do this we ensure that correct procedures and protocols are in place to enable any pupil with a long-term medical condition to attend school, have minimum disruption to their education and to participate fully in school activities and events.
- 2.2. 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 Danbury Park Community Primary School will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support we provide, we work closely with the relevant local health services. The advice from healthcare professionals and listening to and valuing the views of parents and pupils is crucial.
- 2.3. 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 develop emotional difficulties 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 will 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), will also be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.



- 2.4. 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 Danbury Park Community Primary School complies with its duties under that Act. Some may also have special educational needs (SEN) and may have an Education, Health and Care plan (EHCP) 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 and policy. For pupils who have medical conditions that require EHCPs, compliance with the SEND code of practice will ensure compliance with the statutory elements of this guidance with respect to those children.
- 2.5. The school follows the guidance given by the Department for Education. The *Supporting Pupils at School with Medical Conditions* document is kept alongside this policy to provide a management strategy to fully support the needs of all staff, pupils and parents.

3. Identification

- 3.1. On entry to the school parents are required to complete a medical questionnaire and inform us of any medical conditions.
- 3.2. We also expect parents to inform us of any changes to their child's health or medical condition during their time at the school.
- 3.3. We work with parents and health care professionals to ensure we have specific protocols in place as soon as the child starts school. This may take the form of information sharing, developing specific care plans, organising training, employing new staff or reorganising classroom facilities.
- 3.4. Pupils requiring continuous support for a medical condition will be given an individual health care plan.

4. Individual Health Care Plans

- 4.1. Individual healthcare plans are used to ensure that pupils are effectively supported with their medical conditions. The aim is to capture the steps which we need to take to help the child manage their condition and overcome any potential barriers to getting the most from their education. They provide clarity about what needs to be done, when and by whom. They are developed with 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.
- 4.2. However, not all children will require an individual healthcare plan. The school, relevant healthcare professional and parent will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will make the final decision.



- 4.3. Individual healthcare plans (and their review) are initiated, in consultation with the parent, by the headteacher, SENCO and/or a healthcare professional involved in providing care to the child. Plans are drawn up in partnership between the school, parents, and a relevant healthcare professional, who can best advise on the particular needs of the child. Pupils are also involved whenever appropriate. Staff who will provide specific support to pupils with medical conditions will be included in meetings where this is discussed.
- 4.4. Partners will agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. Plans are reviewed annually or earlier if evidence is presented that the child's needs have changed.
- 4.5. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the plan identifies the support the child will need to reintegrate effectively.
- 4.6. An individual healthcare plan will include where relevant:
 - 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 sessions;
 - Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, 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 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; 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 pupil during school hours;
 - Separate arrangements or procedures required for off-site school educational visits 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 or 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 will be used to inform development of their individual healthcare plan.
- 4.7. Individual healthcare plans are easily accessible in school to all who need to refer to them, while preserving confidentiality. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed.



- 4.8. A copy is given to parents, class teachers and class learning support assistants, and a copy is retained in the medical needs file in the medical room and the child's individual file. All trained staff will ensure they are aware of the protocols and procedures for specific pupils in school through reading care plans devised for individual pupils.
- 4.9. Where the child has a special educational need identified in an EHCP, the individual healthcare plan will be linked to or become part of that plan. Where a child has SEN but does not have an EHCP, their special educational needs may be mentioned in their individual healthcare plan.

5. Provision and Organisation

- 5.1. Pupils are supported so that they can participate as fully as possible in all school activities including educational visits and sporting events. Class teachers will be aware of how a child's medical condition will impact on their participation and any reasonable adjustments will be made.
- 5.2. Risk assessments are completed prior to any educational visit taking place and these include what reasonable adjustments might need to be made to enable children with medical needs to participate fully and safely.
- 5.3. Additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines are planned as part of the risk assessment and visit planning process. A copy of the individual healthcare plan must be taken on trips and visits in the event of information being needed in an emergency.

6. Staff training and support

- 6.1. The school provides annual training for all staff so that they are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy as well as information on the specific needs of individual pupils. This is also included in the induction arrangements for new staff
- 6.2. Nominated members of staff complete accredited First Aid training including Paediatric First Aid, First Aid at Work and Emergency First Aid relevant to their roles in the school.
- 6.3. Any member of staff providing support to a pupil with medical needs will be supported in carrying out their role through relevant and appropriate training. Training needs will be identified through the initial writing of the individual healthcare plan and through its annual review. Training will be sought from local healthcare professionals and professional bodies. This is usually within the term of a new pupil beginning school but if necessary before they commence their education at the school.
- 6.4. 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.



- 6.5. Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.
- 6.6. Staff will not give prescription medicines or undertake healthcare procedures without appropriate training. In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- 6.7. Parents' views will be sought and their relevant information and advice taken into account.

7. Administering Medicines

- 7.1. Please see the school's policy on Administering Medicines.

8. The child's role in managing their own medical needs

- 8.1. After discussion with parents, children who are competent should be encouraged to take responsibility for administering their own medicines and procedures under adult supervision. This will be reflected within the individual healthcare plan.

9. Emergency procedures

- 9.1. The school has in place arrangements for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK.
- 9.2. Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- 9.3. If a child needs to be taken to hospital by a member of staff, or a member of staff accompanies a child taken to hospital by ambulance, staff should stay with the child until the parent arrives.

10. Roles and Responsibilities

10.1. Parents

Parents must provide the school with sufficient and up-to-date information about their child's medical condition.



10.2. Governing Body

The Governing Body ensures that the arrangements put in place are sufficient to meet its statutory responsibilities and that policies, plans, procedures and systems are properly and effectively implemented.

The Governing Body ensures that the appropriate level of insurance to indemnify staff and to cover liability is in place and appropriately reflects the level of risk.

10.3. Headteacher

The Headteacher is responsible for ensuring that this policy is implemented and for arranging detailed procedures as necessary.

10.4. Teachers and School Staff.

There is no legal duty, which requires school staff to administer medication; this is a voluntary role. Staff, who teach and support pupils with medical needs, will be fully informed about pupils' needs and are expected to read and understand the individual healthcare plan. Training as appropriate will be provided.

10.5. Health Care Professionals

Health care professional will provide support and advice to the school on writing and implementing a child's individual healthcare plan as required.

11. Unacceptable Practice

11.1. The Governing Body is required to state explicitly what practices are not acceptable. These are:

- Preventing pupils from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assuming that every child with the same condition requires the same treatment;
- Ignoring the views of the child or their parents; or ignoring medical evidence or opinion (although this may be challenged);
- Sending pupils with medical conditions home frequently for reasons associated with their medical condition or preventing them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the pupil becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalising pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Requiring parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues;
- Preventing pupils from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.



12. Concerns and Complaints

- 12.1. Should parents be dissatisfied with the support provided by the school, they should initially discuss their concerns directly with the Headteacher. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. A copy of the school's policy is available on the school website or in paper format on request from the school office.