



**Khalsa Primary School**  
Faith inspired education



# MEDICAL CONDITIONS POLICY

Policy Title	Medical Conditions
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## **Supporting Pupils at School with Special Medical Conditions**

### **Definition**

Pupils' medical needs may be broadly summarised as being of two types:

**Short-term** affecting their participation in school activities when they are on a course of medication.

**Long-term** potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

### **Rationale**

Local Authorities and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if appropriate, trained to provide any additional support these pupils may need.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. This policy has been developed with regard to the statutory guidance published in 'Supporting pupils at school with medical conditions' DfE April 2014.

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. Teachers and other school staff in charge of pupils have a common law duty to act in loco parentis 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 care needs and should supply the school with necessary information. The school takes advice and guidance from the local authority, healthcare professionals including school nurses, parents, children and providers of health services. Self-administration of medication is encouraged where possible.

Contact details for the school nurse are available from the school office.

### **Aims**

Pupils with medical conditions must be properly supported so they have full access to education, including school trips and physical education. The school will put in place arrangements to support children with medical needs to ensure that such children can access and enjoy the same opportunities at school as any other child.

Khalsa Primary School will:

- Ensure that children with medical conditions, regarding 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;

- Consider the needs of each child and how their medical condition impacts on school life;
- Assist parents in providing medical care for their children, giving both pupils and parents confidence in the school's ability to provide effective support for medical conditions in school;
- Educate staff and children in respect of special medical needs;
- Implement the school policy for first aid and the administration of medicines in schools;
- Liaise as necessary with medical services, parents and pupils and consider their views, in support of the individual pupil;
- Monitor and keep appropriate records.

Any practice that acts against the above aims is considered as unacceptable practice and would be dealt with as such.

### **Entitlement**

The school understands that pupils with medical needs should be assisted if at all possible and that they have a right to the full education provision available to other pupils. When arrangements are made for the education of a child with medical conditions, the arrangements will support the child's self-confidence and promote self-care, as well as the need to support their academic education.

The person responsible for policy implementation is the Special Educational Needs Coordinator (SENCo). The SENCo will ensure that staff are suitably trained, that arrangements are made in the case of staff absence and that all relevant staff are aware of specific children's conditions. The SENCo will ensure that suitable transition arrangements are in place, for when a child joins or leaves the school, or when a child returns to school after a period of absence.

The SENCo will work with the class teacher to ensure that relevant risk assessments are in place for educational visits, sporting activities and educational activities outside of the normal timetable, so that the child is able to participate unless evidence from a clinician such as a GP states that this is not possible.

The SENCo is responsible for the monitoring of individual healthcare plans, in liaison with the class teacher and health care professionals, as required.

The school commits to ensuring that pupils with medical needs have full attendance and receive necessary proper care and support.

The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- Receive appropriate training;
- Work to clear guidelines;
- Have concerns about legal liability;
- Choose whether or not they are prepared to be involved with the administration of medicines;
- Bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

## **Expectations**

It is expected that when the school is informed that a child has a medical condition, the procedure outlined in Annex A will be followed;

- If the procedure results in an individual healthcare plan being required, this will be written in partnership with the school, parents and health care professionals;
- Parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative;
- Medication will be supplied to the school as stated in the 'First Aid and Administration of Medicines' policy;
- The procedures for managing medicines as stated in the 'First Aid and Administration of Medicines' policy will be followed;
- Employees will consider carefully their response to request to assist with the giving of medication or supervision of self-medication and that they will consider each request separately;
- The school will liaise with the School Health Service for advice about a pupil's special medical needs and will seek support from the relevant practitioners where necessary and in the interests of the pupil.

## **Individual Healthcare Plans**

Individual healthcare plans are written with the child's best interests in mind. They are an opportunity for the school to assess and manage the risk to a specific child's education, health and social well-being and minimise disruption. When a child has a special educational need identified in a statement or Education and Health Care Plan (EHC Plan), the individual healthcare plan will be linked to or become part of that statement or EHC Plan.

The plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

The information to be recorded on an Individual Health Care Plan needs careful consideration (annex B), including the procedure to be followed in an emergency.

## **Roles and responsibilities**

Although the Principal and the SENCo are identified as ensuring that policy is implemented, a number of people are involved in the arrangements made to support pupils with medical conditions.

**Principal** – ensure policy development and implementation; communicate about the child's condition with relevant employees; meet staff training needs to ensure successful implementation of Individual Healthcare Plans, including contingency; assume overall responsibility for individual healthcare plans; ensure sufficient insurance for staff and communicating this with staff; arrange contact with the school nursing service when they need to be made aware of a child's medical condition.

**School staff** – understand that they may be asked to provide support to pupils with medical conditions; know what to do (through training) when they become aware that a pupil with a medical condition needs help.

**School nurses** – Notify the school when a child has been identified as having a medical condition which will require support in school; support staff in implementing an individual healthcare plan through liaison and providing advice; liaise with lead clinicians on appropriate support for the child and associated staff training needs.

Other healthcare professionals, including GPs and paediatricians – notify the school nurse when a child has been identified as having a medical condition that will require support at school; provide advice on developing healthcare plans; Specialist teams may provide support in schools for children with particular conditions (e.g. asthma, diabetes)

**Pupils** – provide information about how their condition affects them; be fully involved in discussion about their medical support needs and contribute to the development and implementation of the healthcare plans. Other pupils in school should be sensitive to the needs of those with medical conditions.

**Parents** – provide the school with sufficient and up-to-date information about their child's medical needs; notify the school that their child has a medical condition; act as key partners, being involved in the development and review of the individual healthcare plan; carry out agreed actions in the plan; ensure they, or a nominated adult are contactable at all times

**Local Authorities** – commissioners of school nurses for maintained schools; fulfil their duty under Section 10 of the Children Act 2004 to promote cooperation between relevant partners to improve the wellbeing of children in relation to their physical and mental health, their education, training and recreation; provide support, advice and guidance to ensure that individual healthcare plans can be delivered; work with schools to support pupils with medical conditions to attend school full time; make other arrangements for pupils who would not receive a suitable education in a mainstream school because of their health care needs; make these arrangements when it is clear that a child will be away from school for a period of 15 days or more because of their healthcare needs (cumulative or successive).

**Providers of health services** – communicate and liaise with school nurses, specialist and community nurses and other healthcare professionals; participate in locally developed outreach and training; provide support, information, advice and guidance to schools.

**Clinical commissioning groups (CCGs)** – commission other healthcare professionals such as specialist nurses, that is responsive to individual needs; ensure health services are able to co-operate with schools supporting children with medical conditions; cooperate under Section 10 of the Children Act 2004; support schools and LAs seeking to strengthen links between health services and schools; consider how to strengthen links between education, health and care settings.

**Ofsted** – consider the quality of teaching and the progress made by pupils with medical conditions; check the implementation of policy.

### **Policy into Practice**

The Principal and the SENCo have overall responsibility for implementation of this policy.

There is a need for proper documentation at all stages when considering the issue of support for pupils with medical needs in school.

Staff working with pupils with medical conditions are covered by the school's public liability insurance. It is the Headteacher's responsibility to ensure that there is sufficient insurance.

Complaints – Should parents be dissatisfied with the support provided by the school they should discuss their concerns in the first instance with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

**Related policies**

Single Equalities Scheme

Special Educational Needs Policy

Safeguarding Policy

First Aid and Administration of Medicines Policy

Intimate Care Policy

## **Annex A: Model Process for developing individual healthcare plans**

- 1) Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed
- 2) Principal or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs: and identifies member of school staff who will provide support to pupil.
- 3) Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them).
- 4) Develop IHCP in partnership- agree who leads on writing it. Input from healthcare professional must be provided.
- 5) School staff training needs to be identified.
- 6) Healthcare professional commissions/delivers training and staff signed-off as competent-review date agreed.
- 7) IHCP implemented and circulated to all relevant staff
- 8) IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate (back to stage 3).

## Annex B

When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- 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 an environmental issue, 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, (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 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 head teacher 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 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 individual health care plan.
- Taken from: 'paragraph 19 – Supporting pupils at school with medical conditions April 2014 – DfE