



Abbot Beyne School

Policy:	Supporting Students with Medical Conditions including students with health needs who cannot attend school.
Person Responsible:	Mrs F Airey
Governors' Committee:	Student and Personnel
Adopted Date:	September 2014
Revised Date:	October 2021
Next Review Date:	October 2022
Signature:	
Staff Accepted:	

Supporting Students with Medical Conditions Policy

1. Aims

This policy aims to ensure that:

- students, staff and parents understand how our school will support students with medical conditions
- students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of students' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support students with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant students
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is the Headteacher.

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting students at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on [supporting students with medical conditions at school](#).

3. Roles and responsibilities

3.1 The governing board

The governing board has the ultimate responsibility to make arrangements to support students with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that 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
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way

- Contact the school nursing service in the case of any student 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 Staff

Supporting students 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 students with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support students 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 needs of students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 students

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

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a student has been identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school and notify them of any students identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

Our school is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for students who are new to our school. See Appendix 1.

6. Individual healthcare plans

The Headteacher has overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to the Assistant SENCo, SENCo, Health and Safety Coordinator and the First Aid Coordinator.

Plans will be reviewed at least annually, or earlier if there is evidence that the student's needs have changed.

Plans will be developed with the student's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

For students with asthma, school will follow the DfE's [statutory guidance](#) on supporting students with medical conditions. see appendix 3 for asthma care.

For students who have Anaphylaxis school will follow the Department of Health's guidance on [keeping EpiPens in schools](#). see appendix 4 for Anaphylaxis care.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a student has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the Headteacher will consider the following when deciding what information to record on IHPs:

- 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, e.g. 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, including in emergencies. If a student 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 student'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 student'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 student can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the student's health or school attendance not to do so **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parents.

Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date and labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept an insulin phile but it must be in date.

All medicines will be stored safely. Students will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to students and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another student to use. All other 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.

7.2 students managing their own needs

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the student's IHP, but it is generally not acceptable to:

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

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All students' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a student needs to be taken to hospital, staff will stay with the student until the parent arrives, or accompany the student to hospital by ambulance.

9. Training

Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training.

The training will be identified during the development or review of IHPs. Staff who provide support to students with medical conditions will be included in meetings where this is discussed.

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

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the students
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of 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.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to students for as long as these students are at the school. Parents will be informed if their student has been unwell at school. IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

The Governing Board will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. It is important that the school policy sets out the details of the school's insurance arrangements which cover staff providing support to students with medical conditions. Insurance policies should be accessible to staff providing such support.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Assistant SENCo in the first instance. If the Assistant SENCo cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

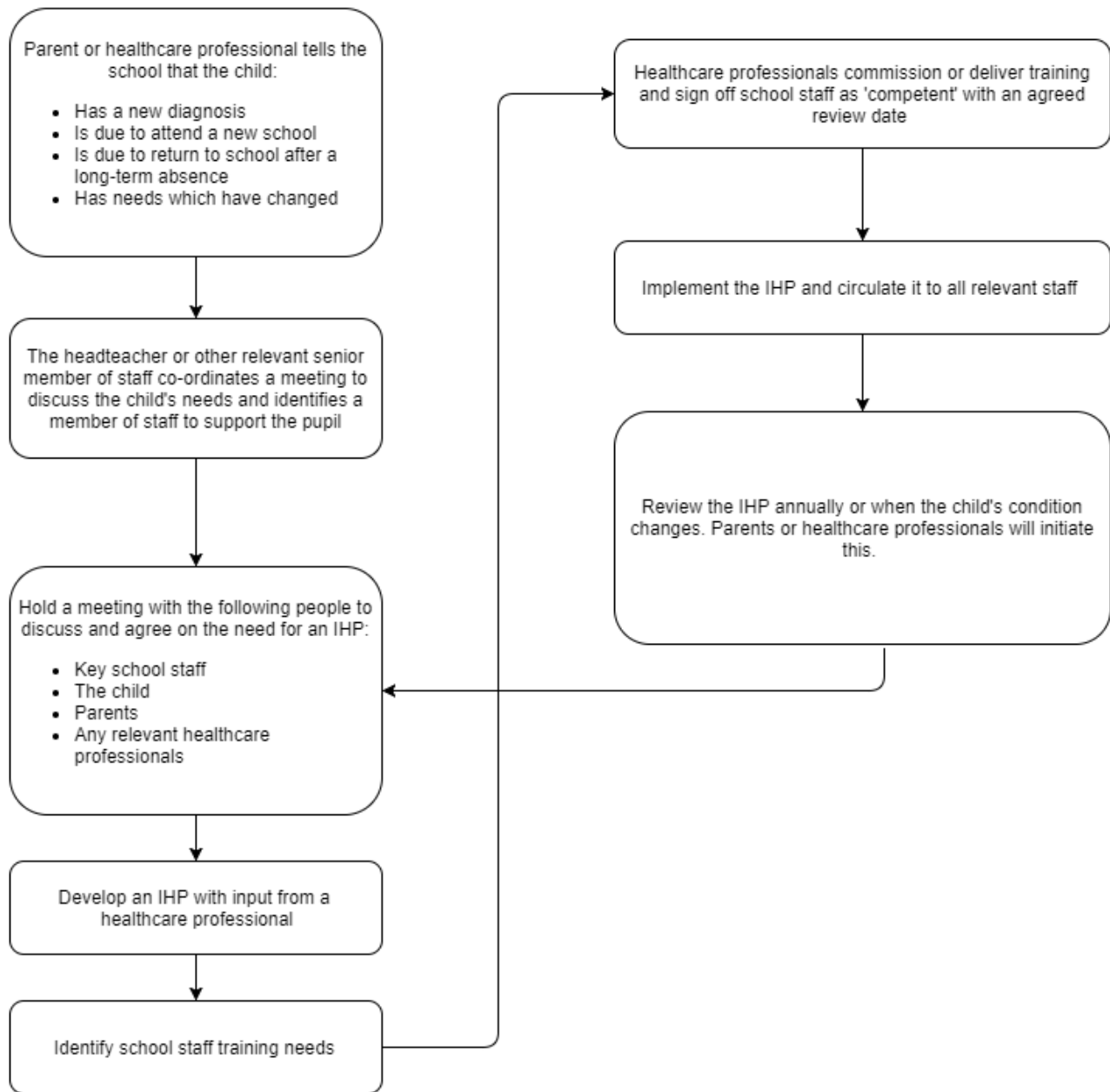
This policy will be reviewed and approved by the governing board every year.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition



Appendix 2: Children with health needs who cannot attend school policy

1. Aims

This policy aims to ensure that:

- Suitable education is arranged for students on roll who cannot attend school due to health needs
- Students, staff and parents understand what the school is responsible for when this education is being provided by the local authority

2. Legislation and guidance

This policy reflects the requirements of the [Education Act 1996](#).

It is also based on guidance provided by our local authority.

<https://www.staffordshireconnects.info/kb5/staffordshire/directory/advice.page?id=cwhbuUNF4cc>

3. The responsibilities of the school

3.1 If the school makes arrangements

Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school.

1. School initially put in place a flexible and suitable arrangement for education with a plan to return to school.
2. School recognise they require additional financial support to meet the on-going educational needs of the student due to prolonged medical absence.
3. School initiate an [Education Help Assessment](#) and Care Plan. School may approach the student Referral Unit for advice and guidance around supporting the student's education and also consider a referral for an Education Health and Care Needs Assessment.
4. School contact the Local Authority clearly stating what additional financial support is required.
5. Local Authority agrees a package of education provision to be jointly funded by school and high needs block.
6. School to manage provision and keep Local Authority updated on the case. Each case should be reviewed with a view to reintegrating the student as their medical condition improved.

School liaise with Tier 4 Education Provider to ensure suitable level of education is provided. If this education provision will incur a cost to the Local Authority, then school need to comply with the [Tier 4 CAMHS Hospital Independent Education Provision Policy](#).

3.2 If the local authority makes arrangements

If the school can't make suitable arrangements, Staffordshire Local Authority will become responsible for arranging suitable education for these children.

This protocol should be read in conjunction with the following document: [Ensuring a good education for children who cannot attend school because of health needs, statutory guidance for local authorities, published in January 2013](#).

Local authorities are responsible for arranging suitable full-time education otherwise than at school for children who reside in Staffordshire, who cannot attend school because of illness or other reasons and who therefore would not receive suitable education without such provision. This applies whether or not the child is on the roll of a school and whatever the type of school they

attend. It applies to children who are students in academies, free schools, special schools and independent schools as well as those in maintained schools.

The law does not define full-time education but children with health needs should have provision which is equivalent to the education they would receive in school. If they receive one-to-one tuition, for example, the hours of face-to-face provision could be fewer as the provision is more concentrated.

Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, Local Authorities should provide part-time education on a basis they consider to be in the child's best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science.

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.

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. (Over the course of one academic year and is attributable to one illness or condition). They should liaise with appropriate medical professionals, which include: school nurses, GP, consultant and/or CAHMS, to ensure minimal delay in arranging appropriate provision for the child. Appropriate provision relates to full-time or as full-time as the child or young person's condition allows and suitable for their age, ability, aptitude and any special educational needs or disabilities they may have.

Ensure that the education they receive is of good quality, as defined in the [Department for Education's 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 students in arranging provision. 'Hard and fast' rules are inappropriate: they may limit the offer of education to students with a given condition and prevent their access to the right level of educational support which they are well enough to receive. Strict rules that limit the offer of education a child receives may also breach statutory requirements.

Local authorities should not:

Withhold or reduce the provision, or type of provision, for a child because of how much it will cost (meeting the child's needs and providing a good education must be the determining factors)

Have policies based upon the percentage of time a child is able to attend school rather than whether the child is receiving a suitable education during that attendance.

Have lists of health conditions which dictate whether or not they will arrange education for children or inflexible policies which result in children going without suitable full-time education (or as much education as their health condition allows them to participate in).

In cases where the local authority makes arrangements, the school will:

- Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the student
- Share information with the local authority and relevant health services as required
- Help make sure that the provision offered to the student is as effective as possible and that the child can be reintegrated back into school successfully
- When reintegration is anticipated, work with the local authority to:
 - Plan for consistent provision during and after the period of education outside the school, allowing the student to access the same curriculum and materials that they would have used in school as far as possible
 - Enable the student to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school)
 - Create individually tailored reintegration plans for each child returning to school
 - Consider whether any reasonable adjustments need to be made

4. Monitoring arrangements

This policy will be reviewed annually by Assistant Headteacher for Inclusion. At every review, it will be approved by the full governing board.

5. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Supporting students with medical conditions

Appendix 3: Asthma care

5 STEP RULE

HOW TO DEAL WITH AN ASTHMA ATTACK

-  **1 SIT UP AND STAY CALM**
DO NOT LIE DOWN
-  **2 TAKE SLOW STEADY BREATHS**
-  **3 TAKE 1 PUFF OF RELIEVER INHALER** USUALLY BLUE **EVERY MINUTE** USE A SPACER IF AVAILABLE
PEOPLE AGED 6+ – UP TO 10 PUFFS IN 10 MINS
CHILDREN UNDER 6 – UP TO 6 PUFFS IN 10 MINS
-  **4 CALL 112 OR 999 IF YOUR SYMPTOMS DO NOT IMPROVE AFTER 10 MINUTES**
-  **5 REPEAT STEP 3 IF AN AMBULANCE HAS NOT ARRIVED IN 10 MINUTES**

IF SOMEONE HAS AN ASTHMA ATTACK:

- Do not leave them on their own.
- Extra puffs of reliever inhaler (usually blue) are safe.

Appendix 4: Anaphylaxis care

If someone appears to be going into anaphylactic shock, call 911 and then:

1. Get them into a comfortable position and elevate their legs. This keeps blood flowing to the vital organs.
2. If they have an EpiPen, administer it immediately.
3. Give them CPR if they aren't breathing until the emergency medical team arrives.