

SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

Local Authority Guidance for Schools

January 2018

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Appendices

Appendix 1: 'Supporting pupils at school with medical conditions' – Statutory guidance DfE

Appendix 2: Model 'Medical Conditions Policy' for schools

Templates

Templates A-G (DfE document and provides the full range of templates/proformas that you may need in order to support pupils with medical needs in schools)

1. Introduction

1.1 Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions. In response to this, the DfE published statutory guidance, 'Supporting pupils at school with medical conditions' in September 2014, updated December 2015 (Appendix 1). The local authority guidance is based on this document.

1.2 In this guidance, references to 'governing body' include proprietors in academies and management committees of PRUs.

2. Key Points

2.1 Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

2.1 Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.

2.2 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 properly understood.

3. What Do Schools Need to Do?

Policies

3.1 Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff. A model 'Medical Conditions Policy' for schools (Appendix 2) has been devised between schools in Bath and North East Somerset and the local authority and may be adapted.

Individual Healthcare Plans

3.2 Governing bodies should ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions. The school nurse, when notified by parents/carers, will notify the school when a child has been identified as having a medical condition which requires support in school. Or the school may contact the School Nurse if they become aware of a medical condition. The school nurse can also advise the school on implementing the child's individual healthcare plan. Where the medical needs are more complex school will also liaise with specialist nurses such as Dietetic nurses or the Lifetime nurses.

3.3 An individual healthcare plan may be essential if a pupil's condition tends to fluctuate, however, not all pupils will require one and it will be determined as to how appropriate and proportionate it is to the medical condition. If an agreement cannot be reached, the head teacher is best placed to take the final view. Please note that if a school receives healthcare funding from the local authority, then it is a requirement that the pupil has an individual healthcare plan.

3.4 If a pupil has medical needs and is on SEN Support their special educational needs should be mentioned in their individual healthcare plan. If the pupil has a statement or an Education, Health and Care Plan (EHCP), the individual healthcare plan should be linked to or become part of the statement or EHCP.

3.5 The information recorded in an individual healthcare plan should include details of the medical condition, their symptoms and the pupil's resulting needs. Details of medication and support needs should be detailed in the plan, as well as instructions as to what to do in an emergency. A model individual healthcare plan has been provided for your use (Template A).

3.6 Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional. A model letter inviting parents to contribute to individual healthcare plan development has been provided (Template G). Pupils should be involved as appropriate. Plans should be reviewed at least annually.

Training

3.7 Governing Bodies should ensure that the school's policy sets out the training needs of any member of school staff who provides support to a pupil with medical needs and how this will be reviewed. A template to record staff training regarding the administration of medicines has been provided (Template E).

3.8 The school's policy should also set out arrangements for whole-school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy.

Managing Medicines on School Premises

3.9 The governing body should ensure that the school's policy is clear about the procedures to be followed for managing medicines.

3.10 Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

3.11 No child under 16 should 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 child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting

their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered.

3.12 A child under 16 should never 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.

3.13 Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

3.14 Schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. Parents should also sign a permission form for the administration of the medication.

No member of staff is obliged to administer medicine (unless it is specifically in their contract of employment) and the Head Teacher has to agree to administer the medicine or if not, the parents / other 'named person' must administer the medicine.

3.15 All medicines should be stored safely. Pupils and school staff should know where their medicines are at all times and be able to access them immediately.

3.16 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. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should only be held on school premises following agreement from health professionals, a specific medication plan will need to be in place and advice should be sought from the Designated Medical Officer /Designated Clinical Officer. Any medication that may be required in an emergency needs to be easily accessible. A record should be kept of any doses used and the amount of the controlled drug held.

3.17 School staff (who have agreed to administer) 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. Schools should keep a record 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 in school and parents informed immediately if side effects are observed.

3.18 Three templates from the DfE have been provided with regard to managing medicines on school premises:

- Template B: parental agreement for setting to administer medicine.

- Template C: record of medicine administered to an individual child
- Template D: record of medicine administered to all children

Emergency procedures

3.19 Governing bodies should ensure that the school's policy sets out what should happen in an emergency situation. A model template is provided (Template F). There should already be arrangements in place in school for dealing with emergencies for all school activities. Where a child has an individual healthcare plan it should clearly define what constitutes an emergency and explain what to do. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives.

Day trips, residential visits and sporting activities

3.20 Governing bodies should 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.

3.21 Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits.

3.22 Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.

Unacceptable practice

3.23 Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable. It is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and 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 for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied 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 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; or
- 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.

Liability and indemnity

3.24 Governing bodies of maintained schools should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. Proprietors of academies should ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangement (RPA).

4. Funding

4.1 It is the expectation that schools use their funding of up to £6000 to support pupils with medical conditions. If a school is unable to meet the needs of pupils within this resource, then the head teacher may apply to the local authority for additional funding. In applying to the local authority, the head teacher will need to specify:

- What reasonable adjustments are in place at present.
- How the £6000 is being used (in detail).
- What outcomes are being met and which outcomes are not being met.
- Why further funding is required and how it will be spent.

Medical funding is considered for those pupils who have health needs. Pupils with medical needs may or may not have additional special educational needs and disabilities, however, the funding for this provision is separate and covered through the usual SEND processes.

4.2 The local authority will also need the school to provide evidence from a medical professional of the medical condition of the pupil and also an individual healthcare plan.

4.3 Once the local authority receives a request for medical funding, the case will be taken to the SEND Panel where representatives from health, social care and education attend and a decision will be made as to whether to issue funding or not. The local authority will expect the school to undertake reviews annually and for the paperwork, including an updated IHP, to be sent to us for consideration to continue with the funding. Schools may decide that funding from the local authority is no longer required and this should be made clear in the paperwork.

4.4 The Local Authority acknowledges that the funding of £6000 for each pupil with an individual healthcare plan or Education, Health and Care Plan (EHCP) becomes impractical when an above average number of children with either of these plans are located within the same school. It has therefore been agreed with schools that additional support will be available to schools where the number of children with either a medical healthcare plan or an EHCP exceeds the average. This will be allocated using the same formula that LA uses to administer additional funding for schools with an above average number of EHCP's via the High Needs Targeted Support Funding.

Applications for medical funding should be sent to:

SEND Panel
SEN Team
Education Inclusion Service
Lewis House
Manvers Street
Bath
BA1 1JQ

5. When a child cannot attend school due to medical needs

5.1 The DfE has produced statutory guidance regarding children who cannot attend school because of medical needs, 'Ensuring a good education for children who cannot attend school because of health needs.' (January 2013). This document can be accessed at:

<https://www.education.gov.uk/g00219676/special-health-needs-education>

5.2 The local authority has produced a policy statement, 'Bath and North East Somerset Policy Statement: Ensuring a good education for children who cannot attend school because of health needs.' For further information, please contact the Hospital Education and Reintegration Service (HERS) – 01117 9864791 Ext. 264

6. Further Useful contacts

- Children Missing Education Service – 01225 394245
- Disabled Children's Team - 01454615165
- Education Inclusion Service – 01225 477980

- Education Other Than At School (EOTAS) Officer – 01225 394307
- Educational Psychology Service – 01225 394901
- SEND Partnership Service 01225 394382/ Text: 07530 263401 .Please note the SEND Partnership Service helpline is open 10am-3pm Monday-Thursday an answer phone operates outside of these hours
- Statutory Special Educational Needs Service – 01225 394306
- School Nurses – 01225 831666