



Avenue

CENTRE FOR EDUCATION

Supporting Students with Medical Conditions Policy 2023 - 2024

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Introduction:

On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance in this policy is intended to help the management committee at ACE to meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all pupils with medical conditions, in terms of both physical and mental health, are properly supported at ACE so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Parents of pupils 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 pupil'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 ACE will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support they provide, ACE will establish relationships with relevant local health services to help them. It is crucial that we 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. Pupils 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 pupil's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into ACE will be properly supported so that any pupil with medical conditions will fully engage with learning and not fall behind if 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 be effectively managed and appropriate support put in place to limit the impact on the pupil's educational attainment and emotional and general wellbeing.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case the management committee **will** 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 pupils with SEN, this guidance will be read in conjunction with

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.

The role of the management committee:

In meeting the duty to make arrangements to support pupils with medical conditions, functions can be conferred on a management committee member, the head teacher, or other member of staff as appropriate. Help and co-operation can also be enlisted from other appropriate persons. The approach to meeting the duty will be taken in light of the statutory guidance which will inform ACE and others about what needs to be done in terms of implementation. The management committee remains legally responsible and accountable for fulfilling their statutory duty.

The management committee will:

- Ensure that arrangements are in place to support pupils with medical conditions. In doing so they will ensure that such pupils can access and enjoy the same opportunities at school as any other pupil
- Take into account, in making their arrangements, that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others
- Therefore, ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- Ensure that their arrangements give parents and pupils confidence in the ACE's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a pupil's ability to learn, as well as increase their confidence and promote self-care
- Ensure that staff are properly trained to provide the support that pupils need.
- Ensure that no pupil with a medical condition will be denied admission or prevented from taking up a place at ACE because arrangements for their medical condition have not been made.
- Ensure, in line with their safeguarding duties, that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a pupil at ACE where it would be detrimental to the health of that pupil or others to do so.
- Ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and will ensure that policies, plans, procedures and systems are properly and effectively implemented - this aligns with their wider safeguarding duties.

The management committee will ensure that this policy is reviewed regularly and is readily accessible to parents and school staff.

Effective strategy implementation:

To be effective in supporting pupils with medical conditions, we:

- include a named person who has overall responsibility for policy implementation
- include a named person who is responsible for ensuring that sufficient staff are suitably trained
- ensure that all relevant staff will be made aware of the pupil's condition
- ensure risk assessments for school visits, holidays, and other school activities outside of the normal timetable are in place
- monitor individual healthcare plans.
- implement procedures to be followed when notification is received that a pupil has a medical condition
- ensure procedures are in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupils' needs change, and arrangements for any staff training or support.
- ensure arrangements are in place, for pupils starting at ACE, in time for the start of the relevant school term. In other cases, such as a new diagnosis or pupils starting mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

NB: We do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be made about what support to provide based on the available evidence. This will normally involve some form of medical evidence and consultation with parents. Where there is conflicting evidence, some degree of challenge will be necessary to ensure that the right support can be put in place.

Individual healthcare plans:

Individual healthcare plans can ensure that, at ACE, 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 pupils will require one. ACE, the healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view. (*See flowchart*)

The level of detail within plans will depend on the complexity of the pupil's condition and the degree of support needed. This is important because different pupils with the same health condition may require very different support. Where a pupil has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of ACE staff or a healthcare professional involved in providing care to the pupil. Plans will be drawn up in partnership between ACE, parents, and a relevant healthcare professional, who can best advise on the particular needs of the pupil. Pupils should also be involved whenever appropriate. The aim is to capture the steps which a school should take to help the pupil manage their condition and overcome any potential barriers to getting the most from their education. Partners will need to agree who will take the

lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with ACE.

Individual Healthcare Plans are reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed. They will be developed with the pupil's best interests in mind and to ensure that ACE assesses and manages risks to the pupil's education, health and social wellbeing, and minimises disruption.

Where a pupil has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

Where a pupil is returning to ACE following a period of hospital education or alternative provision (including home tuition), we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the pupil will need to reintegrate effectively.

When deciding what information should be recorded on individual healthcare plans, the following will be considered:

- 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 – 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 at ACE needs to be aware of the pupil'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 trips or other activities outside of the normal timetable that will ensure the pupil can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Roles and responsibilities:

Supporting a pupil with a medical condition during school hours is not the sole responsibility of one person. ACE's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between ACE staff, healthcare professionals, local authorities, and parents and pupils is critical. We will therefore identify collaborative working arrangements between all those involved and how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively. The most important roles include:

- Management Committee:
 - Headteachers
 - School staff
 - School nurses
 - Other healthcare professionals, including GPs and paediatricians
 - Pupils.
 - Parents.
 - Providers of health services
 - Clinical commissioning groups (CCGs)

Staff training and support:

Any member of the ACE staff providing support to a pupil with medical needs will have received suitable training. This will have been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

ACE will liaise with the relevant healthcare professional to identify and agree the type and level of training required, and how this can be obtained. We will ensure this remains up-to-date.

Training should 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. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

ACE staff will not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for ACE to decide, having taken into consideration the training requirements as specified in pupils' individual health care plans. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. The relevant healthcare professional should be able to advise 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.

The family of a pupil will often be key in providing relevant information to ACE staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.

The pupil's role in managing their own medical needs:

After discussion with parents, pupils who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within their individual healthcare plans.

Wherever possible, pupils 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. Pupils who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a pupil to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a pupil 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 individual healthcare plan. Parents will be informed so that alternative options can be considered.

Managing medicines on school premises:

- medicines should only be administered at ACE when it would be detrimental to a pupil's health or school attendance not to do so
- no pupil 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 pupil without the knowledge of the parents. In such cases, every effort should be made to encourage the pupil 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
- a child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- we 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 inside an insulin pen or a pump, rather than in its original container
- all medicines will be stored safely. Pupils 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 should be always readily available to pupils and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips

- a pupil 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 pupil for use is an offence. Monitoring arrangements may be necessary. We will 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 will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in ACE
- ACE staff will administer a controlled drug to the pupil 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
- when no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps

Record keeping:

Written records are kept of all medicines administered to children. These records offer protection to staff and pupils and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.

Emergency procedures:

As part of general risk management processes, we have arrangements in place for dealing with emergencies for all school activities wherever they take place, including trips.

Any pupil's individual healthcare plan, 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. Other pupils should know what to do in general terms, such as informing a member of staff immediately if they think help is needed.

If any pupil needs to be taken to hospital, ACE staff will stay with the pupil until the parent arrives, or accompany any pupil taken to hospital by ambulance. We will ensure that we understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Contacting Emergency Services:

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Day trips, residential visits and sporting activities:

Arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in trips and visits, or in sporting activities, and not prevent them from doing so. Staff are aware of how a pupil's medical condition will impact on their participation, but there is enough flexibility for all pupils to participate according to their own abilities and with any reasonable adjustments. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

We will make reasonable adjustments to enable pupils with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. (See Health and Safety Executive (HSE) guidance on school trips)

Other issues for consideration:

- home-to-school transport – this is the responsibility of local authorities, who may find it helpful to be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plans¹⁰ for pupils with life-threatening conditions;
- defibrillators – sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe. Schools are advised to consider purchasing a defibrillator as part of their first-aid equipment. If schools install a defibrillator for general use, they should notify the local NHS ambulance service of its location. Staff members appointed as first-aiders should already be trained in the use of CPR and may wish to promote these techniques more widely in the school, amongst both teachers and pupils alike; and
- asthma inhalers – once regulations are changed, we will be able to hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health is publishing a protocol which will provide further information.

Unacceptable practice:

Although school staff should use their discretion and judge each case on its merits with reference to the pupil's individual healthcare plan, we regard the following practice as unacceptable to:

- prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every pupil with the same condition requires the same treatment;
- ignore the views of the pupil or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send pupils with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;

- if the pupil becomes ill, send them to the office or medical room unaccompanied or with someone unsuitable;
- penalise pupils 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 ACE to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the ACE is failing to support their child's medical needs
- prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including trips, e.g. by requiring parents to accompany the pupil.

Liability and indemnity:

The management committee has ensured that the appropriate level of insurance is in place and appropriately reflects the level of risk.

Complaints:

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with ACE. If for whatever reason this does not resolve the issue, they may make a formal complaint via ACE's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Individual Healthcare Plan



Name of school/setting				
Child's name				
Phase/Year				
Date of birth				
Child's address				
Medical diagnosis or condition				
Date				
Review date				
Family Contact Information				
Name				
Phone no. (work)				
(home)				
(mobile)				
Name				
Relationship to child				
Phone no. (work)				
(home)				
(mobile)				
Clinic/Hospital Contact				
Name				
Phone no.				
G.P.				
Name				
Phone no.				
Who is responsible for providing support in school?				

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

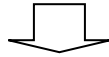
Plan developed with

Staff training needed/undertaken – who, what, when

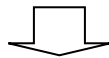
Form copied to

Model process for developing individual healthcare plans:

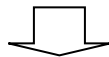
1. Parent/Healthcare professional informs ACE/school that a pupil has a medical condition or is due to return after a long-term absence, or that their needs have changed



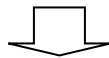
2. Head/ Health Coordinator calls a meeting to discuss the pupil's medical needs and identifies the member of staff who will provide support to the pupil



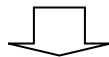
3. Meeting held to discuss and agree on the need for the Individual Healthcare Plan to include key staff, pupil, parent and relevant healthcare professionals.



4. Develop Individual Healthcare Plan in partnership with healthcare professionals and agree who leads



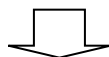
5. Staff training needs identified



6. Training delivered to staff- review date agreed



7. Individual Healthcare Plan implemented and circulated to relevant staff



8. Individual Healthcare Plan reviewed annually or when condition changes; parent/carer or healthcare professional to initiate. (Back to 3)

Letter to parent/carers to develop an Individual Healthcare Plan for their Child:

Dear Parent,

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided.

Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for **xx/xx/xx**. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend.

The meeting will involve **[the following people]**. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

(Headteacher)

Parent/carer agreement for ACE to administer medicine

ACE will not give your child medicine unless you complete and sign this form and we have a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	<input type="text"/>
Group/class/form	
Medical condition or illness	
Medicine	
Name/type of medicine <i>(as described on the container)</i>	
Expiry date	<input type="text"/>
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
NB: Medicines must be in the original container as dispensed by the pharmacy	
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to ACE staff administering medicine in accordance with the ACE policy. I will inform ACE immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

Record of medicine administered to an individual pupil

Name of school/setting				
Name of child				
Date medicine provided by parent				
Phase/ Year Group				
Quantity received				
Name and strength of medicine				
Expiry date				
Quantity returned				
Dose and frequency of medicine				

Staff signature _____

Signature of parent _____

Date									
Time given									
Dose given									
Name of member of staff									
Staff initials									
Date									
Time given									
Dose given									
Name of member of staff									
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