



## **Policy for Supporting Children at Withycombe Raleigh C of E Primary School with Medical Conditions**

### **Introduction:**

The Children and Families Act 2014 (Section 100), states that all Governing Bodies must make arrangements for supporting all children with known medical conditions. This guidance replaces previous guidance on Managing medicines in schools and early years settings published in March 2005. The aim is to ensure that children with medical conditions, in terms of 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.

### **Key Points:**

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- 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 effectively supported.
- Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and 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 children with SEN, this guidance should be read in conjunction with the SEN code of practice.
- Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

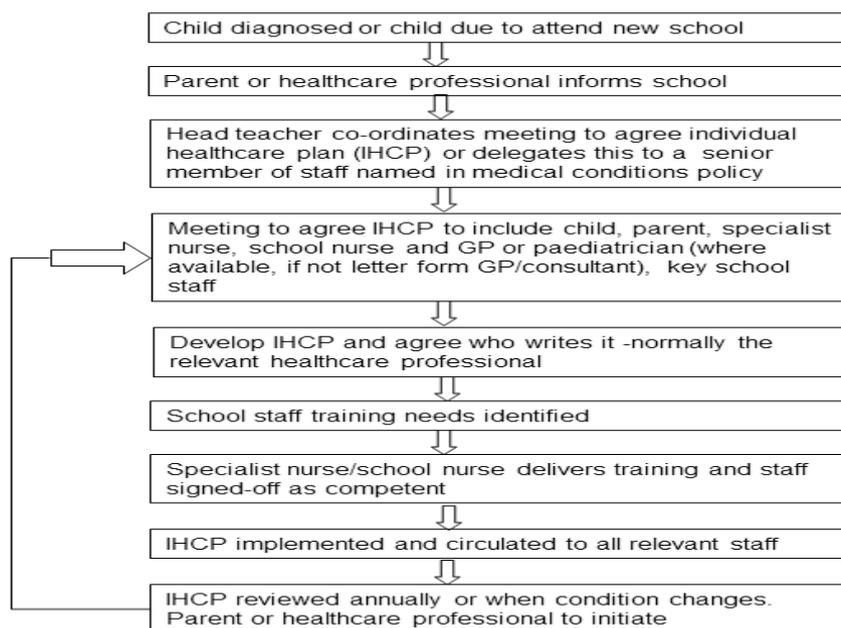
We are fortunate at Withycombe Raleigh Primary School that the main points of this new legislation have been securely in place since 2009 and are referenced currently in our 'Administering Medicines Policy and Procedures' (October 2018) and 'First Aid Policy and Procedures' (October 2018).

**Named Person for Welfare and Supporting Pupils with Medical Conditions:** Kathryn Lee, Assistant Headteacher, takes responsibility for ensuring policy implementation, including ensuring that sufficient staff are suitably trained, a commitment that all relevant staff will be made aware of the child's condition, cover arrangements in case of staff absence or staff turnover to ensure someone is always available, information for supply teachers, risk assessments for school visits and other school activities outside of the normal timetable, and monitoring of individual healthcare plans (named Critical Care Plans at Withycombe Raleigh Primary School). This is always under the direct line management and consent of Stephen Powley, Headteacher.

**Procedure to be followed when notification is received that a pupil has a medical condition:**

Governing bodies should ensure that policies set out the procedures to be followed when a school is first notified that a pupil has a medical condition, and how long these should take. This should cover any transitional arrangements between schools, or when pupil's needs change and include arrangements for staff training. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

When children start at the school, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, this should normally take no more than two weeks. A flow chart setting out the process that is followed for identifying and agreeing the support a child needs is provided below.



Schools 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 needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

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

### **Individual Healthcare Plans/Critical Care Plans:**

Our current policies cover the role of Individual Healthcare Plans in supporting pupils at school with medical conditions. Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They are likely to be helpful in the majority of cases, and especially for long-term and complex medical conditions, although not all children will require one. The level of detail within the plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Please refer to the attached sample Individual Healthcare Plans, which comply with the templates provided by the Department of Education.

Individual healthcare plans may be initiated by any member of school staff, the school nurse or another healthcare professional involved in providing care to the child. Plans must be drawn up with input from such professionals, e.g a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child and their parents. These plans are reviewed when the child's needs change or advised by parents. They should be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan should be linked to the child's statement, DAF or EHC plan where they have one.

At Withycombe Raleigh the Health Care Plans/Critical Care Plans are updated annually or when the medical situation changes and parents request an update. There is a set format used for these plans, but each is individual and can be supported by a separate Health Care Plan from the healthcare professional, e.g. the Diabetic Community Nurse Team provide care flow charts to be followed.

Training of all relevant staff (first aiders and year group staff) takes place annually or when there are changes to the medical condition. The medical professionals can no longer provide training in school as it is not part of the core offer for schools. Online resources are available and staff need to be signposted to this training. Prior to Year 6 Residential there may be the need for further training as the staffing may differ during this time, e.g. Diabetes. The specialist services will provide this still.

(Attached is a sample Individual Health Care Plan with the key information required)

Involvement of Pupils in their Individual Health Care Plan – Pupils (Key Stage Two only) with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

### **Staff Training:**

This should have been identified during the development or review of Individual Health Care 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.

The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. Schools may choose to arrange training themselves and should ensure this remains up-to-date. The core offer of the School Nurse Team has changed and training costs may be incurred by school or online resources/training to be used.

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.

### **Day trips, residential visits and sporting activities:**

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. Schools should 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.

Schools should consider what reasonable adjustments they might make to enable children 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. Please also see Health and Safety Executive (HSE) guidance on school trips.

### **Liability and indemnity:**

Governing bodies should ensure that the appropriate level of insurance is in place. It is important that policies set out the details of the school's insurance arrangements.

Policies should provide liability cover relating to the administration of medication but individual cover may need to be arranged for health care procedures associated with more complex conditions. Any requirements of the insurance such as the need for staff to be trained should be made clear.

### **Complaints:**

Governing bodies should ensure that policies set out how complaints might be made about the support provided to pupils with medical conditions. Should parents be dissatisfied with the support provided to their child they should discuss their concerns directly 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. Making a complaint to the Department for Education should only happen after other routes have been followed.

**Guidance followed in this policy is from the 'Supporting pupils at school with medical conditions  
Statutory guidance for governing bodies of maintained schools and proprietors of academies in England' (April 2014)**