

# The Downland Federation

## Supporting Pupils with Medical Conditions (including Pupils with Medical Conditions Who Cannot Attend School) Policy

**Date of last review: March 2023**

**Date of next review: March 2025**

**Version: 3**

**Monitoring and Evaluation:** Termly Monitoring of IHC Plans. Evaluating in ECM with relevant member of SLT, SENCo and HOYs.

**The Downland Federation is committed to the safeguarding  
and welfare of its students and young people**

**Status: Statutory**

The information contained within this policy and the appendix are of equal importance. For relevant information please ensure you review the policy in its entirety.

**1. Purpose**

- 1.1 Students at school with diagnosed medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- 1.2 Students with diagnosed medical conditions who cannot attend school because of their health needs should be properly supported so they can access education from their homes.
- 1.3 The Governing Board must ensure that arrangements are in place in schools to support students at school with medical conditions.
- 1.4 Governing Board 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.

**2. Introduction**

- 2.1 The schools are committed to ensuring that pupils with medical conditions receive appropriate care and support at school. This policy has been developed in line with the Department for Education's guidance – "Supporting pupils at school with medical conditions".
- 2.2 The Children and Families Act 2014 places a duty on schools to support children with medical conditions. Where children have a disability, the requirements of the Equality Act 2010 will apply. Where children have an identified special need, the SEN Code of Practice will also apply.
- 2.3 All children have a right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well. Our school will build relationships with healthcare professionals and other agencies in order to support effectively pupils with medical conditions.
- 2.4 Pupils who are not able to attend school because of their medical conditions will be provided by the school with a range of learning activities appropriate to their ability and to the state of their health.
- 2.5 It may be appropriate for pupils who are absent from school for extended periods of time (for example for over a term) to be provided with support from the Medical Home Tuition service.
- 2.6 Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, Governing Board must 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 children with SEN, this guidance should be read in conjunction with the SEN policy/Code of Practice.

- 2.7 For students 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.

### **3. Definition of medical needs**

- 3.1 All 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. In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children 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.

### **4. Individual Health Plans**

- 4.1 Governing Board should ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting students at school with medical conditions. Individual healthcare plans can help to ensure that schools effectively support students 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. This is especially true where medical conditions are long-term and complex. However, not all children will require one. The school, 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.
- 4.2 The Individual Health Care Plans (IHCP) will be created by HOYS/SENCo/Student managers. They will be shared with parents and staff. Once an IHCP has been agreed by parents and staff it is to be shared with the relevant member of SLT, SENCo, HOY, Student Manager, SEN administrator and teaching staff, including all PE staff. The SEN administrator will keep a central list of IHCPs and this will be updated every time a new IHCP is created. At The Downs School, students' IHCPs are stored on SIMS in the students' linked documents pages. At Compton and Beedon they are stored in the Staff shared area.
- 4.3 At Beedon & Compton Primary the IHCP will be shared with relevant staff to include class teacher, SENCO and the Associate Headteacher/Director of Primaries
- 4.4 The IHCPs will be reviewed termly by the creator and parents. They will be monitored by the relevant member of SLT in ECM meetings with the HOY, SENCo and Student Manager at TDS. SENCO, class teacher and parent will do so for the Primaries.
- 4.5 Students with long-term medical conditions that prevent them from coming into school may be given access to live lessons via platforms such as Teams. When planning this provision, it is important to consider the workload implications for teaching staff and the potential impact the delivery of the provision may have on the learning of other students. The provision of live lessons for students displaying

emotionally based school avoidance will only occur as part of a clearly defined plan to reintegrate the student into school-based learning.

## 5. Roles and Responsibilities of Governors, Headteachers and staff

- 5.1 **Governing Board** – must make arrangements to support students with medical conditions in school, including making sure that a policy for supporting students with medical conditions in school is developed and implemented. They should ensure that students with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing Board should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to students with medical conditions are able to access information and other teaching support materials as needed.
- 5.2 **Headteachers/Director of Primaries** – should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support students in this way. They should contact the school nursing service in the case of any child 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.
- 5.3 **SENCo / HOY Team** – The named team responsible for children with medical conditions is the SENCO / HOY team. The SENCO / **HOY** Team is responsible for informing relevant staff of medical conditions for students. With the relevant members of SLT, arranging training for identified staff and regularly reviewing training needs. Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information. When required, developing, monitoring and reviewing Individual Healthcare Plans for students. Working together with parents, pupils, healthcare professionals and other agencies, including the Medical Tuition Service for pupils who are absent from school because of their health conditions for extended periods of time.
- 5.4 **School staff** – any member of school staff may be asked to provide support to students with medical conditions, including the administering of medicine, although they cannot be required to do so. Although administering medicine is not part of teachers' **professional** duties, they should take into account the needs of those students they teach, should they have any medical conditions. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help. When running trips, it includes writing risk assessments for activities outside of a normal timetable.

- 5.5 **School nurses** – every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition that will require support in school. Wherever possible, they **should** do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff in implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.
- 5.6 **Other healthcare professionals, including GPs and paediatricians** – should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing **healthcare** plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).
- 5.7 **Students** – 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 students will often be sensitive to the needs of those with medical conditions.
- 5.8 **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.

## 6. Procedure for creating an IHCP

- 6.1 The named person will liaise with relevant individuals, including as appropriate, parents, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child. Where appropriate, an Individual Healthcare Plan will be drawn up.

## 7. Individual Healthcare Plans (IHCPs)

- 7.1 An IHCP will be written for pupils with a medical condition that is long term and complex. It will clarify what needs to be done, when and by whom and include information about the child's condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency. Where a child has SEN but does not have a statement or Education, Health and Care plan, their special educational needs will be mentioned in their IHCP. IHCPs will be reviewed annually or earlier dependent upon the changes in the medical needs.

## 8. Administering medicines

8.1 Except in exceptional circumstances, written consent from parents must be received before administering any medicine to a child at school. Medicines will only be accepted for administration if they are:

- Prescribed;
- 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 be in date but will generally be available inside an insulin pen or pump, rather than in its original container;
- Medicines should be stored safely. Children should know where their medicines are at all times;
- Written records will be kept of all medicines administered to children;
- Pupils who are competent to manage their own health needs and medicines, after discussion with parents/carers will be allowed to carry their own medicines and relevant devices or will be allowed to access their medicines for self-medication.

## **9. Action in emergencies**

9.1 Medical emergencies will be dealt with under the school's emergency procedure.

9.2 Where an Individual Healthcare Plan is in place, it should detail what constitutes an emergency.

9.3 A member of staff should stay with the pupil until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance.

## **10. Activities beyond the usual curriculum**

10.1 Reasonable adjustments will be made to enable pupils with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum.

10.2 When carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted where appropriate.

## **11. Unacceptable practice**

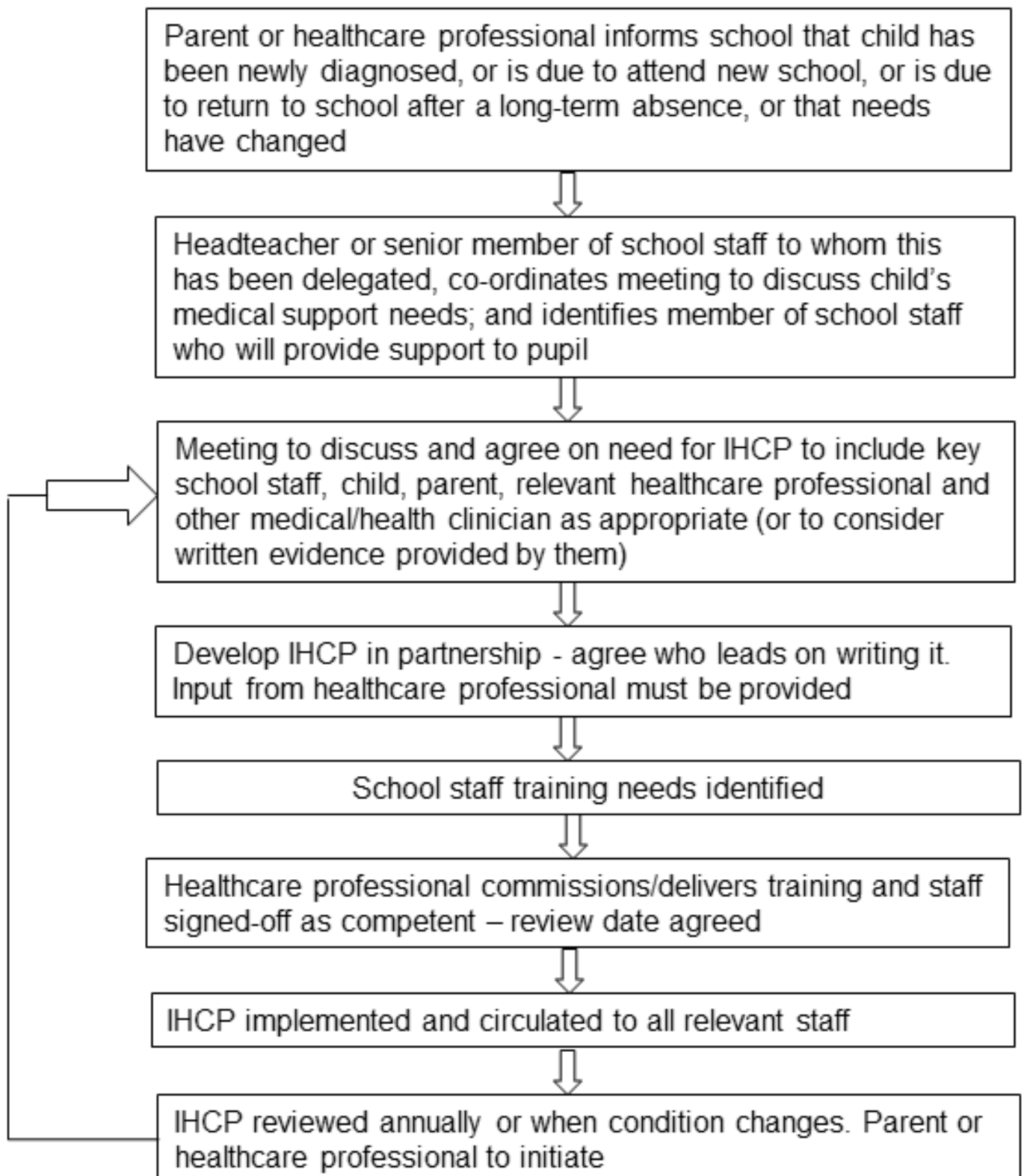
11.1 The following items are not generally acceptable practice with regard to children with medical conditions, although the school will use discretion to respond to each individual case in the most appropriate manner.

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assuming that every child with the same condition requires the same treatment;
- ignoring the views of the child or their parents; or ignoring medical evidence or opinion, (although this may be challenged);
- sending children 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 child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable;
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- requiring parents, or otherwise making them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues;
- preventing 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.

## **12. Complaints**

- 12.1 An individual wishing to make a complaint about actions regarding the school's actions in supporting a child with medical conditions should discuss this with the school in the first instance. If the issue is not resolved, then a formal complaint may be made by following the procedure as set out in the school's Complaints Policy.





**The Downland Federation: Individual Health Care Plan**

Student Name and Address	Year Group and DOB	Medical diagnosis or condition	Photo (below)

<b>Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc</b>	
<b>Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision</b>	
<b>Daily care requirements</b>	
<b>Specific support for the pupil's educational, social and emotional needs</b>	
<b>Recommended strategies for teaching staff to use to support student</b>	
<b>Family contact information: Name, address, phone number, relationship to child: All information must be included.</b>	
<b>Arrangements for school trips / visits</b>	
<b>Describe what constitutes an emergency and action taken if this occurs. Include who is responsible in case of an emergency.</b>	
<b>Staff training needed / undertaken (if needed)</b>	
<b>Date plan created</b>	<b>People with whom plan has been shared</b> (should always include AHT (SP), tutor, classroom teachers, SENCO, PE teachers, student, student's parents)
Review date:	
Signed:	(Parent / Carer)
Signed:	(HOY / SENCo)
Signed:	(Student)

**Clinic/Hospital Contact**

Name

Phone no.


**G.P.**

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Name

Phone no.

Who is responsible for providing support in school

**What information should be recorded on SIMS?**

**Have you passed this information to: LCL, GPR and Reception.**

### **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 or What Three Words
4. State the postcode: RG20 6AD
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

**Model letter inviting parents to contribute to individual healthcare plan development**

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting students 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 the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, students, 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 student support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours faithfully

## Appendix A: Statutes Relevant to the Policy

- Section 2 of the Health and Safety at Work Act 1974, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.
- Under the Misuse of Drugs Act 1971 and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child who has been prescribed a controlled drug.
- The Medicines Act 1968 specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.
- Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provides that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation.
- The Special Educational Needs and Disability Code of Practice<sup>14</sup> Section 19 of the Education Act 1996 (as amended by Section 3 of the Children, Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full-time, or such part-time education as is in a child's best interests because of their health needs.