



# Supporting pupils with medical needs

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## Table of contents

<b>Table of contents</b>	<b>2</b>
<b>Elliot Foundation Academies Trust Values</b>	<b>3</b>
<b>Related policies, documents and resources:</b>	<b>4</b>
<b>Definitions</b>	<b>4</b>
<b>Policy statement, objectives and aims</b>	<b>5</b>
<b>Definition of Medical Conditions</b>	<b>6</b>
<b>Roles and Responsibilities</b>	<b>6</b>
<b>Individual Healthcare Plans (IHCP)</b>	<b>8</b>
<b>Administration of medication</b>	<b>9</b>
<b>Activities and trips procedures</b>	<b>10</b>
<b>Procedure following the notification of a pupils medical condition</b>	<b>10</b>
<b>Procedure for managing a medical emergency</b>	<b>11</b>
<b>Unacceptable practice and behaviour</b>	<b>12</b>
<b>Complaints Procedure for Parents and Carers</b>	<b>12</b>
<b>Appendix 1: Relevant safeguarding legislation</b>	<b>13</b>

# Elliot Foundation Academies Trust Values

## 1. Put children first

- a. We trust and value your professionalism
- b. We share the responsibility for the learning and welfare of all of our children
- c. Our purpose is to improve the lives of children

## 2. Be safe

- a. Don't assume that someone else will do it
- b. Look after yourself, your colleagues and all children
- c. We are all responsible for each other's safety and well being
- d. Discuss any concerns with an appropriate member of staff

## 3. Be kind & respect all

- a. People are allowed to be different as are you
- b. Kindness creates the positive environment we all need to flourish
- c. This kindness should extend to ourselves as well as to others

## 4. Be open

- a. If you can see a better way, suggest it
- b. If someone else suggests a better way to you, consider it
- c. We exist to nurture innovators and support those who take informed risks in the interests of children

## 5. Forgive

- a. We all make mistakes
- b. Admit them, learn from them and move on

## 6. Make a difference

- a. Making the world a better place starts with you
- b. Model the behaviour that you would like to see from others

## 1. Related policies, documents and resources:

[Supporting pupils at school with medical conditions](#) (Department for Education 2015) is statutory and non-statutory guidance that the appropriate authorities must regard when carrying out their statutory duty to make arrangements to support pupils at school with medical conditions.

This policy should be read in conjunction with the following documents:

- [Special Educational Needs and Disability \(SEND\) Code of Practice: 0 to 25 years](#)
- [Statutory framework for the early years foundation stage](#) (mandatory framework for all early year providers)
- [School Admission Code](#) (statutory guidance)
- [Education Inspection Framework](#)
- [Children and Families Act 2014](#)

Other relevant documents:

- [TEFAT's Safeguarding Policy](#)
- [TEFAT's Concerns and Complaints Policy](#)
- [TEFAT's Health and Safety Policy](#)
- [TEFAT's Anti-Bullying Policy](#)

## Definitions

- Where the word 'Trust' is used in this document it refers to The Elliot Foundation Academies Trust, the responsible body

## 2. Policy statement, objectives and aims

- 2.1. The Trust is committed to ensuring that all pupils on roll, regardless of any medical conditions, can enjoy school life to their full potential and play an active role in their school community whilst remaining safe and healthy. Within the Children and Families Act 2014, there is a duty on the proprietors of academies to ensure that the necessary arrangements are in place to support pupils at school who have a medical condition.
- 2.2. Pupils who have a medical condition should have the support they need to access the entire education offer fully. This includes making sure arrangements are in place for extra-curricular activities or trips that will allow pupils with medical needs to be able to participate to the fullest extent, as well as supporting their physical and emotional needs.
- 2.3. Where children are considered to be disabled as defined with the Equality Act 2010, duties under this Act must be complied with. In the instance that they are also a pupil with special educational needs (SEN) or they have an Education, Health and Care plan (EHCP) this policy should be read in conjunction with the SEND Code of Practice and the locally owned SEND Information Report and Accessibility Plan.
- 2.4. The key objectives are to:
- Provide parents, pupils and staff with an understanding of how schools will support their pupils with medical conditions with key roles and responsibilities identified
  - Ensure that schools have effective support and systems in place to administer medication to pupils in their care
  - Demonstrate how schools will ensure pupils have equal access to the schools education offer
- 2.5. The key aims are to:
- Reassure parents that the Trust and the school your child attends can appropriately support any child with a medical need and keep them safe
  - Adopt and follow any statutory policy or guidance in regard to supporting a pupil with medical needs
  - Provide any necessary training or support for staff that is required
  - Ensure that accurate information is held regarding any pupil with medical needs and parents are regularly communicated with and vice versa
  - Work with parents and pupils to create and implement an Individual Healthcare Plan (IHCP) that ensures safe and healthy participation in school life

### **3. Definition of Medical Conditions**

Medical Conditions can be defined as:

- Short-term medical conditions; this could be a condition that affects a pupil's ability to participate due to being on a course of medication
- Long-term medical conditions; this could be a condition that fundamentally limits a pupil's access to education and requires ongoing support through an IHCP

### **4. Roles and Responsibilities**

It is the responsibility of the Trust, Principal and staff to ensure that pupils living with a medical condition are supported effectively and treated equally to their fellow pupils. It is essential that members of the school and wider community work together collaboratively through effective partnerships to ensure that these responsibilities are met.

#### **4.1. The role of the Trust Board:**

- Ensure that arrangements in place are sufficient to meet statutory responsibilities and that policies, plans, procedures and systems are properly and effectively implemented.
- Recognise that 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 can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.
- Ensure that through the DfE Risk Protection Arrangement the appropriate insurance policy is in place to provide liability cover relating to the administration of medication

#### **4.2. The role of the Principal:**

- Responsible for ensuring pupils with medical needs are able to participate fully within daily school life and engage fully with the education offer of the school
- Responsible for policy delivery at the school, ensuring that individuals are made aware of their responsibilities and roles
- Identifying a named individual at the school who is responsible for ensuring pupils with medical needs are supported and their individual needs are met
- Ensure that risk assessments or arrangements for extra curricular activities, trips etc are in place, known by all staff who are providing support and reviewed regularly

- Ensure that training provided is sufficient to enable staff to be competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in IHCPs. Staff need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- To monitor and review staff training and regularly assess the level of training staff have received, detailing who and how training will be provided
- Overall responsibility for the development of a pupils IHCP and to monitor and review the plan with parents and pupils involved
- Ensure that there are staff available who can deliver any care required as detailed in an IHCP, which includes contingency or emergency plans
- Ensure that there are no unnecessary safeguarding risks to the child or other children, for example in the case of infectious diseases. In this case, schools do not have to accept a child into the academy if it is detrimental to the health of the child or others at that point in time
- Ensures that the systems, procedures and plans are in place and that they are effectively monitored and implemented

#### **4.3. The role of all school staff:**

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- 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 pupil with a medical condition needs help.
- Actively encourage other pupils to think and act sensitively towards their peers who may have a medical condition
- Staff who are responsible for assisting in the administration of medication cannot be held accountable for any side effects to medication which they are not made aware of.

#### **4.4. The role of those responsible for local governance:**

- Encourage a culture where pupils with medical conditions feel supported to contribute positively to school life and ensure that such pupils can access and enjoy the same opportunities at school as any other pupil
- Encourage recognition of the educational, social and emotional implications that can be associated with medical conditions and the importance of parents' confidence that school will provide effective support for their child's medical condition and that pupils feel safe.

#### **4.5. The role of parents and carers:**

- In the first instance, parents are responsible for notifying the school of their child's condition
- It is essential that school staff work and liaise with parents to ensure that pupils needs are met through effective ongoing communication
- Parents are responsible for keeping staff up-to-date with changes or updates in their child's condition that may affect their time at school
- Parents should be a part of the development and review of their child's IHCP and ensure that any actions from the IHCP are fulfilled on their part, for example providing medicine or specialist equipment
- Parents are available and contactable at all times or there is an alternative individual that is contactable if they are unavailable, in case of an emergency

#### **4.6. The role of pupils:**

- Pupils should be involved, where of an appropriate age so to be, with the ongoing development and discussion of their own IHCP
- Peers should be sensitive and consider the feelings and needs of pupils with medical conditions,

### **5. Individual Healthcare Plans (IHCP)**

- 5.1. An Individual Healthcare Plan (IHCP) is put in place for a pupil with ongoing medical needs who requires support on a long term or continual basis. The plan should demonstrate how the school will effectively support the child as well as determine who is responsible for providing the support within school.
- 5.2. The IHCP should be updated whenever there are changes to the pupils' condition and reviewed annually. The school, parents/carers, pupils, any staff involved and if necessary, a healthcare professional should be involved with the process. If a pupil has SEN but not an Education and Healthcare Plan (EHCP), it should also be noted in their IHCP.
- 5.3. Any arrangements set out for pupils must demonstrate an understanding of how their medical needs can impact the ability to learn and participate, as well as encourage self-care and build confidence. Pupils with medical conditions must have full access to the entire education offer which may involve a degree of flexibility and part-time study, these must be considered and should be detailed in the IHCP.
- 5.4. Where appropriate or necessary, schools may want to consider or seek support from external healthcare professionals who may provide support for



developing IHCPs or provide support for more common healthcare problems such as asthma, epilepsy, diabetes etc.

5.5. The following information can be included as part of the IHCP:

- Details of the medical condition
- Symptoms/signs to be aware of or triggers for the condition
- Needs as a result of their condition; medication and details of the medication, specialist equipment, any arrangements to get around the school building etc.
- Support for the educational, social and emotional development of the pupil. This may include managing absence or lateness due to appointments, extra time for school work or examinations, catch up sessions for time missed or support from counselling sessions
- How much support the pupil will require, whether the pupil will manage their own medication etc. or whether a member of staff will need to assist them
- The staff who will provide areas of support for the pupil and who else in the school will need to know details of the pupils condition, this could also include external professionals. Details of what training will be provided to those who will be a part of the healthcare plan
- Written permission from parents to administer medication during school hours. Details of what arrangements will need to be made for extra-curricular activities that will ensure the pupil can fully participate safely and what risk assessments will need to be carried out
- Confidentiality concerns and how/who will be entrusted with information about the pupil's condition
- What to do in the event of an emergency and contingency arrangements
- Pupils may have an emergency healthcare plan provided by their clinician, this may be used to develop their IHP for the school

## **6. Administration of medication**

- 6.1. If administration of prescribed medication during the school day is part of the IHCP for the pupil, arrangements must be in place and staff must be appropriately trained. The school must have written permission from parents, staff and the Trust Legal and Governance Director when agreeing to allow them to administer ongoing medication in this manner.
- 6.2. The school will not administer any prescribed or non-prescribed medication to any pupil during the school day without written consent from their parent/carer. Schools should set out the circumstances in which non-prescription medicines may be administered; most likely over the counter medication such as Calpol. All medication must be in the original packaging and dosage requirements must be detailed.

### 6.3. Medication storage:

- Any medication should be kept in a controlled and secure area to avoid the risk of safety to other children.
- Named staff should only be allowed access to medication and there should be a record of access in school.
- Any prescribed medication must be clearly labelled and include instructions for dosage, when to administer and any emergency medication. Where medication is unlabelled, staff will not administer medication.
- Pupils whose medication is stored in the secure area should know where the medication is located in case of emergency

### 6.4. Pupils administering their own medication:

- If pupils are competent to do so as agreed by all parties, they should be involved in the management and administration of their own medicine where possible. If it is agreed with parents that the child is able to manage their own medication, they will be encouraged to do so.
- Some pupils may be unable to administer their own medication, therefore will require the help of staff. Staff must be trained on how to administer and if they are unavailable there must be alternative arrangements in place.
- Where a pupil refuses to follow their IHCP, including the taking of medication, they should not be forced to do so by staff, alternative options for this situation should be detailed in the IHCP. Parents should be notified of their refusal.

## 7. Activities and trips procedures

7.1. Procedures for extra-curricular activities and day trips or trips abroad should be detailed in the IHCP for the pupil. Every possible effort should be made to ensure that any pupil with a medical condition should be able to participate fully, unless a clinician or healthcare professional advises against their participation for health and safety reasons.

7.2. Members of staff accompanying pupils in such activities should be aware of the pupil's condition and how this might impact on their participation. Risk assessments and any specialist arrangements should be made prior to the activity or trip.

## 8. Procedure following the notification of a pupils medical condition

8.1. When notified by a parent, carer or health professional that a pupil has received a diagnosis for a long-term medical condition or has a short-term medical need the school must act appropriately by deciding the best course of action for that individual.

8.2. After receiving notification the following must be in place:

- Where a child has received a recent diagnosis or a pupil has arrived at the school midterm without notice of a medical need, the school must make every effort to ensure that suitable arrangements are in place within two weeks of notification
- Where a child is starting at a new school, for example beginning at the usual September start time, suitable arrangements must be in place ahead of their arrival
- Where there are reintegration arrangements or when the needs of a pupil change, procedures or any staff training required should be put in place as soon as possible

8.3. Schools do not have to wait for a formal diagnosis. Where a condition is unclear or undiagnosed, the school should make reasonable judgment on suitable action to be taken on a case by case basis, using any medical evidence and consultation with parents to ensure the right support is in place for the child.

## **9. Procedure for managing a medical emergency**

9.1. Any medical emergency or situation should be managed under the school's procedures. The Principal is responsible for ensuring that the necessary arrangements are in place for managing any emergency, including planning and risk assessing activities and events.

9.2. If a pupil has an IHCP, it should clearly detail what an emergency is in relation to their condition and what action to take in the event of an emergency. All staff should know what constitutes an emergency and the following procedure.

9.3. Pupils should be aware of what to do in an emergency situation i.e reporting to a teacher immediately

9.4. If a pupil needs to be taken to hospital, a staff member should stay with the child until parents arrive or accompany them in the ambulance if necessary.

## 10. Unacceptable practice and behaviour

Practices and behaviour towards pupils with medical conditions that fundamentally put them at risk or exclude them from participation or learning will not be tolerated.

Although school staff should use their discretion and judge each case on its merits with reference to the child's IHCP, it is not generally acceptable practice to:

- Prevent children from easily accessing their medication and/or administering their medication when and where necessary
- Assuming 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 IHCP
- Penalising children for their attendance record if their absences are related to their medical condition, such as hospital appointments
- Leaving pupils unattended or with someone unsuitable when they are feeling unwell
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, by requiring parents to accompany them
- 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. If this is identified as an issue it must be addressed through the IHCP and Trust support sought.

## 11. Complaints Procedure for Parents and Carers

- 11.1. In the case where a parent, carer or pupil is dissatisfied with the support or provision that the school has provided, they should in the first instance discuss the concerns directly with the school. If there is no resolution following the discussion with the school, the parent or carer should follow the TEFAT Concerns and Complaints Policy which can be found on the Trust website.

## Appendix 1: Relevant safeguarding legislation

This policy has due regard to the following legislation:

**Section 21 of the Education Act 2002** provides that governing bodies of maintained schools must, in discharging their functions in relation to the conduct of the school, promote the wellbeing of pupils at the school.

**Section 175 of the Education Act 2002** provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Part 3, and in particular paragraph 7 of the Schedule to the Education (Independent School Standards) Regulations 2014 sets this out in relation to academy schools and alternative provision academies.

**Section 3 of the Children Act 1989** confers a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

**Section 17 of the Children Act 1989** gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

**Section 10 of the Children Act 2004** provides that the local authority must make arrangements to promote cooperation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to co-operate in the making of these arrangements.

**The NHS Act 2006: Section 3** gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it is responsible.

**Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in, the persons for whom it is responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.

Responsible body duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

- They **must not** discriminate against, harass or victimise disabled children and young people
- They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is

anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

## Other relevant legislation

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. Paragraph 24 of the Schedule to the Education (Independent School Standards) Regulations 2014 replicates this provision for independent schools (including academy schools and alternative provision academies).