



Lawrence View Primary and Nursery School Supporting Pupils with Medical Conditions Policy

The governing body of Lawrence View Primary School recognise their duty under the Equality Act 2010 and Section 100 of the Children and Families Act 2014 to make arrangements for supporting pupils at their school with medical conditions.

1. Definition of "Medical Conditions"

1.1 Lawrence View Primary School recognises the NHS definition of "Children with Medical Conditions" as meaning:

"A long-term or lifelong health condition or illness which needs medicines for the foreseeable future."

1.2 The school does 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 or carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

2. Core considerations in making arrangements to support a pupil with a medical condition

- Children with medical conditions should access and enjoy the same opportunities at school as any other child.
- The focus of arrangements is on the needs of each individual child and how their personal medical condition impacts on their school life.
- 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.
- The school should ensure that staff are properly trained to provide the support that pupils need.
- Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils is critical. Collaborative working arrangements between all those involved will ensure that the individual needs of pupils with medical conditions are met effectively.

3. Named responsible person and responsibilities

The implementation of this policy is managed by the Special Educational Needs and Disabilities Coordinator (SENDCo). In relation to each individual pupil with a medical condition, the SENDCo will:

- ensure that sufficient staff are suitably trained
- ensure that all relevant staff will be made aware of the child's condition

- cover arrangements in case of staff absence or staff turnover ensure someone is always available.

brief supply teachers effectively

- co-ordinate the completion of risk assessments for school visits, holidays, and other school activities outside of the normal timetable; and

- monitor individual healthcare plans.

4. Procedures to be followed whenever the school is notified that a pupil has a medical condition

For children starting at Lawrence View Primary School for the first time, arrangements should 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 the school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

5. Individual Healthcare Plans

5.1 An individual healthcare plan (IHP) details exactly what care a child needs in school, when they need it and who is going to give it. This should be drawn up with input from the child (if appropriate) their parent or carer, their identified healthcare professional, school nurse and relevant school staff.

5.2 The IHP can be thought of as a type of written agreement that's drawn up with school, so it needs to be as detailed as possible. The IHP should include the following:

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

5.3 This is not an exhaustive list, and the IHP might also include other aspects of a child's care. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

5.4 The help a child needs is likely to change as time goes on, and so their IHP will need to change to reflect this. At the very least it should be reviewed annually, but must also be reviewed when associated medical advice changes or the level of care a child can do for himself / herself changes. Also included in the IHP should be:

- when it will be reviewed
- who can alter the plan and which parts they can alter
- what is the process for reviewing the plan

5.5 Once the plan is in place and the child (if applicable), parent or carer, school and healthcare professional are happy with it, the parent or carer (and child, where appropriate) should sign it, as should relevant school staff and the healthcare professional.

5.6 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 head teacher will make the final decision. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Appendix 1.

6. External Transition Procedures 6.1 Where a child is starting school for the first time, an Individual Health Care Plan will be created as detailed in (5) above.

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

6.3 Where a pupil is moving to a new school, a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and next identified education provider to support the child's successful transition.

7. Internal Transition Procedures

The SENDCo will liaise with parents and carers, and other professionals as necessary, to ensure that internal transitions are managed effectively. This may include a review of the Individual Health Care Plan with relation to staff training, location of medical equipment etc.

8. Staff Training and Support

8.1 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. The SENDCo will ensure that training remains up to date.

8.2 Any member of school staff providing support to a pupil with medical needs should have received suitable training. This should 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. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

8.3 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.

8.4 A healthcare professional, who may be the school nurse, will be asked to provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

8.5 Whole school awareness training will be undertaken so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. The relevant healthcare professional will be asked to deliver or 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. Parents and carers may add their views to any training however are not to act as the sole trainer.

9. Children managing their own medical needs

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

9.2 Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

9.3 If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

10. Managing and Administering Medicines

The school policy on Managing and Administering Medicines should be followed.

11. School Trips, Visits and Activities

11.1 Lawrence View Primary School recognises its duty to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. 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. The schools 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.

11.2 The school will consider what reasonable adjustments it might make to enable children with medical needs to participate fully and safely on visits. Individual risk assessments will be carried out 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.

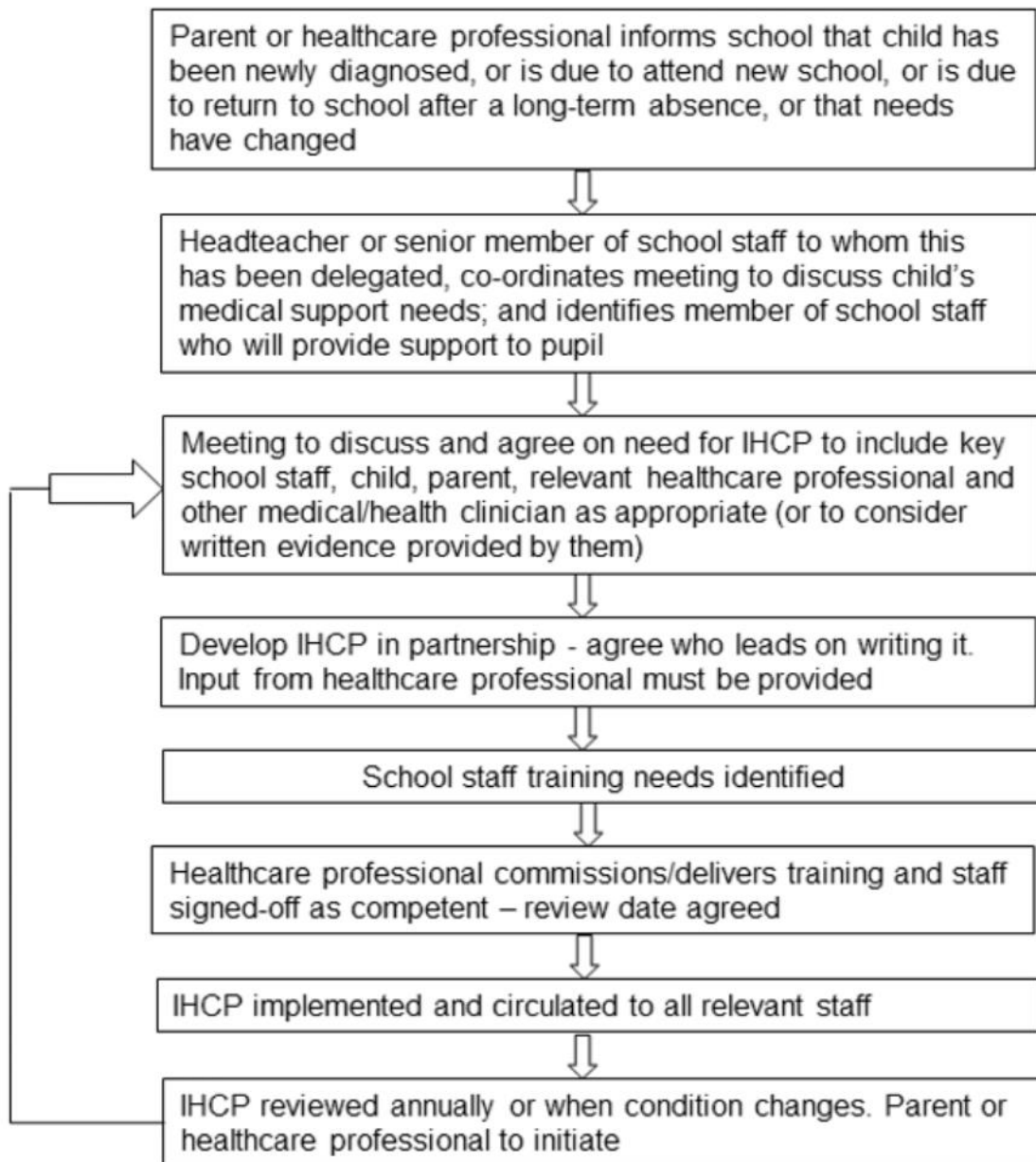
12. Liability and indemnity

12.1 The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. It is important that governors are satisfied with the details of the school's insurance arrangements which cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support.

12.2 Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with.

12.3 The governing body recognises that in the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Appendix 1: DfE model process for developing individual healthcare plans



Appendix 2: Unacceptable practice

The governing body is expected to ensure that the school's policy is explicit about what practice is not acceptable.

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

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, send them to the school office unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

