

Abbot Beyne School



Abbot Beyne

Policy:	Students with Medical Conditions
Person Responsible:	Mrs A L Stoddart
Governors' Committee:	Student and Personnel
Adopted Date:	September 2014
Revised Date:	November 2016
Next Review Date:	November 2017
Signature:	
Staff Accepted:	

The role of the Governing Body

The Governing Body of Abbot Beyne School (Governors) will ensure that arrangements are in place to support students with medical conditions. In doing so we will ensure that such students can access and enjoy the same opportunities at school as any other student.

In making our arrangements, we will take into account 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. The Governors will therefore ensure that the focus is on the needs of each individual student and how their medical condition impacts on their school life.

The Governors will ensure that our arrangements give parents / carers and students confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a student's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that students need.

The Governors will ensure that the arrangements that are put in place are sufficient to meet our statutory responsibilities and will ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with our wider safeguarding duties.

However, in line with our safeguarding duties, the Governing Body will ensure that a student's health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a student in school at times where it would be detrimental to the health of that student or others to do so.

Policy implementation

In order to implement the policy the Governors will ensure that the arrangements we set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation. These details will include:

- who is responsible for ensuring that sufficient staff are suitably trained,
- a commitment that all relevant staff will be made aware of the student's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- briefing for supply teachers,
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable, and
- monitoring of individual healthcare plans.

Procedure to be followed when notification is received that a student has a medical condition

This policy sets out the procedures to be followed whenever Abbot Beyne School is notified that a student has a medical condition. Procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when a student's needs change, and arrangements for any staff training or support. For students starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or students moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

We do not have to wait for a formal diagnosis before providing support to students. In cases where a student'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 / carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Individual healthcare plans

The development and monitoring of individual healthcare plans are an important document in supporting students at school with medical conditions. The development of which is the responsibility of Fiona Airey – Assistant Headteacher SENCO. Individual healthcare plans 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 students will require one. The school, healthcare professional and parent / carers 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. A flow chart for identifying and agreeing the support a student needs and developing an individual healthcare plan is provided at annex A.

Plans should be drawn up in partnership between the school parents / carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the student. Students should also be involved whenever appropriate. The aim should be to capture the steps which the school should take to help the student manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the

school. The Governors will ensure that plans are reviewed at least annually or earlier if evidence is presented that the student's needs have changed. They will be developed with the student's best interests in mind and ensure that the school assesses and manages risks to the student's education, health and social well-being and minimises disruption. Where the student has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

Where a student 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 education provider to ensure that the individual healthcare plan identifies the support the student will need to reintegrate effectively.

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

- the medical condition, its triggers, signs, symptoms and treatments;
- the student'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 student'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 students will be able to take responsibility for their own health needs), including in emergencies. If a student 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 student'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 student's condition and the support required;
- arrangements for written permission from parents / carers and the headteacher for medication to be administered by a member of staff, or self-administered by the student 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 student can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent / carer / student, the designated individuals to be entrusted with information about the student's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some students 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 student with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents / carers and students will be critical. An essential requirement for this and any other policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of students with medical conditions are met effectively.

Some of the most important roles and responsibilities are listed below,

- Governing Body - 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.

We will ensure that a student with medical conditions is supported to enable the fullest participation possible in all aspects of school life. The Governors will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support students with medical conditions. We will 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.

- Annabel Stoddart - Headteacher – will ensure that this 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. The Headteacher will ensure that all staff who need to know are aware of the student's condition and 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. The Headteacher has overall responsibility for the development of individual healthcare plans however the writing and monitoring of which has been delegated to Fiona Airey – Assistant Headteacher SENCO. The Headteacher will 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 student 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.
- School staff - any member of school staff may be asked to provide support to students with medical conditions, including the administering 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 students 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 students 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.

- School nurses - every school has access to school nursing services. They are responsible for notifying the school when a student has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the student starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support students with medical conditions, but may support staff on implementing a student'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 student and associated staff training needs. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to students with a medical condition.
- Other healthcare professionals, including GPs and paediatricians - should notify the school nurse when a student 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 students with particular conditions (e.g. asthma, diabetes).
- 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.
- Parents / Carers – 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 / Carers 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.
- Local authorities – are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of students so far as relating to their physical

and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support students with medical conditions to attend full time. Where students would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a student will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

- Providers of health services – should co-operate with schools that are supporting students with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children’s community nurses, as well as participation in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support students with medical conditions at school.
- Clinical commissioning groups (CCGs) – commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to student’s needs, and that health services are able to co-operate with schools supporting students with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.
- Ofsted - their inspection framework places a clear emphasis on meeting the needs of disabled children and students with SEN, and considering the quality of teaching and the progress made by these students. Inspectors are already briefed to consider the needs of students with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

Staff training and support

Any member of school staff providing support to a student 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 student with a medical condition and so extensive training may not be required. Staff who provides support to students with medical conditions should be included in meetings where this is discussed.

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 will ensure this remains up-to-date.

Whole school awareness training will take place on the September Inset Day and updated as and when appropriate.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support students 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.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting students 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 family of a student or carer will often be key in providing relevant information to school staff about how their child's needs can be met, and parents / carers should be asked for their views. They should provide specific advice, but should not be the sole trainer.

Governors will consider providing details of continuing professional development provision opportunities.

The student's role in managing their own medical needs

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

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

If a student 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 / Carers should be informed so that alternative options can be considered.

Managing medicines on school premises

- medicines should only be administered at school when it would be detrimental to a student's health or school attendance not to do so
- no student under 16 should be given prescription or non-prescription medicines without their parent's / carer's written consent - except in exceptional circumstances where the medicine has been prescribed to the student without the knowledge of the parents or carers. In such cases, every effort should be made to encourage the student to involve their parents / carers while respecting their right to confidentiality.
- a student under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents / carers should be informed
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- schools should 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 to schools inside an insulin pen or a pump, rather than in its original container
- all medicines should be stored safely. Students should know where their medicines are at all times and be able to access them immediately. Where relevant, they should 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 students and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips a student 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 student for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a student securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school

- school staff may administer a controlled drug to the student 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 students, 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 should be returned to the parent / carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

Record keeping

Written records will be kept and recorded on SIMS of all medicines administered to students, which offers protection to staff and students and provides evidence that agreed procedures have been followed. Parents / Carers should be informed if their child has been unwell at school.

Emergency procedures

Where a student has an individual healthcare plan, this should 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 students in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a student needs to be taken to hospital, staff should stay with the student until the parent / carer arrives, or accompany a student taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

This is in addition to Abbot Beyne Schools general risk management processes already in place for dealing with emergencies.

Day trips, residential visits and sporting activities

It is Abbot Beyne Schools intention to support actively students 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 student's medical condition will impact on their participation, but there should be enough flexibility for all students to participate according to their own abilities and with any reasonable adjustments. Abbot Beyne School will make arrangements for the inclusion of students in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

Abbot Beyne School will consider what reasonable adjustments it might make to enable students with medical needs to participate fully and safely on visits. A risk assessment will be undertaken to take account of any steps needed to ensure that students with medical conditions are included. This will require consultation with parents / carers and students and advice from the relevant healthcare professional to ensure that students can participate safely.

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 student’s individual healthcare plan and what it
- contains, especially in respect of emergency situations. This may be helpful in
- developing transport healthcare plans for students with life threatening conditions;

Unacceptable practice

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

- prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every student with the same condition requires the same treatment;
- ignore the views of the student or their parents / carers; or ignore medical evidence or opinion, (although this may be challenged);
- send students 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 student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise students for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents / carers, 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 / carer should have to give up working because the school is failing to support their child’s medical needs; or
- prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents or carers to accompany the child.

Liability and indemnity

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 the school policy sets out the details of the school's insurance arrangements which cover staff providing support to students with medical conditions. Insurance policies should be accessible to staff providing such support.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care 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.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Complaints

Should parents / carers or students be dissatisfied with the support provided 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 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

Further sources of information

Other safeguarding 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 well-being 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. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.

Section 3 of the Children Act 1989 provides 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 co-operation 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 well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate 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's 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's responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.

Governing Bodies' 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 that 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) provide 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 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools (including academy schools and alternative provision academies).

The Special Educational Needs Code of Practice

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.

Associated resources

Links to other information and associated advice, guidance and resources e.g. templates and to organisations providing advice and support on specific medical conditions will be provided on the relevant web-pages at [GOV.UK](https://www.gov.uk).

Annex A: Model process for developing individual healthcare plans



