

## Supporting pupils at school with medical conditions

Section 100 of the Children and Families Act 2014 places a duty on schools, academies and PRUs to make arrangements for supporting pupils at their school with medical conditions. This guidance is intended to help schools to establish and implement policies, in line with the legislation, for managing the use of medication and the implementation of medical care in schools and settings.

This guidance should be read in conjunction with statutory guidance published in September 2014 which can be found at [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/349435/Statutory\\_guidance\\_on\\_supporting\\_pupils\\_at\\_school\\_with\\_medical\\_conditions.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349435/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf)

### Key Points (from Statutory Guidance)

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

### School Policy

The governing body is responsible for making sure that there is a policy for supporting pupils with medical conditions. The policy should set out the following details and there should be a named person with responsibility for implementing the policy.

- Roles & responsibilities of: Governors, Headteacher, School staff, School Nurses, Pupils, Parents/Carers
- Staff training and support
  - How staff will be supported in their role with pupils with medical needs
  - How training needs are assessed
  - How and by whom will training be commissioned
  - Arrangements for staff absence and briefing of supply/cover staff
- Procedures for:
  - How to respond to a notification that a pupil has a medical condition, including developing an Individual Healthcare Plan
  - Managing medicines on school premises
  - Risk assessments for school visits and other school activities

- Healthcare Plans
  - Who is responsible for developing Healthcare Plans and who should be consulted
  - Roles and responsibilities in Healthcare Plans
  - Arrangements for monitoring and reviewing

### **Procedure when a pupil has a medical condition**

In Wigan a child or young person is considered to have a medical condition if their physical or mental health needs are such that, without reasonable adjustments, their attendance at school or access to the curriculum and other school activities would be compromised.

The school's procedure for pupils with medical conditions should ensure that "every effort" is made to put arrangements in place within two weeks of notification of admission or diagnosis. It could include:

- Who is responsible for developing the Healthcare Plan
- Who should contribute to the Healthcare Plan
- Consultation with parents and medical professionals
- Development of the Healthcare Plan
- Transitional arrangements between schools
- Process for reintegration or when the pupil's needs change
- Arrangements for staff training

### **Individual Healthcare Plans**

The information recorded in a Healthcare Plan could include:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments
- specific support for the pupil's educational, social and emotional needs
- the level of support needed. If appropriate, some children and young people may wish to have some responsibility towards managing their own health needs. This needs to be agreed with the child or young person and made clear within the individual healthcare plan.
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency
- 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 e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements.

A template for a Healthcare Plan is available at

[www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3](http://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3)

## **Managing medicines on school premises**

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances  
Schools should set out the circumstances in which non-prescription medicines may be administered
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Parents 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
- all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. This is particularly important to consider when outside of school premises eg on school trips
- a child 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 child for use is an offence. Monitoring arrangements may be necessary.
- school staff may administer a controlled drug to the child for whom it has been prescribed.
- Schools should keep a record of all medicines administered to individual children, 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.
- Clear arrangements regarding the safe storage of medicines need to be available to all relevant staff and the children and young people also need to know how they can access their medicines.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

## **Emergency procedures**

There should already be arrangements in school for dealing with emergencies for all school activities. Where a child has an Individual Healthcare Plan it should "clearly define what constitutes an emergency and explain what to do." If a child needs to be taken to hospital, staff should stay with the child until the parent arrives.

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

Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. The school policy must be "clear and unambiguous" about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities. Teachers should be aware of how a child's medical condition will impact on their

participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.

### **Unacceptable practice**

The statutory guidance is clear about what the school policy should say about what is not generally acceptable

#### **Unacceptable Practice** (from Statutory Guidance)

- 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 or medical room 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; or
- 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

### **CONSULTATION, IMPLEMENTATION AND REVIEW**

This guidance forms part of the [Wigan Council Accessibility Strategy 2016-19](#) and has been produced in association with parents and carers and in consultation with our schools and other partners. The Council will support schools in implementing the guidance which will be kept under regular review.

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