



HOLY CROSS CATHOLIC PRIMARY SCHOOL

Company No: 07696905
Registered Office: Queen's Drive, Swindon, Wiltshire, SN3 1AR
Tel: 01793 527679
www.holycross.swindon.sch.uk
✉: admin@holycross.swindon.sch.uk



Learn, Grow, Love, Live

Supporting Children with Medical Needs Policy (including those who cannot attend school)

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Mission Statement

Learn, Grow, Love, Live

At Holy Cross Catholic Primary School
we learn about ourselves and about the world.

We grow in faith,
we act with kindness, generosity and love
to ourselves and others.

We live life to the full and have a future full of hope.

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will seek assurance that:

- Sufficient staff are suitably trained and competent before they take responsibility for supporting children with medical conditions.
- Staff are aware of a pupil's condition, where appropriate.
- There are cover arrangements to ensure someone is always available to support pupils with medical conditions.
- Supply teachers are provided by a member of school leadership with appropriate information about the policy and relevant pupils.
- Individual healthcare plans (IHPs) are developed and monitored.
- The Headteacher and/or the Medical Need's Leader, with advice from the school nursing service, consider the items listed in 6.2 when deciding what information to record on IHPs.
- Written records are kept of all medicines administered to pupils.
- The appropriate level of insurance is in place and appropriately reflects the school's level of risk.
- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions.
- Developing and monitoring individual healthcare plans (IHPs)

The person with responsibility for implementing this policy is the Headteacher.

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.2 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so. Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.3 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment.

3.4 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs (the extent to which this is possible is dependent on the age and understanding of the child).

3.5 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

4. Equal opportunities

Our school is clear about the need 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.

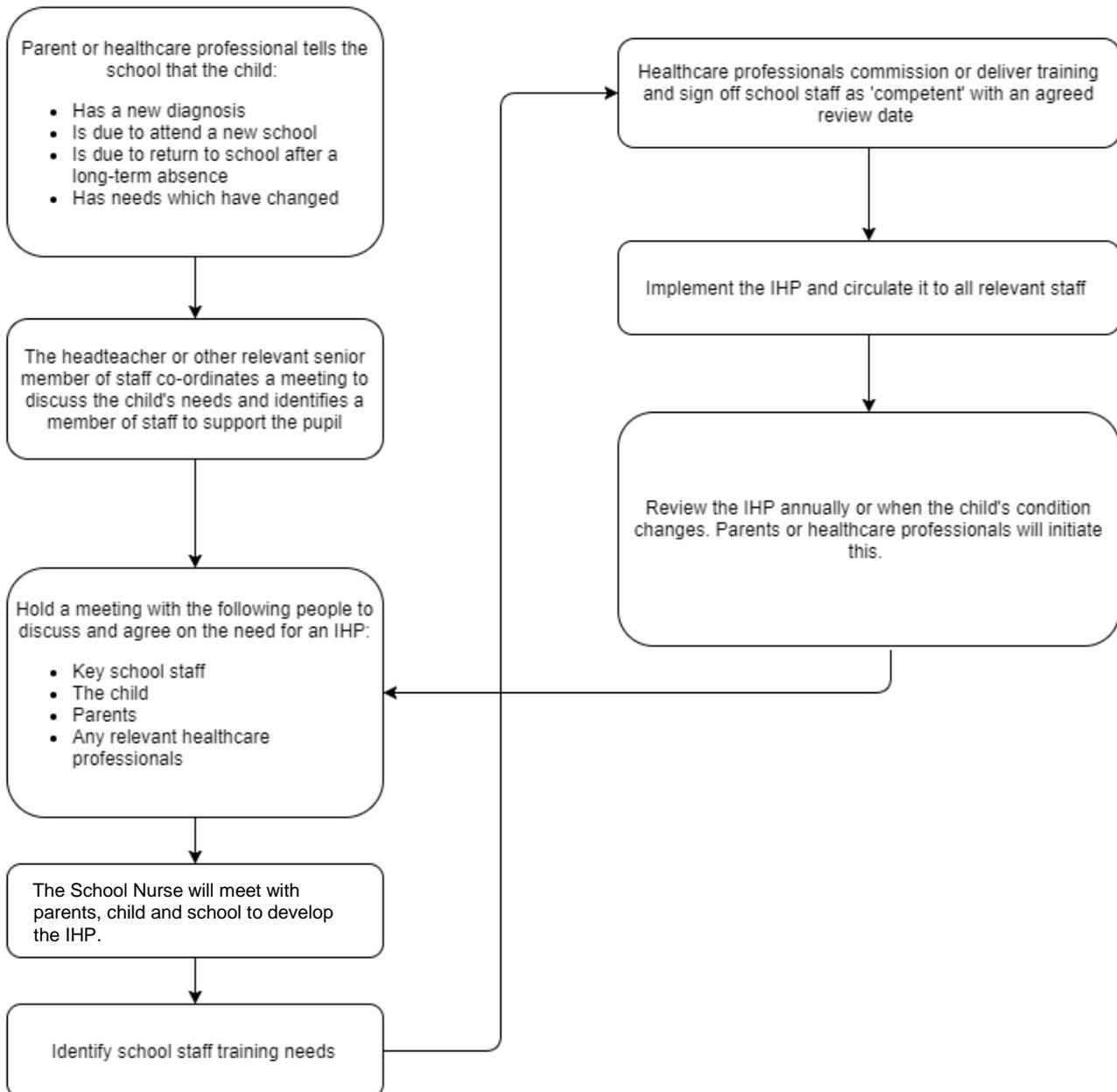
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

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. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.



6. Individual healthcare plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Medical Need's Leader.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. Led by the school nurse, the Medical Needs Leader will consider the following when deciding what information to record on IHPs:

- 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, e.g. 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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil'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 pupil can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact, and contingency arrangements.

7. Managing and administering medication

Prescription medicines will be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

Non-prescription medicines (such as hay fever medication or paracetamol) will be administered in school, by a parent/carer.

- When it would be detrimental to the pupil's health or school attendance not to do so; **and**
- Where we have parents' written consent

The school will only accept non prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container and include instructions for administration, dosage and storage

A record will be kept of all administration of medicines.

When accepting prescribed medication (as described above), parents should complete an Administration of Medication form (one form for each medication). The parent/carer should sign and date the form confirming date and time that the last dose was administered.

Once administered the form should be completed by the staff member and witnessed and signed by a second member of staff.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or midazolam.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a suitable secure location which can be accessed by staff named on the IHP. A record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- 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 IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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 pupil, 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 pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Additional support for children with healthcare needs who cannot attend school

In line with Section 19 of the Education Act 1996 the school have a duty to: “make arrangements for the provision of suitable education at school or otherwise than at school for those pupils of compulsory school age who, by reason of illness, or otherwise, may not for any period receive suitable education unless such arrangements are made for them”. This applies to children and young people:

- who are of statutory school age and
- who are permanently resident in Swindon (including children who attend schools outside the borough) and
- who are not in school for 15 days or more, whether consecutive or cumulative due to ill health and
- where the health need and necessity for absence has been validated as necessary by a medical doctor and
- will not receive a suitable full-time education unless the school makes arrangements for this.

Health problems include physical illnesses, injuries and clinically defined mental health problems. Suitable medical evidence will be required. This would include details of the health problem, how long the condition is expected to last and the likely outcome, and a treatment plan. This must be provided by a suitable medical professional, normally a hospital consultant. However, where specific medical evidence is not available quickly, the school will liaise with other medical professionals (eg the child's GP), so that provision of education is not delayed. This duty applies to pupils at schools of all types (maintained schools, Academies, Free schools, special schools, independent schools).

Arrangements for alternative education will not normally be made for children and young people below or above compulsory school age. Arrangements for alternative provision will be made as soon as it is known that a child has not attended school for 15 days for health reasons or as soon as it is clear that a health-related absence from school will be 15 days or longer, verified by a medical doctor. The 15 days may be consecutive or cumulative. The provision will commence as quickly as possible. There may be circumstances in which suitable alternative education is already in place e.g. if the school has made arrangements for a pupil or the child is receiving education at a hospital school. In such circumstances, the local authority will intervene only if it has reason to think that the education provision being made is unsuitable or insufficient.

How to access support

It will be the responsibility of the school, in partnership with the Local authority / Hospital Education Team, to provide educational support and resources to ensure the pupil is able to access a full time provision equivalent to that which would be provided to other pupils in the school. Where a child or young person with a medical condition requires support in school, the Hospital Education Team may be able to offer additional support. If the child or young person has an EHCP for a medical reason, support should form part of the Plan. Funding allocated for this part of the Plan can be used to provide in house support or to fund support from Hospital Education. Where a child or young person requires support but does not have an EHCP, the school would be expected to fund this. The charge for this support will be reviewed regularly and latest charges can be obtained from the Hospital Education Team.

Withdrawal of teaching If a pupil fails to attend or make themselves available for Hospital Education teaching on a regular basis without production of an appropriate medical certificate, or having a valid reason (usually medical) for absence then teaching may cease until a meeting is convened to establish a way forward. The withdrawal of teaching will also be considered if the pupil ceases to follow a therapeutic programme recommended by any other agency as part of a rehabilitation and reintegration package. Isolated teaching

sessions do not in themselves support a programme of reintegration, nor can they give sufficient confidence to ensure a successful return to school.

Ensuring successful reintegration into mainstream school

Returning to school after a period of illness can be an emotional hurdle for a child or young person. Friendships can be damaged by a long absence and peer group contact during an absence, for example cards, letters, invitations to school events, are as important as formal contact. The home school needs to develop a welcoming environment and encourage pupils and staff to be as positive and proactive as possible during the transition period. Consultation with the pupil and parents and key staff about concerns, medical issues, timing and pace of return is important.

If a pupil can attend school part time this is preferable to teaching at home and usually enables speedier and more successful reintegration and monitoring of the pupil's needs. Strategies for successful reintegration will be a key element of the pupil's return.

The reintegration strategy should include:

- Date for planned reintegration once known.
- Details of regular meetings to discuss reintegration.
- Clearly stated responsibilities and rights of all those involved.
- Details of social contacts including the involvement of peers and mentors during the transition period.
- A programme of small goals leading up to reintegration.
- Follow up procedures.

Pupils not on roll with a school

The Hospital Education team works closely with a young person's school to ensure continuity of education. In circumstances where a pupil is not on roll with a school, their parent / carer should contact the Head of Hospital Education directly for advice. The Education Welfare Service Education Welfare Officers (EWOs) play a key role in resolving attendance issues, importantly that of identification of attendance problems related to medical issues. Where the EWO feels the needs of a pupil with medical needs are not being met, they may work with the school to carry out an assessment of need.

Other issues for consideration

Schools may consider purchasing a defibrillator as part of their first aid equipment. Oakhurst has a defibrillator stored in the school office. Although school staff should use their discretion and judge each case on its merits with reference to the pupil's individual healthcare plan, it is not generally acceptable practice to:

- prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every pupil with the same condition requires the same treatment;
- ignore the views of the pupil or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send pupils 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 pupil becomes ill, send them to the school office unaccompanied or with someone unsuitable; – penalise pupils 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;
- 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 pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.

9. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils;
- Fulfil the requirements in the IHPs;
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

All written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The school holds Public Liability Insurance with Zurich which covers employees when administering First Aid.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher. If the Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 3 years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Intimate Care
- Health and safety
- Safeguarding
- Special educational needs information report and policy