**London Borough of Sutton policy for supporting pupils at school with medical conditions**

[Introduction](#_heading=h.gjdgxs) **1**

[Legislation and guidance](#_heading=h.30j0zll) **1**

[Role of governing bodies](#_heading=h.1fob9te) **2**

[Development of school or settings policy](#_heading=h.3znysh7) **3**

[Procedure to be followed when notification is received that a pupil has a medical condition](#_heading=h.2et92p0) **3**

[Individual healthcare plans](#_heading=h.tyjcwt) **4**

[The child’s role in managing their own medical needs](#_heading=h.3dy6vkm) **4**

[Medications](#_heading=h.1t3h5sf) **5**

[Record keeping](#_heading=h.4d34og8) **6**

[Training](#_heading=h.2s8eyo1) **6**

[Complaints](#_heading=h.3rdcrjn) **7**

[Further guidance and information](#_heading=h.26in1rg) **8**

# **Introduction**

This policy provides advice to schools and education providers on their responsibilities with regards to supporting children and young people with long term medical needs.

The purpose of this policy is to:

* Provide guidance to schools and settings on developing their own policies and procedures which support children and young people’s health needs
* Define the London Borough of Sutton’s policy, organisation and arrangements for cooperating with parents and health professionals to ensure children and young people with medical conditions have full access to education
* Clarify roles and responsibilities for the medical care of children and young people.

# **Legislation and guidance**

This policy and guidance is based on the DFE statutory guidance: Supporting pupils at school with medical conditions, December 2015.[[1]](#footnote-1) The statutory guidance applies to any appropriate authority as defined in section 100 of the children and families act 2014. That means governing bodies in the case of maintained schools, proprietors of academies and management committees of pupil referral units (PRUs).

Appropriate authorities must have regard to the DfE guidance when carrying out their statutory duty to make arrangements to support pupils at school with medical conditions. The guidance also applies to activities taking place off-site as part of normal educational activities. No guidance can be expected to cover or predict every eventuality, therefore settings will need to consider their own particular circumstances. Early years settings should continue to apply the Statutory Framework for the Early Years Foundation Stage (EYFS) - GOV.UK [[2]](#footnote-2)

**Children and families act:** Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions. In meeting the duty, the governing body, proprietor or management committee must have regard to guidance issued by the Secretary of State under this section. This guidance came into force on 1 September 2014. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

**Equality Act 2010:** Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act.

**SEND code of practice 2015:** The Special educational needs and disability (SEND) code of practice[[3]](#footnote-3) explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs in light of the Children and Families Act 2014. For pupils who have medical conditions that require education, health and care plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

# **Role of governing bodies**

In meeting the duty to make arrangements to support pupils with medical conditions, functions can be conferred on a governor, a Headteacher, a committee or other member of staff as appropriate.

The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so it should ensure that such children can access and enjoy the same opportunities at school as any other child. [[4]](#footnote-4)

It is the London Borough of Sutton’s policy to maximise inclusion for children and young people with medical needs in as full a range of educational opportunities as possible. To promote this aim, settings should assist parents and health professionals by participating in agreed procedures to administer medicines when necessary and reasonably practical. Consideration should also be given to how children will be reintegrated back into school after periods of absence.

In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.[[5]](#footnote-5)

The governing body should ensure that its arrangements give parents and pupils confidence in the school’s ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child’s ability to learn, as well as increase confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.[[6]](#footnote-6)

Governing bodies must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. [[7]](#footnote-7)

Every setting must have a designated person with responsibility for children/young people with medical conditions. The setting is responsible for ensuring that staff who volunteer to administer medication are properly trained.

The policy should clearly identify the roles and responsibilities of all those involved in the arrangements they make to support children and young people with medical conditions.

# **Development of school or settings policy**

The governing body for a school is responsible for ensuring their school develops a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff, as set out in section 9 of the statutory guidance.[[8]](#footnote-8)

The policy will set out the procedures to be followed when a setting is notified that a child/young person has a medical condition, and the arrangements for how the policy will be implemented, including a named person who has overall responsibility for policy implementation. In addition a setting may seek advice from relevant healthcare professionals when developing their policy. Further information on the implementation of the policy can be found in **section 10** of the guidance.

# **Procedure to be followed when notification is received that a pupil has a medical condition**

The guidance sets out that governing bodies should ensure the schools policy sets out the procedures to be followed whenever a school is notified that the pupil has a medical condition. Procedures should also be in place to cover transitional arrangements between schools, and for the reintegration process.

For children starting at a new school, arrangements should be in place for the start of the school term. In other cases (such as children moving schools mid-term), every effort should be made to ensure arrangements are put in place within two weeks.

Schools do 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. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.[[9]](#footnote-9)

# **Individual healthcare plans**

Governing bodies should ensure that the school’s policy covers the role of individual healthcare plans and who is responsible for their development, in supporting pupils at school with medical conditions. The setting, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be appropriate. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is available in the Supporting pupils with medical conditions at school guidance, and is also set out in **Appendix 1.**

When deciding what information should be recorded on an individual healthcare plan, schools should refer to **section 14 of the DfE Supporting pupils with medical conditions at school guidance.[[10]](#footnote-10)**

Individual healthcare plans can help to ensure settings effectively support children with medical conditions. They 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 children will require one.

Plans need to be reviewed at least annually, or earlier if needs have changed. They should be developed with the child/young person’s best interests in mind and ensure settings assess and manage risk to their education and wellbeing and minimise disruption.

# **The child’s role in managing their own medical needs**

Governing bodies should ensure that the school’s policy covers arrangements for children who are competent to manage their own health needs and medicines. Further information is given in section 20 of the statutory guidance.[[11]](#footnote-11)

# **Medications**

The governing body should ensure the school’s policy is clear about the procedure to be followed for managing medicines, and the school policy and other procedures should reflect the following as stated in the government guidance:

* 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 where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which nonprescription medicines may be administered.
* a child 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 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 if these 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. Children 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 children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips .
* 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 .
* 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. Schools should otherwise keep controlled drugs that have been prescribed for a pupil 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.
* school staff may administer a controlled drug to the child 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 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 in school[[12]](#footnote-12)

Additionally, schools policies should include a process for regularly reviewing the expiry dates of medications. In rare circumstances where a medication would need to be refrigerated, this must also be accommodated for, with instructions provided by relevant practitioners.

# **Record keeping**

Governing bodies should ensure written records are kept of all medicines administered to children, as per section 22 of the guidance.[[13]](#footnote-13)

DfE templates are available, which include:

* Individual healthcare plan
* Parental agreement
* Records of medicines received, administered, returned/disposed
* Staff training
* Contacting emergency services
* Letter to parents to contribute to an individual healthcare plan[[14]](#footnote-14)

All early years settings must keep written records of all medicines administered to children and make sure that parents sign the record book when collecting the child to acknowledge any entry. In addition, early years settings and residential settings may have additional requirements for record keeping and the appropriate guidance for these settings must be followed.

# **Training**

Governing bodies should ensure that the school’s policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided. Any member of staff providing support to a child/young person with medical needs should have received suitable training.

The relevant healthcare professional normally leads on identifying and agreeing with the setting the type and level of training required, and how it can be obtained. The setting is responsible for ensuring training remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support children/young people with medical conditions. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Training should be provided by relevant health professionals (watching a video, such as on anaphylaxis, would not constitute as training)

1. **Roles and responsibilities**

Section 16 of the statutory guidance sets out some of the key roles and responsibilities including the role of:

* **Governing bodies**, to make arrangements to support pupils with medical conditions in school, including developing and implementing a policy for supporting pupils with medical needs and ensuring staff have received suitable training.
* **Headteachers**, to ensure the policy is developed and effectively implemented with partners.
* **Parents**, to provide the school with sufficient and up to date information with accompanying evidence about the child’s medical needs
* **Pupils**, who are often best placed to provide information about how their condition affects them
* **School staff**, who may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so.
* **School nurses**, in notifying the school when a child has been identified as having a medical condition requiring support in school
* **Wider healthcare professionals** including GPs and pediatricians, in notifying school nurses where a child has been identified as having a medical condition, and advising on healthcare plans.
* **Local authorities**, in promoting cooperation between relevant partners, making joint commissioning arrangements, and working with schools to support pupils with medical conditions to attend full-time, or to make other arrangements.
* **Clinical Commissioning Groups**, who commission other healthcare professionals such as specialist nurses.
* **Other providers of health services**, to cooperate with schools that are supporting children with a medical condition and
* **Ofsted** in inspecting these and other arrangements.

1. **Day trips, residential visits and sporting activities**

Governing bodies should ensure that their arrangements are clear and unambiguous 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. Further information is provided in section 24 of the statutory guidance.[[15]](#footnote-15)

1. **Unacceptable practice**

Settings should ensure that their policy is explicit about what practice is not acceptable.

Further advice is available in the DfE guidance.[[16]](#footnote-16)

# 

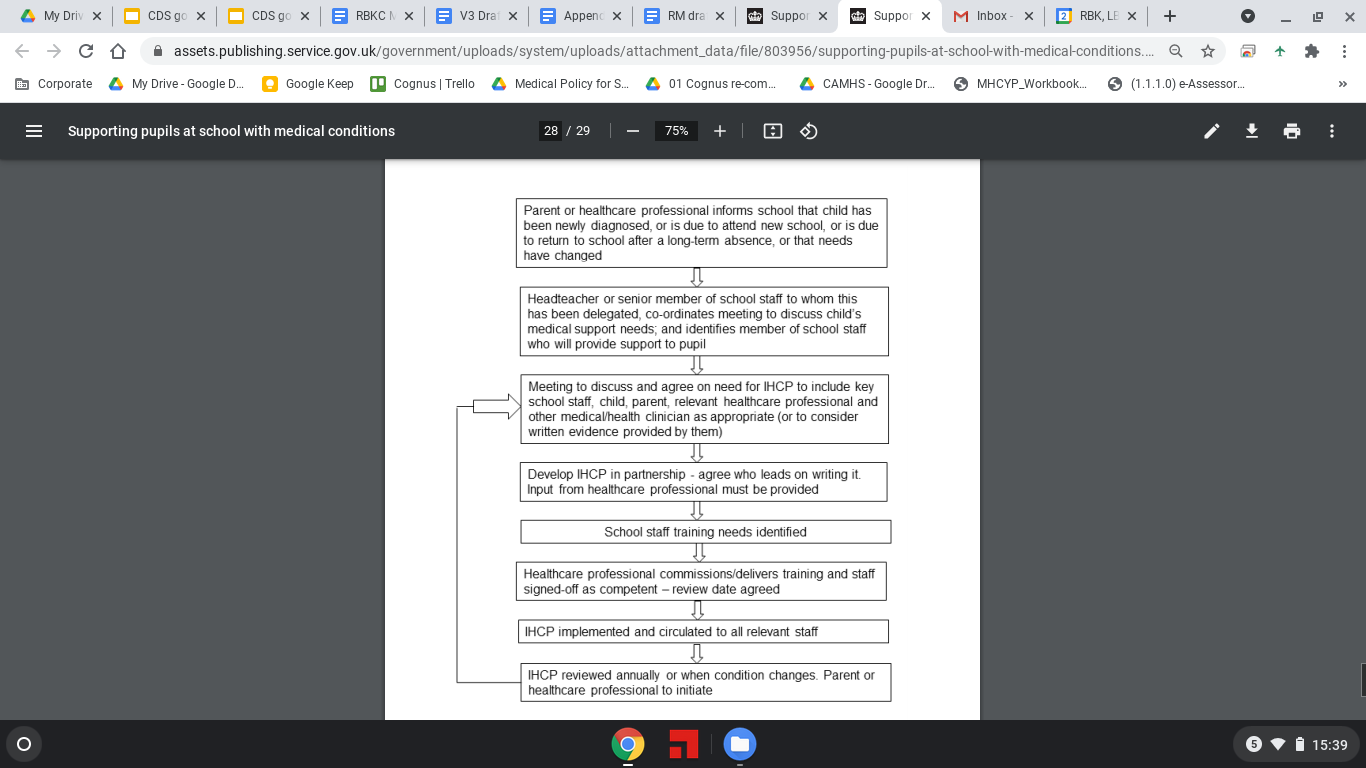
# **Complaints**

The policy should set out how complaints may be made and will be handled concerning the support provided to children/young people with medical conditions. Should parents or children/young people be dissatisfied with the support provided they should discuss their concerns directly with the setting.

# **Further guidance and information**

* Supporting pupils with medical conditions at school - GOV.UK Department for Education statutory guidance, templates and links to other departmental guidance and advice: <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>
* Governance Handbook Department for Education: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/925104/Governance_Handbook_FINAL.pdf>
* Health protection in schools and other childcare facilities - GOV.UK: <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>
* Early years foundation stage statutory framework (EYFS) - GOV.UK Department for Education
* First aid in schools - GOV.UK [www.gov.uk/government/publications/first-aid-in-schools](http://www.gov.uk/government/publications/first-aid-in-schools)
* Appendices:
  + Appendix 1: Model process for developing individual healthcare plans

**Appendix 1: Model process for developing individual healthcare plans**



1. Supporting Pupils at School with Medical Conditions, Department for Education, 2015: <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3> [↑](#footnote-ref-1)
2. Early Years foundation Stage Framework: <https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2> [↑](#footnote-ref-2)
3. SEND Code of Practice: https://www.gov.uk/government/publications/send-code-of-practice-0-to-25 [↑](#footnote-ref-3)
4. Sections 4 and 5 of DfE Guidance: Supporting pupils at school with medical conditions December 2015 [↑](#footnote-ref-4)
5. Section 6 of DfE Guidance: Supporting pupils at school with medical conditions December 2015 [↑](#footnote-ref-5)
6. Section 7 of DfE Guidance: Supporting pupils at school with medical conditions December 2015 [↑](#footnote-ref-6)
7. Section 8 of DfE Guidance: Supporting pupils at school with medical conditions December 2015 [↑](#footnote-ref-7)
8. Section 9 of DfE Guidance: Supporting pupils at school with medical conditions December 2015 [↑](#footnote-ref-8)
9. Section 11 of DfE Guidance: Supporting pupils at school with medical conditions December 2015 [↑](#footnote-ref-9)
10. Section 14 of DfE Guidance: Supporting pupils at school with medical conditions December 2015 [↑](#footnote-ref-10)
11. Section 20 of DfE Guidance: Supporting pupils at school with medical conditions December 2015 [↑](#footnote-ref-11)
12. List taken from Section 21 of DfE Guidance: Supporting pupils at school with medical conditions December 2015 [↑](#footnote-ref-12)
13. Section 22 of DfE Guidance: Supporting pupils at school with medical conditions December 2015 [↑](#footnote-ref-13)
14. DfE Templates: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/349437/Supporting_pupils_with_medical_conditions_-_templates.docx> [↑](#footnote-ref-14)
15. Section 24 of DfE Guidance: Supporting pupils at school with medical conditions December 2015 [↑](#footnote-ref-15)
16. Section 25 of DfE Guidance: Supporting pupils at school with medical conditions December 2015 [↑](#footnote-ref-16)