

**Christ Church C.E, Lark Hill and
Lewis Street Primary Schools
Supporting Pupils with Medical Conditions Policy (Draft)**



Date	Autumn 2024		
School	Christ Church C.E	Lewis Street	Lark Hill
Designated Governor	C. Sharp	G Caldwell	P. Royle
Review Date	Autumn 2024	Autumn 2024	Autumn 2024
Signature			

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers 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
- All parties understand their role in supporting a pupil who is absent for 15 days or more per year due to medical conditions

The governing board will implement this policy by:

- 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
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring Medical Care Plans (MCPs)
- Update attendance policies re ‘15 days absence guidance’

The named person with responsibility for implementing this policy is Wendy McCormack, Executive Headteacher and the Heads of Schools, Claire Kinch, Jane Bailey and Gemma Lavelle in her absence.

Definitions of Medical Conditions:

Pupils’ physical and/or mental health medical needs may be broadly summarised as being:

- Short-term - affecting their participation in school activities because they are on a course of medication or recovering from an illness. E.g. infections, broken limb, post-operative support.
- Long-term - potentially limiting their access to education and requiring extra care and support (deemed special medical needs). E.g. Asthma, cancer treatments, pending transplant, mental health/neuro developmental conditions.
- When mental health issues are impacting on a child’s attendance.

2. Legislation and statutory responsibilities

This policy meets the requirements under the following **Statutory Frameworks**

Section 19 of the [Education Act 1996](#) provides that each local education authority shall make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them.

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.

[Equality Act 2010](#) provides a context to Local Authority policies on education for children with medical needs and the need to comply with the equality duties.

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

Supporting pupils at school with medical conditions – [Statutory guidance for governing bodies of maintained schools and proprietors of academies in England](#)

[Arranging education for children who cannot attend school because of health needs](#) December 2023. This guidance outlines how local authorities and schools can best support children who cannot attend school because of physical or mental health needs.

Schools also need to be aware of their responsibilities when mental health issues are impacting on a child's attendance. [DfE guidance February 2023](#)

[Supporting pupils at school with medical conditions](#) – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The SENDCO and Head of School

The SENDCO Head of School 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 MCPs including in contingency and emergency situations
- Take overall responsibility for the development of MCPs
- 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

3.3 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, 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.

All staff 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.

3.4 Parents/Carers

Parents/Carers 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 MCPs and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the MCP e.g. provide medicines and equipment.

3.5 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 MCPs. They are also expected to comply with their MCP.

3.6 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 school 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 MCPs.

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. Medical Care Plans (MCPs) See Appendix 1

The Executive headteacher has overall responsibility for the development of MCPs for pupils with medical conditions. This has been delegated to Charlene Skeels and Rachel Berry, our Assistant Headteachers and SENCO.

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 MCP. It will be agreed with a healthcare professional and the parents/carers when a MCP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Head of School will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers 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.

MCPs will be linked to, or become part Education, Health and care (EHC) Plan. If a pupil has SEND but does EHC plan, the SEND will be mentioned in the MCP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board Charlene Skeels, and Rachel Berry, Assistant Headteacher and SENCO will consider the following when deciding what information to record on MCPs

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 medicines

Prescription medicines will only 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/carers written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parent/carer.

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.

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/carers 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 methadone.

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 secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and 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 MCPs.

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 MCP 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 MCP, 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 MCPs

- 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/carer 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. Absences linked to medical conditions.

Alongside the LA and CME, we will aim to:

- Ensure that appropriate full-time education is provided as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative. They should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child.
- Ensure that the education children receive is of good quality, as defined in the statutory guidance *Alternative Provision (2013)*, allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible.
- Address the needs of individual children in arranging provision. 'Hard and fast' rules are inappropriate: they may limit the offer of education to children with a given condition and prevent their access to the right level of educational support which they are well enough to receive. Strict rules that limit the offer of education a child receives may also breach statutory requirements.
- LAs are responsible for supporting schools to arrange suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision. This applies whether or not the child is on the roll of a school and whatever the type of school they attend. Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, LAs should ensure that part-time education is on a basis they consider to be in the child's best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science. Schools should refer to the Salford guidance for reduced timetables.
- CFOs and SENDCos will work together to inform the school attendance team/CME when a child hits 15 days absence due to medical reasons and this will be monitored every half term.

9. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' MCPs 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.

10. 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 MCPs. 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 Charlene Skeels and Rachel Berry, Assistant Headteacher and SENCO. 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 MCP
- Help staff to understand 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.

11. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents/Carers will be informed if their pupil has been unwell at school.

MCPs are kept in a readily accessible place which all staff are aware of them and they are logged on CPOMS

12. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

13. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with Charlene Skeels and Rachel Berry Assistant Headteacher and SENCO in the first instance. If they cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

14. Monitoring arrangements

This policy will be reviewed and approved by the governing board bi-annually.

15. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special Educational Needs and Disabilities (SEND) information report and policy

Appendix 1

Medical Care Plan

Name of the child:

Date of birth:

Year:

Date Completed:

Review Date:

Name and description of medical difficulty/disability and Treatment.

How does this affect the child at home?

How does this affect the child at school?

What adjustments and/or aids are needed in the learning environment?

Further Actions (state who will carry out these actions)

Sign and Print who was present at the meeting.

List members of staff that this list will be shared with: