Supporting pupils with medical needs at school

What you must do	What you must not do
 Hear the voice of the child (verbal and non verbal) Have a school policy for children with medical conditions that has been endorsed and supported by governors. Have a named person in school for children with medical conditions. Don't wait for a formal diagnosis before putting in appropriate support Work together in multi-agency teams to ensure children with medical conditions receive a full education Be flexible in arrangements Ensure staff are appropriately trained Have an individual healthcare plan in place which is regularly monitored and updated when needed, and includes emergency arrangements Keep in touch with the child and family during the period of absence Consider how to support reintegration after a period of absence through illness Have an appropriate risk assessment in place to safely include the child in the life of the school Where possible, link with the family and the child to support their own medication Keep written record are kept of all medication administered to children in school. Ensure the right level of insurance is in place which reflects the level of risk ensure all staff are aware of their safeguarding responsibilities and the need to 'see the child' at regular intervals whilst they are not able to attend school due to medical needs 	 Prevent children from accessing their inhalers and medication and administering their medication as and when 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 guidance or opinion (although this may be challenged) Send children with medical conditions home frequently for reasons associated with their medical condition Prevent a child from staying for normal school activities, including lunch, unless specified in their IHCP Send a child to the school office or medical room unaccompanied if they become ill during the school day Penalise children for their attendance if it is related to their medical condition e.g. for hospital appointments Prevent children from drinking, eating or taking toilet/other breaks when they need to in order to manage their medical condition effectively Require parents or make them feel obliged to attend school to administer medication or provide medical support, including toileting Prevent children from grinking toileting Prevent children from participating/create barriers to children taking part in all aspects of school life, including school trips

- Have a designated governor for children with medical conditions (could be the same as the SEND governor)
- Have robust transition plans in place this includes transitions between teacher within the same school, as well as transitions for bigger moves
- Put in whole school training on supporting children with medical conditions and how to implement the school policy
- Link the policy to the school 'Administration of medication policy'
- Note the days/times when you have made a safeguarding call or visit
- In discussion with the family, consider informing peers of what to do in the case of a medical emergency for the child.
- Be explicit in the school Complaints Policy how parents can make a complaint about their child with medical condition(s)
- Consider the purchase of a school based defibrillator or asthma inhaler for emergency use.
- Keep detailed of records of all support in place for children with medical conditions, whether on a part time timetable in school, or being supported at home e.g. timetables, ILPs, risk assessments and individual healthcare plan

Legislation that this statutory duty also links to include:

Safeguarding -

Education Act (2002)

- Section 21 governors responsible for the promotion of the wellbeing of pupils at the school
- Section 175 make arrangements to safeguard and promote the welfare of children in the school. (Part 3, paragraph 7 for Education (Independent School) Standards Regulations (2014) for academies)

Children Act (1989)

- Section 3 person with a duty of care of the child (who does not have parental responsibility) to do everything reasonable to safeguard or promote the welfare of the child.
- Section 17 LA duty to safeguard and promote the welfare of children in need in their area

Children Act (2004)

• Section 10 – LA must make arrangements to promote cooperation between the LA and relevant partners to improve the wellbeing of children, including their physical and mental health, protection from harm and neglect and education.

NHS Act (2005)

- Section 3 CCGs have a duty to arrange for the provision of health services to meet reasonable needs
- Section 3A CCG to arrange services to secure improvements in physical and mental health conditions and prevention, diagnosis and treatment of illness
- Section 2A LA commission school nurse

Equality Act 2010

- Must not discriminate against, harass or victimise disabled children and young people
- Must make reasonable adjustments to ensure disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory.

Misuse of Drugs Act 1971

• Supply administration, possession and storage of certain drugs are controlled. Schools may have a child who is prescribed a controlled drug

Medicines Act 1968

• Specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealing with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 and Para 24 of Schedule to the Education (Independent School Standards) Regulations 2014 for academies and independent schools

• Maintained schools must have accommodation appropriate and readily available for medical; examination, treatment and caring of sick or injured pupils. It must not be teaching accommodation.