



Heron Hill Primary School

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

Statement of Intent

<i>At the time of publication the following roles were held:</i>	
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Health and Safety representatives	Alison Lehane, Shelley Wilkinson
Headteacher	Lucy Middleton
Assistant Headteacher	Michelle Wilkinson
Inhaler and Other Medication Management	Alison Lehane

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Signed:	
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1 Definitions

For the purposes of this document a child, young person, pupil or student is referred to as a 'child' or a 'pupil' and they are normally under 18 years of age.

Wherever the term 'parent' is used this includes any person with parental authority over the child concerned eg carers, legal guardians etc.

Wherever the term 'Headteacher' is used this also refers to any Senior Leader with the equivalent responsibility for children.

Wherever the term 'school' is used this also refers to the school's wrap around care provision (before school, after school and holiday).

2 Statement of Intent

This policy is based on the statutory Department for Education (DfE) guidance document [*'Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England'*](#) (April 2014; Revised December 2015) to coincide with the application of section 100 of the Children and Families Act 2014 which came into force on 1 September 2014. Section 100 places a statutory duty on governing bodies to make arrangements to support pupils at school with medical conditions. It will be reviewed regularly and made readily accessible to parents, staff and, where appropriate, other adults working or volunteering in school.

The governors of Heron Hill Primary School (hereinafter referred to as 'the school') believe that all children with medical conditions, in terms of both physical and mental health, should be properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential including access to school trips and physical education (PE).

We understand that the parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school because they may not receive the on-going support, medicines, monitoring, care or emergency interventions that they need while at school to help them manage their condition and keep them well. This school is committed to ensuring parents feel confident that effective support for their child's medical condition will be provided and that their child will feel safe at school by putting in place suitable arrangements and procedures to manage their needs. We also understand that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences and our arrangements take this into account. We undertake to receive and fully consider advice from involved healthcare professionals and listen to and value the views of parents and pupils. Given that many medical conditions that require support at school affect a child's quality of life and may even be life-threatening, our focus will be on the needs of each individual child and how their medical condition impacts on their school life, be it on a long or short-term basis.

In addition to the educational impacts, we realise that there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health.

Local Authorities have a duty to arrange suitable full-time education (or part-time when appropriate for the child's needs) for children who are unable to attend a mainstream or special school or registered alternative provision because of their health. We are a Local Authority maintained school so this applies to all our pupils (or where a child is not on the roll of any school) equally whether a child cannot attend school at all or can only attend intermittently. We can find more guidance on the Local Authority duty in DfE statutory guidance [*'Ensuring a good education for children who cannot attend school because of health needs'*](#).

We fully understand that reintegration back into school needs to be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition, (which can often be lengthy) also need to be effectively managed and the support we have in place is aimed at limiting the impact on a child's educational attainment and emotional and general wellbeing.

This school also appreciates that some children with medical conditions may be disabled and their needs must be met under the Equality Act 2010. Some children may also have special educational needs or disabilities (SEND) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with special educational needs or disabilities (SEND), this policy should be read in conjunction with our Inclusion and SEND Policy and the DfE statutory guidance document '[Special Educational Needs and Disability: Code of Practice 0-25 Years](#)'.

3 Organisation

3.1 The Governing Body

The Governing body is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support pupils with medical conditions in school, including the development and implementation of this policy.

Supporting a child with a medical condition and ensuring their needs are met effectively, however, is not the sole responsibility of one person - it is the responsibility of the Governing body as a whole to ensure that:

- no child with a medical condition is denied admission or prevented from taking up a place at this school because arrangements to manage their medical condition have not been made while at the same time, in line with safeguarding duties, ensure that **no** pupil's health is put at unnecessary risk, for example, from infectious diseases;
- there is effective cooperative working with others including healthcare professionals, social care professionals (as appropriate), local authorities, parents and pupils as outlined in this policy;
- there is clear understanding at this setting's strategic level and, where relevant, across all partnership workers that:
 - Local Authorities (LA) and Clinical Commissioning Groups (CCG) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (S26: Children and Families Act 2014);
 - LAs are responsible for commissioning public health services for statutory school-aged children including school nursing, but this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility. When children need care which falls outside the remit of school nurses, eg postural support or gastrostomy and tracheostomy care, CCG commissioned arrangements must be adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school; and
 - Providers of health services should co-operate with school including appropriate communication, liaison with healthcare professionals such as specialists and children's community nurses, as well as participating in locally developed outreach and training.
 - Ofsted will consider how well a setting meets the needs of the pupils with medical conditions, making key judgements informed by the progress and achievement of these

children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.

- sufficient staff have received suitable training and are competent before they take on duties to support children with medical conditions;
- staff who provide such support can access information and other teaching support materials as needed.
- funding arrangements support proper implementation of this policy eg for staff training, resources etc.

3.2 The Headteacher

The Headteacher of this school has a responsibility to ensure that this policy is developed and implemented effectively with partners, namely the SENCO and a Health and Safety representative.

To achieve this, the Headteacher will have overall responsibility for the development of IHPs and will make certain that school arrangements include ensuring that:

- all staff are aware of this policy and understand their role in its implementation;
- all staff and other adults who need to know are aware of a child's condition including supply staff, peripatetic teachers, coaches etc.;
- where a child needs one, an IHP is developed with the proper consultation of all people involved, implemented and appropriately monitored and reviewed;
- sufficient trained numbers of staff are available to implement the policy and deliver against all IHPs, including in contingency and emergency situations;
- staff are appropriately insured and are aware that they are insured to support pupils in this way;
- appropriate health professionals i.e. the school nursing service are made aware of any child who has a medical condition that may require support at school that has not already been brought to their attention;
- children at risk of reaching the threshold for missing education due to health needs are identified and effective collaborative working with partners such as the Local Authority (LA), alternative education providers eg hospital tuition, parents etc, aims to ensure a good education for them;
- risk assessments take account of the need to support pupils with medical conditions as appropriate eg educational visits, activities outside the normal timetable etc.

3.3 School Staff

Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although teaching staff cannot be required to do so. While administering medicines is not part of teachers' professional duties, they should still consider the needs of pupils with medical conditions that they teach. Arrangements made in line with this policy should ensure that we attain our commitment to staff receiving sufficient and suitable training and achieving the necessary level of competency before they take on duties to support children with medical conditions.

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The Health and Safety representative has specific responsibility for the development of IHPs which are explained in [Section 4.3](#). Working with the Deputy Headteacher, the Health and Safety

representative will ensure staff training needs are met so that staff are competent to support pupils with medical conditions.

3.4 School Nurses and Other Healthcare Professionals

This school has access to a school nursing service which, with parental permission, we can contact for support for any child with a medical condition.

While the school nurse will not have an extensive role in ensuring that this school is taking appropriate steps to support pupils with medical conditions, they are available to support staff on implementing a child's IHP and provide advice and liaison, for example on training. The school nurse can also liaise with lead clinicians or a child's General Practitioner (GP) locally on appropriate support for the child and associated staff training needs.

The school receives support from the Diabetic Nurse and community nurses regarding anaphylaxis for pupils with existing conditions.

3.5 Pupils

It is recognised that the pupil with the medical condition will often be best placed to provide information about how their condition affects them. This school will seek to involve them fully in discussions about their medical support needs at a level appropriate to their age and maturity and, where necessary, with a view to the development of their long-term capability to manage their own condition well. They should contribute as much as possible to the development of, and comply with, their IHP.

It is also recognised that the sensitive involvement of other pupils in the school may be required not only to support the pupil with the medical condition, but to break down societal myths and barriers and to develop inclusivity.

3.6 Parents

Parents and carers (hereafter called 'parents') are key partners in the success of this policy. They may, in some cases, be the first to notify school that their child has a medical condition and where one is required, will be invited to be involved in the drafting, development and review of their child's IHP.

Parents should provide school with sufficient and up-to-date information about their child's medical needs. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

The full policy and procedures are available on request from the school office.