

supporting children with medical needs in school

This factsheet provides information on the duties of schools to support children and young adults with medical needs. By law, schools have to give extra support to pupils who have medical conditions.

What should the school do?

You can request the school's own policy on supporting pupils' medical needs. The policy should set out:

- what the school will do when told that a pupil has a medical condition
- how the school handles prescription medicines at school
- which member of staff has main responsibility for the medical policy
- any training for staff to deal with medical needs when pupils control their own health needs and medicines
- details of individual healthcare plans
- what will happen if there is a medical emergency
- arrangements for medical support on school trips and during sport at school.

Do I need a doctor's diagnosis?

You do not need a formal diagnosis by a doctor before a school supports you. The Headteacher will decide whether to provide support and what that support will be. In making their decision, you must be given a chance to give your views, and show evidence of your needs.

What is an Individual Healthcare Plan?

If your medical condition and requirements are complex, the school may give you an Individual Healthcare Plan. This will set out:

- what needs to be done
- when this will be done
- who will do it.

You should be spoken to and listened to when the plan is being written.

Note: the guidance does not apply to maintained nursery schools, 16 – 19 academies and independent schools.

What should a school's medical support policy contain?

- Schools are expected to have policies for supporting pupils with medical conditions. These policies should be reviewed regularly and be accessible to parents and school staff. The policy should:
 - recognise that medical conditions can be life threatening;
 - understand the impact it can have on a child's ability to learn; and
 - make clear that every child with a medical condition is different and should be treated as an individual.
- The school's complaints procedure must be included in the medical conditions policy. Other information that you should expect to see in the policy are:
 - the procedures to be followed whenever a school is notified that a pupil has a medical condition;
 - the procedures for managing prescription medicines at school;
 - the named member of staff who has overall responsibility for the implementation of the medical policy;
 - the roles and responsibilities of all those involved in the arrangements;
 - how staff will be supported in carrying out their role to support pupils with medical conditions (including how training needs are assessed and how/by whom training will be arranged/provided), and how this will be reviewed;
 - the arrangements for children who are competent to manage their own health needs and medicines;
 - the role of individual healthcare plans and the person responsible for their development;
 - the contingency plans for emergency situations;
 - how to facilitate the child's participation in school trips and visits, or in sporting activities, so that they aren't prevented from taking part.

Does a pupil need to have a recognisable medical condition in order to receive support?

Schools do not have to wait for a formal diagnosis by a medical practitioner before providing support to pupils. If the condition is unclear, the head teacher will have to make a judgement about what support to provide to the pupil, based on medical evidence available at the time that the school is made aware of an issue. In exercising this judgement, the head teacher must not ignore the views of the child or their parents or ignore medical evidence or opinion. However, the head teacher can challenge the evidence if appropriate.

What happens if a pupil is absent from school due to their medical condition?

Pupils should not be penalised if their absence from school is related to their medical condition, such as attending hospital appointments. In order to avoid being fined for non-attendance, parents must obtain permission from the school in advance of the appointment, so that the absence can be treated as authorised. An absence can also be authorised if the child is too ill to attend school and the school is notified of that as soon as possible.

If the pupil's absence is expected to be for more than 15 days, the Local Authority is under a duty to ensure that the child receives as normal an education as possible while he or she is absent. The Local Authority must start arranging the education from the 1st day that the school receives notice of the length of absence. A senior officer from the Local Authority will be appointed, to oversee the arrangements and provide a written statement to the parents on how the education will be delivered. A range of options can include home teaching, a hospital school or teaching service, or a combination of those options. A full-time education should be provided unless part-time education is more suitable for the child's health needs.

A school should not encourage non-attendance, such as sending a pupil with medical conditions home frequently or preventing a pupil from staying for normal school activities, including lunch. This will only be justified if it is in accordance with the pupil's individual healthcare plan and is absolutely necessary. If a child is regularly sent home at lunch or placed on a part-time timetable which has not been fully agreed to, these absences may amount to unofficial exclusions.

How can a child's needs be supported during day trips, residential visits and sporting activities?

It is unacceptable practice for schools to prevent children from participating, or create unnecessary barriers to children participating in, any aspect of school life, including school trips. This means that a school cannot, for example, require parents to accompany the child on out of school activities. There is a presumption in favour of pupils participating in out of school activities and sports, unless there is express medical evidence advising against it. Teachers should be aware of how a child's medical condition will impact on their participation in the activity. The ideal way to achieve this is to carry out a risk assessment prior to the activity in consultation with the pupil, their parents and any other relevant healthcare professionals.

The [Health and Safety Executive](#) recommend the following points to schools:

- Appropriate parents should be given information about the planned activities. This should explain the precautions that will be put in place, why they are necessary, and making sure that they work in practice.
- Staff should know when and how to apply contingency plans, where they are necessary.
- Staff should heed advice and warnings from others, for example those with local knowledge or specialist expertise (especially for higher-risk activities).

What happens when a child starts a new school or a new diagnosis is made?

If a child is starting at a new school and the school has received information on the child's medical condition in advance of joining, arrangements should be in place to meet their medical needs by the beginning of the relevant school term.

In other circumstances, such as where there has been a new diagnosis or a child has moved to a new school during the school term, every effort should be made to ensure that arrangements are put in place within 2 weeks of the child starting school.

When might an individual healthcare plan be appropriate?

Individual healthcare plans provide clarity about what needs to be done, when and by whom, in order to support a child's medical condition. An individual healthcare plan might be appropriate if a medical condition:

- is long-term and complex;
- fluctuates;
- is a recurring condition; or
- there is a high risk that emergency intervention will be required.

Based on medical evidence and consultation with the parents and health care professionals, a decision should be taken on whether a healthcare plan is a proportionate response to the child's medical condition. The head teacher takes the final decision as to whether an individual healthcare plan is suitable. An example of a condition that usually requires an individual healthcare plan is diabetes.

If a decision is taken to go ahead with an individual healthcare plan, those individuals consulted on the appropriateness of the plan would be invited to assist in drafting its contents. The individual healthcare plan must be reviewed *at least* annually, or earlier if evidence is presented that the child's needs have changed.

What should an individual healthcare plan include?

The individual healthcare plan should include the following information:

- the medical condition, its triggers, signs, symptoms and treatments;
- precisely what help the child needs to manage their condition, what they can do themselves and what they need from another (including supervision);
- who in the school needs to be aware of the child's condition, which staff will be available to provide support to the child, and the level of training and proficiency required of the staff member;
- the written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by the pupil;
- any specific support needed around the child's educational, emotional and social needs, e.g. management of absences, support for catching up with lessons or any counselling arrangements;
- what to do in an emergency situation, including whom to contact;

- the pupil's practical medical requirements, including managing their surroundings where it affects them e.g. noisy rooms;
- the plans that need to be put in place for exams (if appropriate), school trips (including overnight) or other school activities outside of the normal school timetable;
- where a child has a Statement of Special Educational Needs (SEN) or an EHCP, how the individual healthcare plan should be linked to or become part of that Statement or Plan;
- where a child has SEN but does *not* have a Statement of SEN or an EHCP, mention of the child's SEN in their individual healthcare plan;
- how to manage queries about confidentiality and which individuals those rules can be breached in favour of;
- the date that the individual healthcare plan is to be reviewed (at least annually), who can alter the plan, which parts can be altered, and the process for reviewing the plan.

Information obtained from Child Law Advice, registered charity no. 281222.

www.childlawadvice.org.uk

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