

Derbyshire County Council Guidance Schools and Early Years Providers: Supporting Children with Medical Needs

Considering Section 100 of the Children and Families Act 2014 placing a legal duty on schools, academies, and Pupil Referral Units to make arrangements for supporting pupils at their school with medical conditions.

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Essential Reading:

Supporting pupils at school with medical conditions (statutory guidance for governing bodies of maintained schools and proprietors of academies in England) DfE December 2015.

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

1. Introduction

Schools always have an important role to play in terms of the health and wellbeing of the children and young people in their care and this becomes even more significant when children have medical needs. Without carefully planned and targeted support, children and young people with health issues can suffer from lost opportunities, isolation, diminished wellbeing, bullying, lower attainment, and unmet potential. Significant mental health difficulties may even result due to medical needs being unmet and unsupported in school. Without intervention, children with medical needs can become disenfranchised and the *'hidden excluded'*.

- There was a major shift in the legal responsibilities of schools **when Section 100 of the Children and Families Act 2014 placed a legal duty on schools, academies and PRUs to decide for supporting pupils with medical conditions at their school.**
- Statutory guidance exists for schools to follow: **“Supporting pupils at school with medical conditions” December 2015** and for the local authority to follow: **“Ensuring a good education for children who cannot attend school because of health needs Statutory guidance for local authorities” January 2013.**
- The moral and legal mandate for schools is to ensure that they are supporting children with medical needs to the best of their ability and have a policy and processes in place to ensure this happens.
- It is therefore important that parents and schools feel confident in providing effective support for pupil medical conditions. It is key that schools receive and consider advice from health care professionals along with the views of the child and family when making decisions about the support they provide.
- Effective multi-agency working will help to ensure that all pupils who have medical needs receive the support to which they are entitled.

Derbyshire, Local Context

- Increasing number of children with long-term and complex medical conditions who require ongoing support, medicines, or care while at school to help them manage this condition, keep them well and accessing the curriculum.
- An increase in the number of pupils presenting with mental ill health (not just physical health needs) in school. Legislation and duties also apply to this “unseen group of pupils” which overlaps with SEND & has a high correlation with exclusions/ risk of placement breakdown leading to EHE /EOTAS.
- The LA has received questions, complaints, and incidents of schools refusing to provide a place for pupils due to medical conditions. In addition, there have also been several cases where parents have challenged schools to deliver care that is not appropriate for schools to deliver as it is outside of their role and responsibility.

Purpose of this Document:

To draw together in one place practical advice, information about local services, multi-agency teams, address the issues listed above & frequently asked questions, so that Derbyshire schools are supported in these duties.

NB: For the purposes of this document, although there is no legal mandate for early years' providers (private, voluntary and independent sector) to comply with statutory duties Derbyshire expects all such providers to follow the guidance in this document as a moral and ethical requirement.

2. Legislative framework and key documents

Schools have statutory duties to promote children and young people's well-being and statutory responsibilities to provide a curriculum that is broadly based, balanced and meets the needs of **all** pupils. Under section 78 of the Education Act 2002 and the Academies Act 2010 such a curriculum must: *promote the spiritual, moral, cultural, mental and physical development of pupils at the school and of society, and prepare pupils at the school for the opportunities, responsibilities and experiences of later life.*

The Children and Families Act 2014 (section 100) placed a **legal duty** on schools, academies and Pupil Referral Units to make arrangements for supporting pupils at their school with medical conditions.

Some children with medical conditions may 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.

Supporting pupils at school with medical conditions (Department for Education, December 2015) is **statutory guidance** for head teachers and governing bodies of maintained schools and proprietors of academies in England with which all schools should be familiar.

Key Points from the statutory guidance:

- *Pupils with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.*
- *Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.*
- *Governing bodies should ensure that school leaders consult health and social care professionals, pupils, and parents to ensure that the needs of children with medical conditions are effectively supported.*

3. The Equality Act 2010 (England, Scotland, and Wales)

The NHS, local authorities and all schools in England, Scotland and Wales have duties towards children with medical conditions, many of whom are legally defined as being disabled. Fee-paying independent schools are also legally obliged to meet the duties in the Equality Act 2010.

The relevant aspect of this act to schools is that governing bodies or proprietors must make *reasonable adjustments* to ensure that children and young people with disabilities are not put at a substantial disadvantage compared with their peers.

Importantly, this duty is anticipatory, which means adjustments must be put in place in advance to prevent disadvantage from occurring.

This is particularly relevant to schools in making sure they have enough staff trained so that a child with a medical condition can take part in all aspects of school life. If all the trained members of staff leave, contingency plans must be in place to train up replacements quickly to ensure continuity of support.

The Equality Act also states that children with disability must not be discriminated against, harassed or victimised.

You can find out more on the Equality and Human Rights Commission website:
www.equalityhumanrights.com/

Definition of disability or a disabled child

Schools should be aware of the definition of 'disabled' according to the Equality Act. A child or young person does not need to be registered disabled to meet the definition. In fact, very few children are registered disabled (in receipt of the disability living allowance) and this could be because parents want to avoid putting a label on the child.

A person is disabled under the Equality Act 2010 if they have a **physical** or **mental** impairment that has a '**substantial**' and '**long-term**' negative effect on their ability to carry out normal daily activities. However, a person automatically meets the disability definition under the Equality Act 2010 from the day they are diagnosed with HIV infection, cancer or multiple sclerosis.

- i. 'substantial' is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed.
- ii. 'long-term' means 12 months or more, e.g. a breathing condition that develops because of a lung infection.

Therefore, a child with a long-term condition such a depression, anxiety or ME can meet the definition of being disabled if they have had the condition for 12 months or more and it is having a negative impact on their ability to carry out normal daily activities. A child with cancer automatically meets the definition of being disabled.

Schools must be aware of this and act, accordingly, making reasonable adjustments to enable the child or young person to continue to access education. The Equality Act dovetails well with the definition of a child with SEND (Special Education Needs and Disabilities) which is a separate definition.

4. Statutory school policy (supporting children with medical needs)

The governing body is responsible for making sure that there is a policy in place for supporting pupils with medical conditions. Statutory guidance makes it clear that **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 the child's ability to learn, as well as increase confidence and promote self-care. The governing body should ensure that members of staff are properly trained to provide the support that pupils need **and that there is a named person with responsibility for implementing the statutory policy.**

The policy should set out the following details:

- i. Roles and responsibilities of governors, headteacher, school staff, school nurses, pupils, parents/carers
- ii. Staff training and support
- iii. How staff will be supported in their role with pupils with medical needs
- iv. How training needs are assessed
- v. How and by whom training will be commissioned
- vi. Arrangements for staff absence and briefing of supply/cover staff
- vii. Procedures for:
 1. How to respond to a notification that a pupil has a medical condition, including developing an Individual Healthcare Plan.
 2. Managing medicines on school premises.
 3. Risk assessments for school visits and other school activities.
- viii. Individual Health Care Plans:
 1. Who is responsible for developing Individual Healthcare Plans and who should be consulted?
 2. Roles and responsibilities in Individual Healthcare Plans.
 3. Arrangements for monitoring and reviewing Individual Healthcare Plans.

5. Public Health England Guidance & First steps guidance to supporting children with medical conditions in school

see Appendix 3

6. Procedure when a pupil attending school has a medical condition

In Derbyshire a child or young person is considered to have a medical condition if their physical or mental health needs are such that, without reasonable adjustments, their attendance at school or access to the curriculum and other school activities would be compromised.

The school's procedure for pupils with medical conditions should ensure that **every effort** is made to put arrangements in place within **two weeks** of notification of admission or diagnosis.

It could include:

- Who is responsible for developing the Individual Healthcare Plan (IHP)?
- Who should contribute to the Individual Healthcare Plan?
- Consultation with parents and medical professionals.
- Development of the Individual Healthcare Plan.
- Transitional arrangements between schools.
- Process for reintegration or for when the pupil's needs change.
- Arrangements for staff training. Please check with your local NHS trusts/health care professionals/DCC's Moving & Handling Team for training arrangements including any costs involved. (see appendix).

There is an expectation that schools will meet the need of the child if they are able to attend school with adjustments, (see section 8).

For some pupils with medical needs they may need to work towards an EHCP if there are significant additional educational needs because of the medical condition.

Schools do have responsibility to ensure a child returns to school as soon as possible after any illness. This may involve a planned phased return.

Can a school place a pupil on a part-time timetable?

As a rule, no. All pupils of compulsory school age are entitled to a full-time education. In very exceptional circumstances there may be a need for a temporary part-time timetable to meet a pupil's individual needs. For example, where a medical condition prevents a pupil from attending full-time education and a part-time timetable is considered as part of a re-integration package. A part-time timetable must not be treated as a long-term solution. Any pastoral support programme or other agreement must have a time limit by which point the pupil is expected to attend full-time or be provided with alternative provision.

In agreeing to a part-time timetable, a school has agreed to a pupil being absent from school for part of the week or day and therefore must record it as authorised absence.

Ref: School attendance

***Guidance for maintained schools, academies, independent schools and local authorities
September 2018***

7. Resources available to support a child with medical needs in school

7.1. Health Professionals:

Pupils with significant ongoing medical needs will already be known to and accessing NHS services. This may involve:

- School Nurse or Health Visitor
- Childrens Community Nurse
- Specialist Nurses- diabetes, asthma, epilepsy, continence
- Consultants/Paediatricians
- Continuing Health care nurse.

7.1.2 Public Health 0-19yrs, Support for managing & preventing illness, promoting healthy lifestyles School Nursing Service or Health Visitor

Schools will have their own policies & guidance on the management of pupils who experience short term ill health/Common childhood illnesses, the 2 resources below may be helpful.

1. Public Health England guidance below, for updates use link below:

<https://derbyshirefamilyhealthservice.nhs.uk/contact-us>

When should my child return to school? NHS

Chicken Pox When all spots have crusted over	Conjunctivitis None*	Diarrhoea & Vomiting 48 hours from last episode	Glandular Fever None*	Hand, foot & mouth None*	Impetigo When lesions are crusted & healed or 48 Hours after commencing antibiotics
Measles or German Measles 4 days from onset of rash	Mumps 5 days from onset of swelling	Scabies After first treatment	Scarlet Fever 24 hours after commencing antibiotics	Slapped Cheek None*	Whooping Cough 48 Hours after commencing antibiotics
Flu Until recovered	Head Lice None*	Threadworms None*	Tonsillitis None*		

Cheshire West and Chester **This information is based on the Public Health Agency guide - full copy here** *No need to stay off but school or nursery should be informed. Cheshire East Council

2. Derbyshire Handi App

A new app has been launched to provide advice and support to parents, carers and healthcare professionals looking after children with the most common childhood illnesses.

The HANDi app has been developed by paediatric consultants and will give you access to home care plans, as well as GP and hospital clinical guidelines, to help you provide the best support for your child and give you confidence in caring for them when they are unwell. The app describes care plans and guidance for the most common childhood health concerns, including:

- Abdominal pain
- Chestiness
- Diarrhoea and vomiting
- High Temperature
- Problems during the new born period

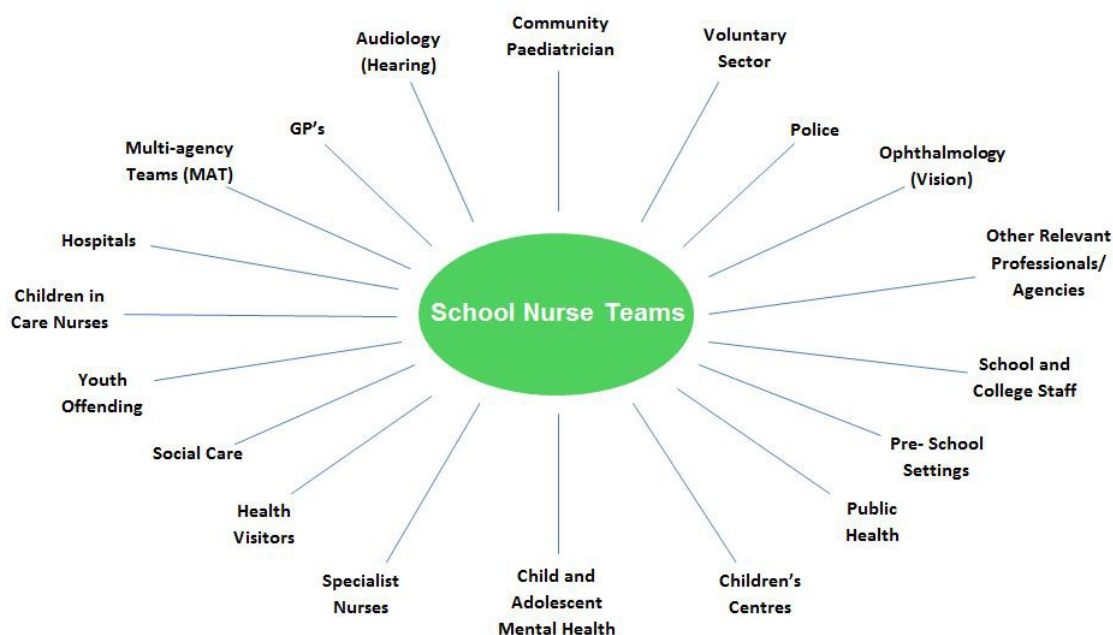
Download the FREE App today

Download the HANDi App for Android phones at [Google Play](#).

Download the HANDi App for iPhone and iPad in the [App Store](#).

Or search "Handi App" in the Google Play Store or iPhone/iPad App Store.

The Derbyshire School Nurses work with a variety of other services:



Why would you refer to a school nurse or health visitor?

The school nurse team may be able to help with health issue or be able to signpost you to another service. Some examples of what you may refer to a school nurse are: -

Physical Health	<ul style="list-style-type: none"> • General Health Common childhood illnesses- how to manage them at school & at home- see link/app (free to download) • Attendance if health related & 85% or below attendance • Weight /Diet • Immunisations • Exercise • Alcohol & Drugs • Continence/Toileting
Emotional Health	<ul style="list-style-type: none"> • Bullying • Anger management • Anxiety/Low Mood/stress • Mood swings • Self-Harm • Depression • Sleep • Bereavement • Emotional distress • Risky Behaviors
Sexual Health	<ul style="list-style-type: none"> • Pregnancy testing • Chlamydia screening • C-Card • Sexual health advice • Periods • Sexuality/Gender
Health and Wellbeing	<ul style="list-style-type: none"> • Friendships • Home life • Relationships • Transition • Young Carer

Levels of Support

1. **Universal**-Healthy Child Programme including immunisations programme. Advice on management of common childhood illnesses at school and home. attached table (see link and free download app for most up to date information).
2. **Universal Plus**- delivers a swift response from your School Nurse when your child needs specific expert help (e.g., with sexual health, mental health concerns, long-term conditions and additional health needs). The School Nurse will see your child either in school, the community if your child comes to see the School Nurse in drop in or through a referral from yourself or another professional.

3. **Universal Partnership Plus**- delivers ongoing support by your School Nurse from a range of local services working together and with you, to deal with more complex issues over a period (e.g. with charities and your local authority).

Where schools are concerned that a pupil's physical or mental health is impacting on their attendance & is 85% or below attendance, advice can be sought from the public health 0-19yrs – School Nursing Service or in the case of pre-school children Health Visitor

School Nurses can offer: Advice and information on several health issues which affect young people's lives.

- At times young people and their parents/carers need the support of professionals. The School Nurse Team works closely with other agencies/ professionals. If further support is needed, they can sign post and refer to other relevant services.
- This may include pupils who need an IHP in school for advice if needed, alongside specialist nurses e.g. epilepsy

Contact the School Nursing Service:

Each school will be covered by a School Nurse Team. See website for contact details for teams covering the 6x County localities (Derbyshire & Derbyshire Dales, NE Derbyshire & Bolsover, High Peak, Erewash, Chesterfield, Amber Valley).

<https://derbyshirefamilyhealthservice.nhs.uk/contact-us>

If the child doesn't attend school or is home educated, contact the School Nurse Team via the 0-19yrs Tel: 01246 515100

[School Nurse Referral Form](#)

7.1.3 GP: Managing illness and medication

- Schools should not request parents/pupils to evidence illness/ sickness via a "sick note" from a GP certification for absences from school.
- GPs cannot issue 'sick notes' or fit notes to school children because they are designed for social security purposes.
- GPs have no legal or contractual obligation to provide "sick notes", medical certificates or letters for school children. If under specific circumstances they decide to do so, then they are entitled to charge a fee for undertaking this work.
- In most cases an explanation from the parents of an absence from school is sufficient for the purposes of the school.
- Schools, and Education Welfare Officers, should not seek routine confirmation of a medical reason for absence from GPs, and in most circumstances the GP will have no more information than that provided by the parents/carers.

Alternatively, schools could utilise the school nursing service to either make a general enquiry or to have a discussion regarding a particular pupil's health (with consent) if explanation from the parent, legal guardian or carer is not sufficient.

Missing exams

Ofqual confirmed that awarding organisations make no requirement for pupils to obtain a medical certificate in support of an application for special consideration and that medical proof is not required.

Prescribing non-prescription (over the counter) medication in nurseries and schools

The BMA have provided advice on ‘Prescribing non-prescription (over the counter) medication in nurseries and schools’. This re-iterates that non-prescription medication can be administered where there is parents' prior written consent. This guidance applies to nurseries and schools and states that it is appropriate for OTC medicines to be administered by a member of staff in the nursery or school, or self-administered by the pupil during school hours, following written permission by the parents, as they consider necessary.

- The revised 'The Early Years Foundation Stage Statutory Framework' which governs the standards of institutions looking after and educating children, allows them to give over-the-counter medication such as pain and fever relief or teething gel. However, they must get written permission beforehand from parents and must follow the same recording procedures as those for prescribed medication.
- Ofsted has produced a very useful factsheet which confirms that written permission from parents to administer over the counter medications is sufficient.

7.1.4 Specialist doctors and nurses. Support for pupils with significant ongoing medical needs.

Medical conditions	Examples
Long term condition	Diabetes - affects approximately 35,000 under-19s, Asthma - approximately 800,000 teenagers in the UK suffer from asthma Cancer -2,200 young people aged 15-24 are diagnosed with cancer every year
Medical conditions that fluctuate	e.g. Arthritis -more than 2,500 young people under 17 develop arthritis every year.
Recurring condition	Allergies, eczema
Conditions with a high risk of needing emergency intervention	e.g. Epilepsy - approximately 63,000 young people under 19 have epilepsy

Medical conditions	Examples
Conditions that require nursing interventions/ clinical procedures	e.g. tracheostomy care , stoma care or enteral feeding, ventilation, administration of medication, continence.
Brain Injury	Resulting from infection e.g. meningitis , from trauma or accident
Medically unexplained conditions	e.g. chronic pain and chronic fatigue

- Childrens Community Nurse

Are a team of specialist nurses working in the community who care for children and young people (0-19yrs) who have complex health need, long-term conditions that require extra care and support, including, oncology, respiratory, rheumatology, cardiology, endocrinology and complex bowel and bladder conditions. Nurses provide clinical assessments, treatments, support and educate and train families and carers on specific subjects including diagnosis and clinical procedures enabling them to be nursed at home.

- Specialist Nurses- E.g. diabetes, asthma, epilepsy, continence. Some of these specialist nurses are based in hospitals seeing children on the wards or in outpatient clinics working alongside specialist medical staff or consultants.

- Consultant Community Paediatrician.

Community Paediatricians are specialist doctors who assess and monitor children with a range of problems including children who may have an impairment or disability, delayed development, learning difficulties, behaviour problems or complex disabilities. A paediatrician can refer for further medical investigations and diagnosis. They can direct children to other paediatric specialists e.g. therapists, psychologists and specialist nursing services as needed. Paediatricians can work a variety of places such as hospitals, community clinics and special schools.

- Childrens and Young Peoples Continuing care.

Children and young people (0-17) who have complex health needs arising from disability, accident or illness that may require additional support that cannot be met by existing NHS universal and specialist health services (as described above). Additional support is first assessed by a Childrens complex care nurse specialist and is not dependent on a particular diagnosis or condition, if agreed support is delivered through a “tailor-made” commissioned package of care.

7.2 Training for Education staff to support pupils with medical conditions

- The health professional will advise school & nurseries of any training that education staff may require to ensure staff are competent & confident to undertake any delegated tasks and will also support the development of an IHP.
- Education staff will not be expected to undertake any task that requires complex clinical procedures that can only be carried out by a trained health worker due to the specialist clinical skills or carry a greater degree of risk.

Level 1 - Tasks routine and easily acquired skills.

Routine and easily acquired skills. Parents and carers will already understand their child's needs and it is important that settings work with parents and carers to ensure this level of care needs are met.

These skills may already have been acquired as parents and workers with children and young people. Most children and young people at some time will require tasks carried out at this level. Advice and support may be required to reassure staff in carrying out this kind of activity. Ongoing training may be required which should be organised and provided by the setting.

Examples: Intimate personal care - assisting with cleaning and changing soiled clothing, changing nappies and sanitary wear to keep the child clean and comfortable.

Promoting continence – assisting with toileting regimes, ensuring children have access to appropriate toilets, regular drinks etc. Assisting a child with eating or drinking – Following a simple plan involving environmental, postural and equipment adaptors to provide independence at mealtimes.

Level 2 - Tasks requiring training (from health professionals, usually qualified nurses)

There are several procedures that can be safely taught and delegated to non-health qualified staff and parents/carers following a child-specific assessment of clinical risk.

Some of these tasks could be carried out by the child themselves if of an appropriate age and ability.

Depending on the task & skills involved training provided may take the form of:

- coaching and modelling in the setting.
- taught sessions.
- taught sessions and practical competency assessments.

Once an individual has been trained, they should implement the agreed IHCP and:

- contact trainer /health professional if the child or young person's needs change which may require an amendment to the IHCP and / or review of competencies.
- contact trainer /health professional when their competency review is due

Level 3 - Tasks only undertaken by a trained health professional

These tasks are not delegate able to non- health care staff due to the complexity of the procedure or the risk that it involves and therefore should only be done by a trained health care professional, for example - programming of syringe drives, deep suction - past the vocal cords.

In Derby and Derbyshire, the Derbyshire Children's Community Nursing Training Team (DCCNTT) is a well-established Health Training team working in collaboration with Derbyshire County Council and currently provide training sessions across Derbyshire to enable children with complex health needs to access school and social settings.

- See link below for details of training courses/ prospectus including standard and bespoke training packages: <https://www.chesterfieldroyal.nhs.uk/our-services/dccnt>

7.3 Individual Healthcare Plans (IHPs)

Individual Healthcare Plans (IHP) are different from Education Health Care Plans (EHCP) or My SEND Learning Programmes. However, they do sit neatly alongside these other documents if required. A child or young person may have an IHP and not a My SEND Learning programme or EHCP. An IHP is important to ensure that the school knows how to handle a medical emergency with the child and that it is providing the right support for a child on an ongoing basis.

It is unacceptable practice to assume that all children with the same medical condition require the same treatment. An IHP ensures schools will have the correct information about the medical condition to ensure they can keep the child or young person safe and fully included in school life.

All children with significant ongoing medical needs should have an IHP or equivalent document. The LA strongly recommend that schools request information about children's medical needs as part of admissions documentation. (It should also be made clear that should a child develop a medical condition school **MUST** be notified.)

Supporting pupils at school with medical conditions, Department for Education statutory guidance, December 2015:

“Individual healthcare plans can help to ensure that schools effectively support pupils 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. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the head teacher is best placed to take a final view.”

- A template for an Individual Healthcare Plan (IHP) is available at <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>
- **School staff are not medical professionals.** Therefore, we would **strongly advise** that all IHPs either directly involve medical professionals, whilst they are being formulated or that a copy is sent to the key medical professional as soon as possible after it's creation so that any issues can be identified and resolved.
- Liaising with school nursing professionals
- All schools must review IHPs (Individual Healthcare Plans) **at least** annually, or at the point where there are any changes (*page 10 of the December 2015 statutory guidance for schools on supporting children with medical needs*).

The information recorded in an Individual Healthcare Plan could include:

- The medical condition, its triggers, signs, symptoms, and treatments.
- The pupil's resulting needs, including medication (dose, side-effects, and storage) and other treatments.
- Specific support for the pupil's educational, social and emotional needs.
- The level of support needed. If appropriate, some children and young people may wish to have some responsibility for managing their own health needs. This needs to be agreed with the child or young person and made clear within the Individual Health Care Plan.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency?
- Who in the school needs to be aware of the child'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 e.g. risk assessments.
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
- What to do in an emergency, including whom to contact, and contingency arrangements.

7.4. Support service for Physically Impaired

Physical Impairment Teachers make sure the environment is safe, secure, and accessible. This may involve building adaptations, suggesting reasonable adjustment such as nursery layout, facilitate inclusion so that the child can access a broad balanced curriculum. PI Teachers will also signpost to appropriate support networks and charities. PI Teachers will liaise with health professionals i.e. OT, Physio, SALT, Portage. PI Teachers encourage multi-agency meetings to take place so that all professionals are aware of need and can work together to ensure good quality learning.

8. SEND, the graduated response and children with medical needs

Many children with long-term medical needs, and an IHP in place are likely to be on the SEND register and have a MY SEND Learning Programme in place.

The Derbyshire Local Offer has information about support and services for children and young people (0 to 25 years) with special educational needs and disabilities and their families. Information on the Derbyshire Local Offer can be viewed using an internet search engine or via the following link:

<https://localoffer.derbyshire.gov.uk/>

For some pupils, their medical needs mean they may need to work towards an EHCP if there are significant additional educational needs because of the medical condition. IHPs are important so that staff fully understand the medical condition and any implications for keeping the child safe, know how the medical needs impact on the child and know what to do in a medical emergency. IHPs can sit neatly alongside the MY SEND Learning Programme and EHCPs. Sometimes the information from the IHP can help to inform the other paperwork for SEND, however, an IHP should always be done first if required.

An EHCP does not replace an IHP as, without an IHP, the full details of the medical condition may not be known and therefore it may not be possible to undertake a full risk assessment or make informed decisions about any reasonable adjustments that are required. It is important that the EHCP refers to the need for all parties to have regard for and follow the IHP.

Resources to support children with medical needs might vary according to the phase of schooling and for those also with SEND the stage of the Graduated Response. Children are considered on an individual basis and always in liaison with health care professionals.

9. What happens when a child cannot attend school due to medical needs?

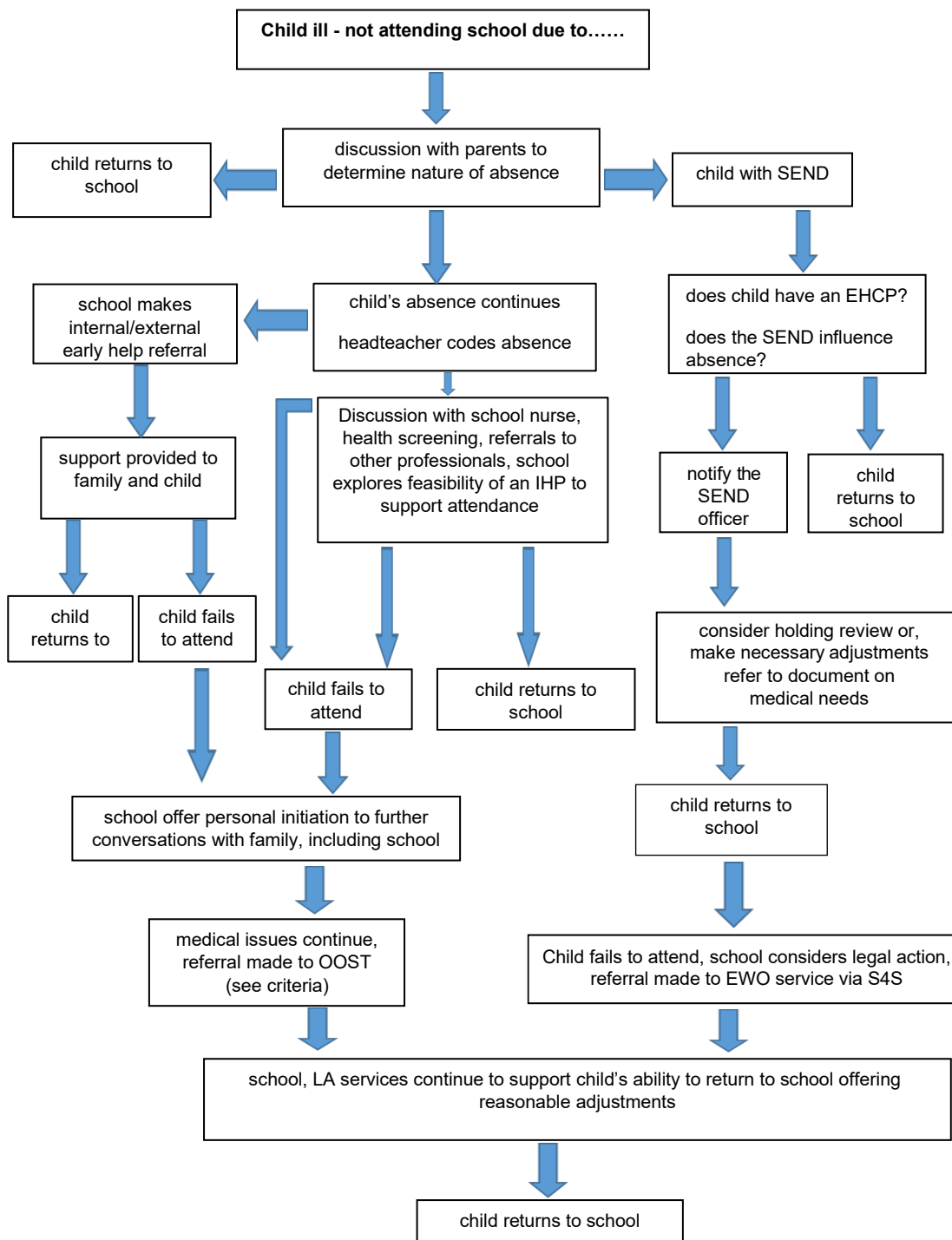
It is the responsibility of the school to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve academic potential. Long term absences due 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. Reintegration may require advice from health services alongside reasonable adjustments by the school or setting. This is to ensure that an appropriate level of support is in place so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend, (supporting pupils at school with medical conditions). There may be some children whose medical needs are short term in nature and who will be expected to return to school as before once they have recovered. These children may not need an IHP but will need an appropriate level of support in order to continue their education. This may include a referral to Out of School Tuition.

The school may be required to make reasonable adjustments so that a pupil with a medical condition can access schooling including those adjustments that can be recorded in an IHP or EHCP.

Section 19 of the Education Act 1996

When children and young people are unable to continue at school because of illness, the Education Act 1996 requires Local Education Authorities to provide them with 'suitable education' for example in a hospital school or in-home tuition. Suitable education refers to efficient education suitable to the child or young person's age, ability and aptitude and to any special educational needs he may have.

Each child should be treated individually, and the model below should be followed:



If the child is ill and not attending school, then a discussion with the parents to determine the nature of the absence should happen. Ultimately the child may return to school. If it is a child with SEND who is absent, then consider if the child has an EHCP. Does the SEND influence the child's absence? The child could ultimately return to school, but a notification to the SEND officer may also be required. Consider holding a review or make necessary adjustments and refer to the document on medical needs. The child could return to school. If the child fails to attend, school could consider legal action and a referral made to EWO service via S4S. The school and LA services should continue to support the child's ability to return to school offering reasonable adjustments to enable the child to return. If after the initial discussion with parents to determine the nature of the absence & the child's absence continues, the headteacher should code the absence.

There are a few options to consider. The school could make an internal or external early help referral, or a discussion with the school nurse could be had, health screening, referrals to other professionals and the school could explore feasibility of an IHP to support attendance and ultimately the return to school. If the school chose to make an internal or external early help referral, then support should be provided to the family and child to ensure the return of the child. If the child fails to attend after this then the school could offer personal initiation to further conversations with family and if medical issues continue, then a referral should be made to OOST (see criteria). This will ensure that the school and LA services continue to support child's ability to return to school offering reasonable adjustments, leading to the child's return.

If a child or young person **cannot** attend school (even with adjustments) and has not attended school for a period of 15 school days, there is normally an expectation that the school would contact the Local Authority to discuss how alternative provision off the school site can be made. The team with responsibility for educational support for children who are unable to attend school because of medical or health needs for children resident in Derbyshire is the Out of School Tuition Service (**OOST**).

They can be contacted in the following ways:

By email: OOST@derbyshire.gov.uk

By telephone: 01629 535295

By Post: Godkin House, Park Lane, Ripley, Derbyshire DE5 3EF.

Intermittent Absences and Recurrent Absence

Where a child's medical needs lead to regular or recurrent short absences, the LA anticipates that the school will respond to the child's educational needs without their involvement. The school should endeavour to establish and maintain good links with the child and family to ensure continuity of education.

Schools should have an established system in place to enable parents/carers to report their child's absence because of illness. It is reasonable for the school to ask the nature of the illness, ask the parent the expected length of absence and request for the parent to call the school again if the situation changes. Parents should only be asked to provide medical evidence if it will support the school to authorise the absence and understand any health-related requirements.

Where schools have concerns about the veracity of the reason provided for absence of a child with medical needs, they should offer early help support to work with the parents to investigate the reason for these absences and work to remove any barriers to the child attending school.

Where this is unsuccessful the school should follow their attendance management procedures. In these instances, parents can be asked to provide any medical evidence they possess to back up their case where appropriate.

NB: Attendance concerns: *where sporadic or unspecified illness is the primary reason parents can be prosecuted for failure to secure their child's regular attendance at school under section 4441 of the Education Act 1996.*

The Education Welfare Service undertake statutory duties in regard to legal action and wider advice and support services can be purchased as part of a traded package. This is available via Services for Schools.

10. Out of School Tuition Service (OOST)

In Derbyshire, the LA response to meeting the needs of children who cannot attend school with medical needs is met through the Out of School Tuition Service (OOST). OOST is part of Children's Services.

Health Needs

Statutory guidance points out that:

'There will be a wide range of circumstances where a child has a health need but will receive suitable education that meets their needs without the intervention of the LA – for example, where the child can still attend school with some support; where the school has made arrangements to deliver suitable education outside of school for the child; or where arrangements have been made for the child to be educated in a hospital by an on-site hospital school'

For some children, however, we recognise that there is a need for the local authority to become involved in arranging suitable provision. In general, we recognise the following groups of children as having health needs which may require support from OOST:

- Children who are injured as a result of trauma and need some additional recovery time once discharged from hospital before returning to school.
- Children who have undergone significant surgery and require some time to recuperate or avoid possible injury before returning to school.
- Children with chronic illness such as juvenile arthritis, where periods of ill health can make attendance at school impossible.
- Children undergoing treatment or recuperation from cancer.
- Children with mental health related problems confirmed by a senior health practitioner within specialist services, usually Child and Adolescent Mental Health Services (CAMHS).

Some of the children falling into these groups might also have disability or an Education Health Care Plan. Statutory guidance and policy relating to these additional needs should be consulted alongside this policy.

Working with OOST

The role of OOST is to provide a short period of education with the aim of integrating the child back into school at the earliest opportunity. Throughout this process the child remains the responsibility of the school. The process of support and integration is planned through Education Plan (EP) meetings for the child.

Schools should contact OOST if they become aware of a likely need to refer and should discuss the case with our team.

OOST, as part of Children's Services, has a role to challenge and support schools and other educational settings to provide effective education for all children and young people in the local community. This includes children whose health needs mean that they are unable to attend school.

Medical Evidence and Health Involvement

Prolonged absence from school for any child is likely to have a considerable impact on educational and social outcomes. It is, therefore, vital that professionals working with children with medical needs take extreme care when considering whether advice from health workers is appropriate or legitimate as sanction for periods of absence from school. For this reason, OOST will not usually accept a letter from a GP alone in support of a referral to our service.

Referrals from schools must be supported with appropriate recent written evidence from either:

- A consultant with responsibility for the child's case.
- The School Medical Officer (SMO) with responsibility for the child's case.
- A Senior Mental Health Practitioner working with the Child and Adolescent Mental Health Service (CAMHS) with responsibility for the child's case. As the process of referral to CAMHS can be lengthy, we consider children on an individual basis, and may provide support based on the recommendation of a GP or Educational Psychologist as an interim measure. We would only take this step where other professionals working with the family felt that it was appropriate to do so.
- For pregnant School Age Mothers, a MATB1 form is acceptable.

For children with mental health related illness OOST will only accept medical evidence from CAMHS where the child is engaged in a therapeutic programme with the service. This is to ensure that the practitioner has an up to date and informed knowledge of the child as well as helping ensure that the child is being appropriately supported to allow them to begin integration back into school at the earliest opportunity.

It is the responsibility of schools and parents to provide appropriate medical evidence in support of a referral or continuation of provision from OOST.

11. Hospital admission and the role of the school

Derbyshire children requiring long periods of hospitalisation usually attend larger hospitals in neighbouring LAs such as the Queen's Medical Centre, Royal Derby Hospital or Sheffield Children's Hospital. These hospitals have their own hospital teaching services which Derbyshire children access while they are on the relevant children's wards.

Derbyshire children may also be admitted to Nightingale Ward at Chesterfield Royal Hospital or Derby Royal Hospital. Derbyshire OOST has responsibility for children and young people at CRH and provides a 0.5 FTE teacher with responsibility for the arrangement of provision of education for children on the ward in conjunction with their mainstream school plus some additional support on an individual basis.

The OOST teacher responsible for provision will:

- Liaise with schools and medical staff.
- Request educational resources from schools so that the child can continue their education while on the ward.
- Liaise with schools so that the school can provide appropriate access to public examinations.
- Record and monitor the progress of pupils and report back to schools where appropriate.
- Provide direct teaching and access to electronic learning on the ward.

The quality of educational provision for school age children based on the ward is the responsibility of the OOST Manager at OOST.

Where a period of convalescence of more than 15 days is required, after discharge from hospital, before the child can return to school, it is the responsibility of the school to inform OOST and consider making a referral in the usual way.

When a Child is in Hospital – the Role of the School

Children and young people can be in hospital long-term or short-term.

It is good practice for schools to maintain contact with pupils when in hospital, particularly when this is for more than just a few days.

Liaison between hospital schools and home-schools is essential to make sure that education and contact with the OOST teacher working on the ward is as effective as possible. Schools should make contact with the OOST service and share key information about the pupil that will help the hospital school, for example, from a safeguarding perspective, the home-school should share any information which the Designated Safeguarding Lead has on file about the child that may help the hospital school keep the child or young person safe.

Sometimes, pupils can be sent to hospital miles away from home. It is good practice for the home-schools to request updates about a young person's admission or discharge so that the whereabouts of a pupil are known and have been verified. Good communication and collaboration over the education provision will ensure this is as effective as possible.

12. Attendance Policies and role of Education Welfare Officer

Schools should not request parents/pupils to evidence illness/ sickness via a “sick note” from a GP. GPs have no legal or contractual obligation to provide “sick notes”, medical certificates or letters for school children. If under specific circumstances they decide to do so, then they are entitled to charge a fee for undertaking this work. In most cases an explanation from the parents of an absence from school is sufficient for the purposes of the school.

These certificates are rarely appropriate and should not be requested in the first place. Schools, and Education Welfare Officers, should not seek routine confirmation of a medical reason for absence from GPs, and in most circumstances the GP will have no more information than that provided by the parents/carers.

Alternatively, schools could utilise the school nursing service to discuss any concerns regarding a pupil's health and if explanation from the parent, legal guardian or carer is not sufficient.

The facts:

- The provision of medical certificates for school children is not part of a GP's responsibility or contractual obligations.
- GPs cannot issue 'sick notes' or fit notes to school children because they are designed for social security purposes.

The role of Education Welfare Officers (EWOs)

The role of an Education Welfare Officer is to support schools to work with parents and children of statutory school age to improve regular school attendance. Schools will make a referral when non-school attendance reaches the threshold of 90% or below over the previous 6 weeks, mostly unauthorised.

EWOs are employed by the local authority and part of their role is to prepare the case if an authority is considering taking legal action against parents or guardians for failing to send children to school.

13. Managing illness and medication

The obligations of schools in managing illnesses of pupils:

- On 1 September 2014, a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The Department for Education produced guidance for schools entitled, 'Supporting pupils at school with medical conditions' which states that governing bodies:
- Must ensure that arrangements are in place in schools to support pupils at school with medical conditions
- Prescribing non-prescription (over the counter) medication in nurseries and schools

The BMA have provided advice on 'Prescribing non-prescription (over the counter) medication in nurseries and schools. This re-iterates that non-prescription medication can be administered where there is parents' prior written consent. This guidance applies to nurseries and schools and states that it is appropriate for OTC medicines to be administered by a member of staff in the nursery or school, or self-administered by the pupil during school hours, following written permission by the parents, as they consider necessary.

The LMC is aware that practices have received requests from parents to prescribe over the counter medications for their very young children because nurseries say they need to have 'child specific' bottles with prescription labels on them. It is a misuse of GP time to take up an appointment just to acquire a prescription for a medicine wholly to satisfy the needs of a nursery/school. The revised 'The Early Years Foundation Stage Statutory Framework' which governs the standards of institutions looking after and educating children, allows them to give over-the-counter medication such as pain and fever relief or teething gel. However, they must get written permission beforehand from parents and must follow the same recording procedures as those for prescribed medication.

This view is reinforced by Ofsted which has produced a very useful factsheet which confirms that written permission from parents to administer over the counter medications is sufficient.

Prescription Medication

The Department for Education guidance provides guidance on prescription medication in schools and nurseries: 'Prescription medicines should only be taken to a setting when this is essential and settings should only accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist.'

Appendix 1- Updated Nov 2022

Derbyshire Key Contacts for Children with Medical Needs

Health Visitor Contact (Public Health Nurses 0-19yrs)
Use the link below or the SEND Local Offer website for your Derbyshire County local school nurse Derbyshire Family Health Service for 0 - 5 year olds
School Nurse Contact (Public Health Nurses 0-19yrs)
Use the link below or the SEND Local Offer website for your Derbyshire County local school nurse: Derbyshire Family Health Service
If the child doesn't attend school or is home educated, contact the School Nurse Team via the 0-19yrs Single Point of Access to enquire is Tel: 01246 515100 School Nurse Referral Form

Childrens Community Nursing Service/KITE Team	
These nurses based in the North and South of the county work with children with a variety of conditions including – epilepsy, respirator &, endocrine conditions, diabetes & cancer	
North Derbyshire Chesterfield Royal Hospital Tel: 01246 514563 CRHFT.ChildrensCommunityNursingTeam@nhs.net Children's Community Nursing: Chesterfield Royal Hospital	Southern Derbyshire University of Derby & Burton Hospitals Tel: 01332 786807 Dhft.derbykiteteam@nhs.net KITE team - UHDB Hospital Trust - University Hospitals of Derby and Burton NHS

Child Development Centre(s)	
North Derbyshire Chesterfield Royal Hospital The DEN Child Development Centre Tel: 01246 514414 Child Development Assessment Team: Chesterfield Royal Hospital	Southern Derbyshire University Hospital of Derby & Burton The Ronnie McKeith Child Development Centre Tel: 01332 340 131 Ronnie Mackeith Child Development Centre University Hospitals of Derby and Burton NHS (uhdb.nhs.uk)

Specialist Continence Team	
North Derbyshire CRHFT.ChildrensContinenceService@nhs.net Professionals: Chesterfield Royal Hospital	Southern Derbyshire Children's Continence: Derbyshire Healthcare NHS Foundation Trust (derbyshirehealthcareft.nhs.uk)

Training for schools: Training Schedule
The Derbyshire Children's Community Nursing Training Team (DCCNTT) provide training schools and setting, parents/carers of children and young people in Derbyshire who require the knowledge and skills to perform health tasks.
Contact details for training Derbyshire County training sessions – please see the <i>Derbyshire Training Schedule</i> by contacting 01246 514 511 or dcnt.inbox@nhs.net



Templates

Supporting pupils with medical conditions

May 2014

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Introduction

In response to requests from stakeholders during discussions about the development of the statutory guidance for supporting pupils with medical conditions, we have prepared the following templates. They are provided as an aid to schools and their use is entirely voluntary. Schools are free to adapt them as they wish to meet local needs, to design their own templates or to use templates from another source.

Template A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template D: record of medicine administered to all children

Name of school/setting

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Template E: staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely



Department
for Education

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APPENDIX 3

Public Health England guidance below, for updates use link below:

<https://derbyshirefamilyhealthservice.nhs.uk/our-services/5-10-years/childhood-illness>

1. First steps guidance to supporting children with medical conditions in school.

1. Ask about the child's health before the child starts	Use a questionnaire or the IHCP template provided by DfE as part of admissions.	
2. Prepare early, in advance of the child starting in the setting.	The Equality Act means adjustments must be put in place in advance to prevent disadvantage & ensure the best start. E.g. equipment & staff training	
Remember all children with the same medical condition do NOT require the same treatment/ support, everyone is an individual.		
3. Contact the relevant health professional involved asap for advice e.g. school nurse, community children's nurse, CHC nurse, specialist nurse such as diabetes/ asthma or paediatrician.		
4. Identify staff who will support the pupil and arrange dates for them to complete any necessary training to provide care during school day.		
5. Record how you will support the child with the parent & health professional using Individual Health Care Plans (IHCP) template.		
6. Include - what needs to be done, when and by who.	<ul style="list-style-type: none"> • which staff will be involved and cover arrangements? • any staff training required and how often it will need updating • is a risk assessment needed? • how to handle a medical emergency 	