

## Principles for Supporting Pupils with Medical Conditions in Schools – NWL

This document is intended to outline principles to support discussions around roles, responsibilities and decision making to ensure that pupils with medical conditions can be effectively supported in school environments across North West London. It should be considered alongside other information about locally commissioned services, including opportunities for information, advice, guidance and training opportunities for school staff.

1. The responsibility for ensuring there is an up to date health care plan sits with the school. This is outlined in the statutory guidance: "Supporting pupils at school with medical needs"  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)

2. The school Nurse / clinical nurse specialist and other health professionals should contribute and support in the development of the health care plan. The statutory guidance outlines this:

*"Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the child."*

Parents should share any updated health care plans with schools.

3. Training: Schools should access training via the school nursing service / children community nursing service / special school nursing service depending on condition and whether child is on caseload of CCN. Refer to local agreed training arrangements. Schools should undertake both "whole school" training in common conditions such as asthma, and tailored training linked to the needs of individual pupils as required.
4. Independence of CYP should be encouraged. Where possible it should not be encouraged to have adults 'attached' to CYP in the classroom as this does not encourage independence. The ultimate goal is for CYP to learn to manage their medical condition independently e.g. diabetes, where possible.
5. Consideration should be given to the requirement for schools to make reasonable adjustments in line with the Equality Act. The Council for Disabled Children have published a useful guide for schools: "Disabled Children and the Equality Act 2010: what teachers need to know and what schools need to do."  
<https://councilfordisabledchildren.org.uk/sites/default/files/uploads/attachments/Equality%20Act%20Guide%20for%20schools%20-%20FINAL%20EM%20EDIT.pdf>

This document outlines that:

*"Children and young people who have a range of medical conditions, such as epilepsy, diabetes or more severe forms of asthma and eczema, are likely to be*

*covered by the definition of disability but may not be identified as having SEN. Under CFA, schools also have responsibilities for pupils with medical conditions: schools must make arrangements to support them and must have regard to statutory guidance. The guidance is designed 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 their academic potential."*

It should be noted that what is a reasonable adjustment for schools, will depend on the resources available for the proprietor.

6. If additional support is required in the classroom to manage a medical condition, the recommendation must be made by a health professional, preferably a nurse who works with the child and knows their condition, and all decisions will be made on the basis of the individual CYP's needs. Decisions will be made in line with local funding request protocols in conjunction with local health professionals. The recommendation should include clarification on what tasks are required to support that CYP, the frequency for them to be carried out and the level of expertise needed to carry out the task. The recommendation should also include consideration of risks that need to be taken account of to ensure the CYP remains safe. Staffing levels need to include considerations for toilet breaks, annual leave, sickness etc.
7. NHS NWL is not able to consider funding without a health professional recommendation. Consideration should also be given as to whether the CYP has an EHCP and other SEND needs and consideration must be given to the role of any additional member of staff in relation to wider training and education. For example, key questions include whether an additional member of staff, such as a LSA, will also be assisting with communication / curriculum tasks, and the proportion of time that the additional member of staff requires to provide medical / health care tasks.
8. For children with medical conditions who require transport to school, health is responsible for training any escorts / assistants for individual CYP with complex health needs. The LA is responsible for the provision of escorts. Individual conversations to determine the support required and funding arrangements may be required on a case by case basis.
9. The above principles of ensuring there is a health care plan in place which can be supported by input from a health professional, providing training for education staff and requesting funding for additional support also applies to colleges, early years' provision and after school's clubs. Where a CYP has an EHCP, his / her needs should be outlined along with the provision required to meet those needs. That provision should stipulate who will support with health care plans and training and what level of staffing and expertise are required to support the pupil in an educational setting.