



Supporting pupils at school with medical conditions

UNISON branch advice on
new statutory guidance

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Background

An increasing number of children and young people with health needs, including long-term conditions and highly complex needs, are attending mainstream school. Some of these pupils have short-term needs for support, such as being helped to take prescription medicines. However, many require continuous and ongoing care and intervention while at school, including intimate or invasive care procedures.

The pressure for support staff to take on duties relating to the health needs of children has continued to grow. This results in situations where support staff may be providing medical care without a suitable policy in place or adequate training. UNISON has long argued that there should be nationally prescribed safeguards and standards in order to protect both staff and pupils and we have previously issued detailed advice.

The Children and Families Act 2014 brought with it a change in the law meaning that from September 2014, schools have to make arrangements to support pupils with medical conditions. The Department for Education (England) published new statutory guidance to accompany this change, called “Supporting pupils at school with medical conditions”, and schools must have regard to this. UNISON played a key role in producing the guidance, along with The Health Conditions in Schools Alliance. The guidance can be found online here:

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

The statutory guidance contains a lot of detailed information about what a school policy for supporting pupils with medical conditions should contain, and the roles and responsibilities of governors, staff, health professionals and parents. It is important to refer to this guidance in full when dealing with issues in this area. However, this document includes a summary of some key points from the guidance, along with UNISON comment where appropriate.

It remains the case that support staff cannot be required to support children with medical conditions unless it is part of their contract. Employers cannot unilaterally impose amendments to contracts to include medical procedures. Where staff do take on medical duties, they must receive sufficient training, and UNISON is clear that pay and grading should take full account of all responsibilities and duties.

Note: While the statutory guidance applies to England only, the principles and advice in this document will be of use to branches in Scotland, Wales and Northern Ireland.

Key points from the statutory guidance

A summary of key points from the guidance is below, along with UNISON comment where appropriate. The structure of the information below mirrors the statutory guidance itself and refers to the paragraph numbers for easy cross-reference. However, it is not exhaustive so it is important to treat this document as a summary and refer to the full statutory guidance, which contains many more details.

Role of the governing bodies, proprietors and management committees (paragraphs 5–10)

- The statutory guidance applies to governing bodies of maintained schools, pupil referral units and academies (including free schools). It does not apply to the governing bodies of maintained nursery schools.
- Governing bodies are legally responsible under Section 100 of the Children and Families Act 2014 to make arrangements to support pupils with medical conditions and must have regard to the new guidance.
- The governing body must ensure that arrangements are in place to support pupils with medical conditions and that policies, plans, procedures and systems are properly and effectively implemented.

UNISON comment

UNISON believes that governing bodies should regularly audit their policies relating to supporting pupils with medical conditions, to ensure that healthcare plans are being adhered to, the correct training is being given and the appropriate people are providing the necessary care.

Developing the school's policy (paragraphs 11–14)

- Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.
- It is essential that a named person has overall responsibility for effective policy implementation. Policy details should include:
 - who is responsible for ensuring that sufficient staff are suitably trained
 - cover arrangements in case of staff absence/turnover
 - risk assessments for school visits, holidays and other school activities outside of the normal timetable.

UNISON comment

It would also be helpful for policies to include details about who is responsible for necessary equipment and space provision. Additional staff may need to be recruited to ensure that the school's policies are effectively implemented. Funding for appropriate staffing and relevant training is also crucial to the effective implementation of the guidance.

Individual healthcare plans (paragraphs 15–19)

- Governing bodies must ensure the school's policy identifies who is responsible for the development of individual healthcare plans (IHPs).
- IHPs should be drawn up in partnership between the school, parents, healthcare professionals and whenever appropriate, the child.
- IHPs should capture the key information and actions that are required to support the child effectively.
- The governing body must ensure IHPs are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.
- In producing IHPs, the governing body must consider the following:
 - the medical condition, its triggers, signs, symptoms and treatments
 - the pupil's resulting needs including medical, education, social and emotional needs
 - the level of support needed, including in emergencies
 - who will provide the support, their training needs, confirmation of their proficiency from a healthcare professional, and cover arrangements
 - arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, of self-administered by the pupil during school hours
 - separate arrangements required for school trips or other school activities outside of the normal school timetable, e.g. risk assessments
- Where a child has a special educational need (SEN) but does not have a statement or education, health and care (EHC) plan, their special educational needs should be mentioned in their individual healthcare plan.
- Where a child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

UNISON comment

The governing body should also consider and include in the individual healthcare plans a list of tasks that should only be carried out by a registered healthcare professional. The Royal College of Nursing provides such a list – see page 10.



Roles and responsibilities (paragraphs 20-22)

- Governors must ensure the school policy identifies the roles and responsibilities of all those involved in supporting medical conditions.
- Governors should ensure sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical needs.
- Supporting a child with a medical condition is not the sole responsibility of one person. Policies should identify collaborative working arrangements between school staff, healthcare professionals, local authorities, parents, pupils and social care professionals where appropriate.
- Headteachers should ensure that sufficient trained numbers of staff are available to deliver against IHPs, including contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
- Headteachers must make sure school staff are appropriately insured to support pupils with medical conditions.
- Every school has access to school nursing services. School nurses would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.
- Any member of school staff may be asked to provide support to children with medical conditions, including the administering of medicines, although they cannot be required to do so.
- School staff who provide support to pupils should be able to access information and other support materials as needed.

UNISON comment

UNISON deals with allegations by pupils and staff of inappropriate handling/contact including sexual and physical abuse. These risks can be significantly reduced by staff working in pairs, which also provides a valuable support network. This is particularly important if assisting in invasive treatment when allegations of assault or sexual abuse are more likely to arise. Schools should consider these issues as part of their safeguarding procedures and arrange for two adults to be present in these circumstances.

As part of this, schools should have a clear intimate care policy that refers to medical support involving contact with or exposure of a pupil's body. Individual healthcare plans should include specific reference to these needs and how they should be met. The protocol for dealing with intimate care should enable an alternative member of staff to support the pupil in a consistent way. Staff should be sensitive to the reactions of pupils receiving intimate care and they should feel confident about expressing any concerns.

School nurses and other health care professionals need to be aware that school support staff are not necessarily required to carry out healthcare duties and should check who in the school has specific responsibilities.

In addition, UNISON would ask that governing bodies review the remuneration of school staff providing healthcare support to pupils, so that it takes account of the additional responsibilities, knowledge and skills required to support children with health needs. The NJC model role profiles for school support staff state:

"Where these duties become a requirement of the job, as part of an agreement between employers and unions, it should be set out in the job description as an additional duty allowing it to be accounted for in the evaluation of the role (and therefore in remuneration as appropriate)".

Staff training and support (paragraphs 23-31)

- Governing bodies must ensure the school's policy sets out how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided.
- Healthcare professionals should lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained.
- Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure or in providing medication.
- Training should be sufficient to ensure staff are confident and have confidence in their ability to support pupils with medical conditions. They will need an understanding of the specific medical conditions they are asked to deal with.
- A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
- Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans).
- Staff who provide support to pupils with medical conditions should be included in relevant meetings.
- Parents may provide specific advice but should not be the sole trainer of staff.

UNISON comment

This section of the guidance should be read in the context that any member of school staff may be asked to provide support to pupils with medical conditions, but they cannot be required to do so, which is stated in the 'Roles and responsibilities' section.

In situations where school nurses and registered healthcare professionals work with multiple schools, consideration must be given as to how they can identify training needs and confirm the proficiency of staff in a timely manner.

UNISON believes training should be carried out by an appropriate registered healthcare professional or accredited training provider and on a named-child basis – to recognise the point made in the guidance that it is unacceptable to assume that every child with the same condition requires the same treatment. Staff should have access to appropriate supervision. Refresher training should be provided at least once a year.

Schools should consider the additional funding that may be required in order that appropriate staff are recruited and/or trained to give children the best, safest possible care.

Policies should be clear that sufficient staff must be trained to cover staff absence, departures and school trips.

Training can be provided by the school nurse, medical staff in the community, companies or voluntary organisations. There may be need for input from physiotherapists, occupational therapists and specialist nurses. Some schools may have staff who specialise in medical support and train colleagues as part of their job. These should have training to train others

and be given the necessary resources. A team approach can be highly productive, sharing out risk assessment demands and co-ordinating support. Staff from special schools can be seconded to share their expertise with colleagues in mainstream schools. Resources should be made available to backfill posts, which should not be lower than a higher level teaching assistant or equivalent. This is because job profiles at a lower level are unlikely to include the ability to train others. There may be a need to develop new courses where gaps are evident. Schools should ensure sufficient training provider capacity and be responsive to newly identified demand.

The child's role in managing their own medical needs (paragraphs 32-34)

- Governing bodies should ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.
- Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision.
- Staff should not force a child to take their medicine or carry out a necessary procedure if the child refuses. Instead they should follow the procedure agreed in the individual healthcare plan and inform the child's parents.

UNISON comment

School policies should clearly describe the process for deciding that self-administration is acceptable and suitable for the individual's healthcare plan. There will still have to be staff supervision, record-keeping and training.

Managing medicines on school premises (paragraph 35)

- Medicines should only be administered at school when it would be detrimental to a children's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parents' written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.
- Children should know where their medicines are stored and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Schools should keep a record of all medicines administered to individual children stating what, how and how much was administered, when and by whom.

UNISON comment

Decisions should not be made by school support staff about when it would be detrimental to a child's health or school attendance not to administer medicines. These decisions should be made by the appropriate healthcare professional and recorded in children's individual healthcare plans.

There should be a 'misuse of drugs' policy and procedure to deal with situations where pupils pass their medication to other pupils, for example.

Emergency procedures (paragraphs 37-39)

- Individual healthcare plans should clearly define what constitutes an emergency and explain what to do.
- If a child is taken to hospital, staff should stay with the child until the parent arrives or accompany a child taken to hospital by ambulance.

UNISON comment

Staff should not take pupils to hospital in their own cars. Allegations of negligence may be made if a seriously ill pupil is placed unsupervised in a vehicle without medical support. An ambulance should be called. When the need arises for a child to be accompanied to hospital by ambulance, the school should consider the personal circumstances of the person being asked voluntarily to go with the child. The member of staff may have personal responsibilities which would prevent them being able to support a child, such as their own childcare responsibilities, if an incident arises at the end of the school day. Staff should only be expected to commit their time outside of normal working hours to stay with a child if they are willing and able to do so.



Day trips, residential visits and sporting activities (paragraphs 40-41)

Schools should make arrangements for the inclusion of pupils with medical conditions in day trips, residential visits and sporting activities with any adjustments as required, unless evidence from a clinician states that this is not possible.

It is best practice to carry out a risk assessment in consultation with parents and pupils and advice from the relevant professional to ensure that pupils can participate safely. Also see HSE guidance on school trips.

UNISON comment

The need to ensure sufficient trained staff are available on school trips to support children with medical needs is paramount. It can be a time of increased anxiety for staff. The need for staff breaks must also be taken into account, in order for the best support to be provided. This may result in an increase in the staffing complement. For example, on a residential trip, a child's needs may be such that staff need to be awake at night to deal with students. These issues should be considered in the risk assessment. When considering the cost of trips/residential visits or activities which take place outside of, or over and above the normal contracted hours, the school should take into account the remuneration of the trained individuals required to attend to support children with medical conditions.

Other issues for consideration (paragraph 42)

- Home to school transport is the responsibility of local authorities who may find it helpful to be aware of a pupil's individual healthcare plan.
- Schools are advised to consider purchasing a defibrillator as part of their first aid equipment.
- From 1 October 2014, schools are able to hold asthma inhalers for emergency use for children on the school's asthma register, where written parental consent has been obtained and recorded in the child's individual healthcare plan. The Department of Health have produced a protocol around this. See page 10.

Unacceptable practice (paragraph 43)

- Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable. Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:
 - prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
 - assume that every child with the same condition requires the same treatment;
 - ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
 - send children with medical conditions home frequently or prevent them from staying for normal school

activities, including lunch, unless this is specified in their individual healthcare plans;

- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Liability and indemnity (paragraphs 44-46)

- Governing bodies should ensure the appropriate level of insurance is in place. The school policy must set out the details of the school's insurance arrangements that cover staff providing support to pupils with medical conditions, but individual cover may need to be arranged for any health care procedures.

- Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with.
- Insurance policies should be accessible to staff providing such support.
- In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

UNISON comment

Compensation claims are seldom brought against individuals but more often against employers who have a liability for the actions and omissions of their staff. Employers' insurance arrangements should include cover for claims of negligence and third party liability for those supervising pupils, for example, on school trips.

Keeping records is important not just for the pupil but also for the member of staff who is administering the medicine or providing support medical support. Staff could be accused of negligence for failing to follow the school policy or carry out procedures correctly. They could also be accused of breaking confidentiality. These accusations could result in disciplinary action being taken by the employer. Seek advice from UNISON in these circumstances.



Your questions answered

Can I refuse an instruction to give medical support?

Yes, you can if it is not within the scope of your job. Even if it is, you should refuse if you feel insufficiently competent or believe the support should be provided by a health professional.

What if I am bullied into it?

If a teacher or manager is insistent, and the task is outside the scope of your contract, you should refer to the statutory guidance. This states that school staff may be asked to provide medical support but cannot be required to do so. If pressure continues, seek advice from your UNISON rep or branch.

My refusal to help may result in a child or young person missing out on a school activity. How should I respond?

You should not be blackmailed into providing medical support to pupils. It is not in their interests or yours. It is the school management's responsibility to have a planned approach to providing the resources necessary to ensure that children with medical needs are not excluded from any activities.

Am I protected if something goes wrong?

The employer is generally considered to be liable in the event of a preventable accident at school. There should be an insurance policy in place that protects them against legal claims. This should be referred to in the school's medical policy. Staff might be accused of failing to abide by a clear, publicised medical policy and threatened with disciplinary action. This would be no different to any other accusation of negligence and your UNISON rep or branch should be contacted in this event.

What if I am refused the right kind of training or retraining?

If a member of staff requests training or retraining, it usually means that they doubt their competence to carry out particular medical support tasks. In accord with your duty of care towards pupils, you should refuse to carry out any medical intervention that you feel unsure of, stating that reason.

What if I am concerned that the child or young person is not getting adequate medical support?

All staff have a responsibility to report concerns about the care of a child or young person. There should be a procedure within the school policy to do so. If there is a failure to respond at local level, seek advice from UNISON.

My contract says that I may be asked to help with toileting or give some health support. I did not realise that this meant nappy changing older children or carrying out medical procedures. Can I refuse?

If the job specification, profile or description makes it clear that toileting or other support is part of that particular role, it is a contractual duty. But the tasks involved must be explicit and the requirements transparent. A line in a contract that says toileting or other medical support might be required is inadequate. It cannot be in the interest of the child or young person to be assisted in personal care, which may be intimate, by a member of staff who is reluctant or not comfortable with the procedure.

My headteacher wants to amend my contract to include medical support. Is that acceptable?

Your contract cannot be amended without your agreement. If you do not wish to provide medical support to pupils, you should not. Seek advice from UNISON in these circumstances.

The amount of time that I now spend supporting medical needs is detracting from my core function and there is no extra help. Can I challenge this?

If you are struggling to perform your contractual duties because of other activity, the issues must be addressed by your employer. If you are dealing with an unreasonable workload, you and pupils are at risk. Your employer must ensure that adequate resources, including staffing levels, are in place.

Although I am responsible for the medical support of a particular child, I am excluded from discussions about their care plan. Is that right?

If you have an impact on the quality of care of an individual child, it would be detrimental to them if you were excluded from discussion about it. The school medical policy should be explicit about the need to include the relevant staff in discussions about the administration of medicines or medical support.

I am on a low pay grade employed to carry out simple, routine tasks that are now complicated by a regular requirement to administer medicines and give other medical support. Can I ask for a pay review?

The school's medical policy should be quite clear about the level of skills, knowledge and qualifications necessary to administer medicines or provide medical support. If you have received the necessary training and are working to that level, your job profile and pay should be reviewed.

Useful resources

- UNISON poster: *Worried about dealing with health needs in school?*, stock number 3431 (unison.org.uk/catalogue/22628)
- UNISON leaflet: *Dealing with health needs in schools*, stock number 3297 (unison.org.uk/catalogue/21774)
- UNISON/Royal College of Nursing best practice statement: *Providing support for children and young people with health needs in schools*, stock number 3180 (unison.org.uk/catalogue/20539)
- Royal College of Nursing position statement: *Managing children with healthcare needs: delegation of clinical procedures, training and accountability issues*, <http://tinyurl.com/mzvfy7c>
- Supporting pupils at school with medical conditions statutory guidance (England)
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>
- Department of Health Guidance
Emergency asthma inhalers for use in schools
<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>
- Supporting children and young people who are bullied – Department for Education advice for schools
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/292505/supporting_bullied_children_advice.pdf

For further materials related to UNISON in schools search “schools” in online catalogue at unison.org.uk/online-catalogue.

For more information speak to your local UNISON rep or find out more at unison.org.uk/education.

Or contact UNISON on 0800 857 0857.

An increasing number of children and young people with health needs, including long-term conditions and highly complex needs, are attending mainstream school.

The pressure for support staff to take on duties relating to the health needs of children has continued to grow, resulting in situations where support staff may be providing medical care without a suitable policy in place or adequate training.

UNISON has long argued that there should be nationally prescribed safeguards and standards in order to protect both staff and pupils and has previously issued detailed advice.

The Children and Families Act 2014 brought with it a change in the law meaning that from September 2014, schools have to make arrangements to support pupils with medical conditions.

The Department for Education created new statutory guidance, which UNISON played a key role in producing.

This document includes a summary of some key points from the guidance, along with UNISON comment where appropriate.

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