



Supporting pupils with medical conditions policy

Federation	Yes
Statutory	Yes
Staff member	Anna Waddell
Governor	Jodie Terry
Committee	n/a
Full Governing Body	Yes
Last amendment date	Autumn 2018
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Renewal cycle	Every two years

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions if needed
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is: Anna Waddell/Michelle Foster

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 Head of School

The Head of School will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

- The school's designated persons are:
Fox – Anna Waddell and Ros Morgan
Ashburnham – Cordelia Chu and Ben McMullen
- The designated person is responsible for ensuring that willing staff have appropriate training to support pupils with medical needs which is updated annually, (school nurses do epi-pen, asthma, diabetes and epilepsy or can liaise with other HC professionals for appropriate training)
- All staff are expected to use their best endeavors at all times, particularly in emergencies
- The school must make sure that correct procedures are followed; keeping accurate records for each child and each incident and liaise with parents accordingly
- The Administrative Officer is responsible for the day to day decisions about administering medication to children who have medical needs
- The Head of School should make sure that all staff members follow the school's documented procedure, following guidance from the education authority; they should be fully covered by their employer's public liability insurance should a parent make a complaint
- A detailed INDIVIDUAL HEALTH CARE PLAN can also help schools to identify the necessary safety measures required to support pupils with medical needs if and when required

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide in date medicines and equipment
- Do all possible to ensure that their child is well enough to attend school. If the child is unwell, the parents should keep the child at home.

- Provide sufficient information about their child's medical condition, treatment and/or special care needed at school and let the school know of any changes to the prescription or the support needed
- Ensure that medication is clearly labeled – on medication itself this should include: name of child, name of medication, dose and frequency.
- Ensure that their child's medication is in date.

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, if known.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

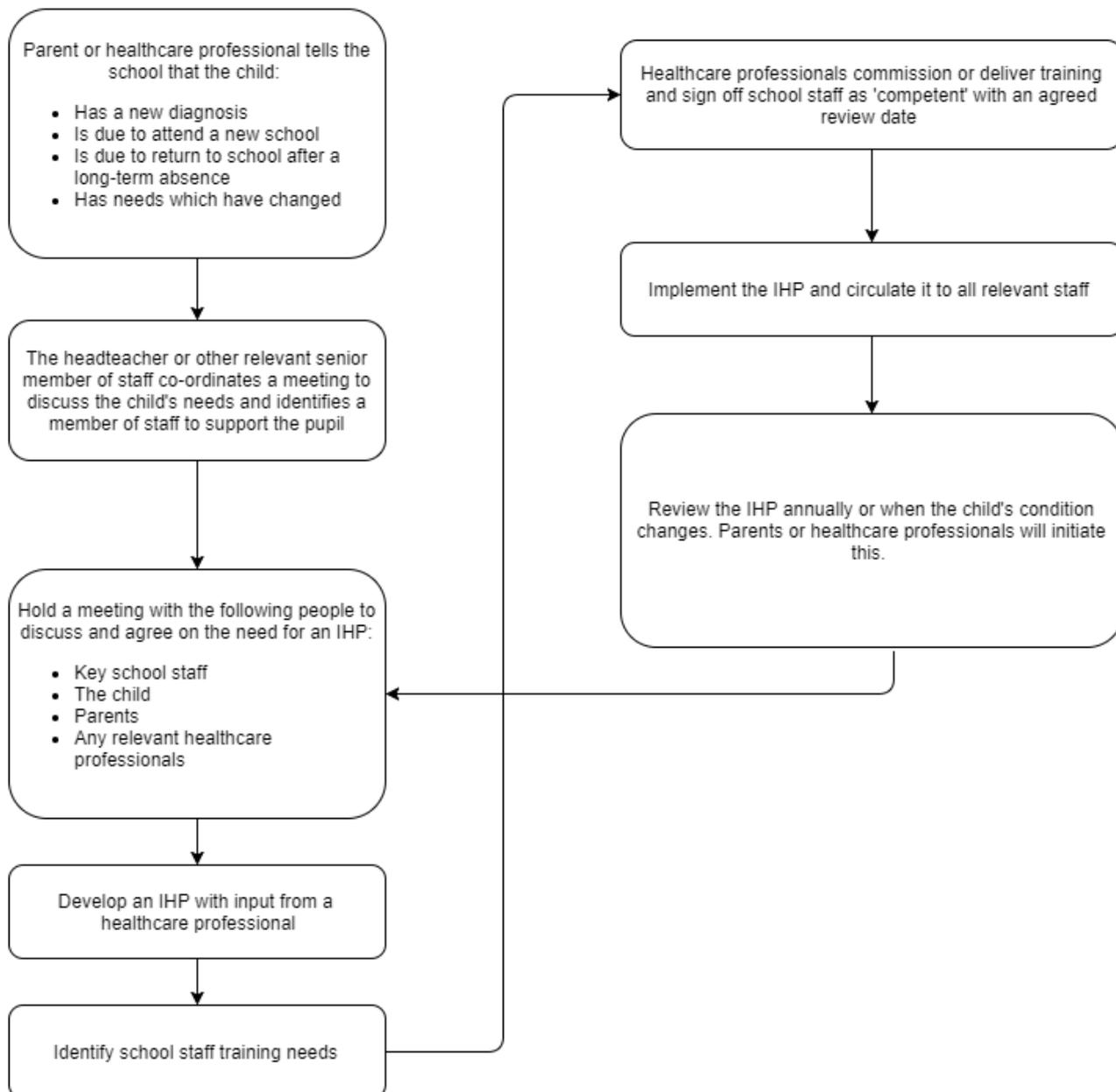
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.



6. Individual healthcare plans

The Head of School has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENDCo.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Head of School will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and SENDCo, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the Head of School 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 outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Any medication administered will be recorded on a Medication Permission Form or a school's similar proforma.

The school will only accept prescribed medicines that are:

- Labelled - pupil's name
- Accompanied with written instructions from the doctor or parent
- In-date
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

Any member of staff who agree to accept responsibility for administering prescribed medication to a pupil should have proper training and guidance and should check the following: -

1. The pupil's name
 2. Written instructions provided by parents or doctor
 3. Prescribed dose and frequency
 4. Expiry date
- He or she should be aware of possible side effects of the medication and what to do if they occur
 - School staff should generally not give any non-prescribed medication to pupils i.e. aspirins, paracetamol. Exceptions will be made on a case by case basis to administer Calpol/ paracetamol or a similar brand of painkillers on the proviso that a Medication Permission Form is completed with detailed instructions of dosage and time to administer. Any non-prescription medication must be collected at the end of each working day. **A child under 12 should never be given aspirin, unless prescribed by a doctor.** If a pupil suffers from acute pain i.e. Migraine, the parents should authorize and supply appropriate painkillers, with written instructions about when the child should take the medication. A member of staff should supervise the pupil taking the medication and record dosage and time on a Medication Permission Form or equivalent proforma.
 - No pupil under 16 should be given medication without his/her parents written consent
 - It is good practice to have the dosage and administration witnessed by a second adult
 - It is good practice to allow pupils who can be trusted to manage their own medication from a relatively early age (parents should state this on health care plan). If doing so, staff should supervise them at all times
 - If a pupil refuses to take medication, staff should not force them to do so. The school should inform the parent as a matter of urgency, and if necessary call the emergency services
 - Some medicine needs to be refrigerated. Medicines can be kept in a refrigerator containing food, but should be in an airtight container and clearly marked
 - Medicines will be stored safely but accessible to those it is prescribed for
 - Parents should collect medicines held at school and are responsible for the disposal of date expired medication

There is no legal duty which requires school staff to administer medication, this is a voluntary role.

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)

- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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 pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Hygiene/Infection Control

- All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures
- Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment

9. School Trips

- It is good practice for schools to encourage all pupils to participate in school trips whatever safety permits
- Staff supervising excursions and overnight trips should always be aware of any (additional) medical needs and relevant emergency procedures
- It may be advisable/appropriate for an additional supervisor or parent to accompany a particular pupil
- First Aid kits and medication to be collected from the office. This should be a key adult who is responsible for first aid on the trip.

10. Sporting Activities

- Most pupils with medical conditions can participate in extra-curricular sport or in the PE curriculum, which is sufficiently flexible for all pupils to follow in ways appropriate to their own abilities
- For many, physical activity can benefit their overall social, mental and physical health and well-being
- Some pupils may need to take precautionary measures before or during exercise and-or need to be allowed immediate access to their medication, if necessary
- Staff supervising sporting activities should always be aware of any medical needs and relevant emergency procedures

11. Dealing with Asthma

- Parents of children with asthma can provide inhalers to be kept in the school office
- These will be provided to children when needed. Children can administer these themselves under adult supervision or staff will administer
- Inhalers are to be taken by the child's teacher to school trips
- Nurse to administer annual reminder training for asthma

12. Dealing with Anaphylaxis and Epinephrine Auto-Injectors

- Children with severe allergies that result into anaphylaxis must have two epi-pens at school. (One to be kept in the classroom and one in the school office)
- All staff members are trained on administering an epipen.
- Epipens should only be given if the child medical proof/allergy plan as evidence that they require it

- Medical advice (e.g. ambulance) should be sought before administering the epipen of another child in an emergency (as per nurse training instructions)

13. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

- All staff should know how to call the emergency services
- All staff should know who is responsible for carrying out emergency procedures in the event of need
- A pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the pupil's parents arrives
- Generally, staff **should not** take pupils to hospital in their own cars. However, in an emergency it may be the best course of action. That member of staff **should be accompanied** by another adult and have public liability vehicle insurance i.e. for business use
- A copy of health care plan should accompany the child to A&E with prior parental permission

14. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the SENDCo or Deputy Head. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

15. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

See appendices for examples.

16. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

17. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Deputy Headteacher or SENDCo in the first instance. If the Deputy Headteacher or SENDCo cannot resolve the matter, they will direct parents to the school's complaints procedure.

18. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 2 years.

19. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints Policy
- Equality information and objectives
- First aid Policy
- Health and safety Policy
- Safeguarding and Child Protection Policy
- Special educational needs information report and policy
- Intimate Care Policy

APPENDICES

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

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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

MEDICATION PERMISSION FORM

Name of child _____ Class _____

I give permission for school staff to administer to my child daily medication of:

Dosage: _____ Times a day: _____

Starting (date): _____ until (date): _____

I agree to notify the office immediately of any changes in the medication that may occur.

It is essential that your child knows to come to the school office at the time agreed for the medication to be administered.

The school cannot be responsible for any effects caused by medication not being administered.

Signed: _____ Date: _____

Print Name: _____

----- FOR SCHOOL USE ONLY

Medication received: _____

Signed _____ Named First Aider

RECORD OF ADMINISTRATION

Date/Time	By Whom		Date/Time	By Whom

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 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.

Please contact the school office to arrange a meeting date to start the process of developing your child's individual healthcare plan

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