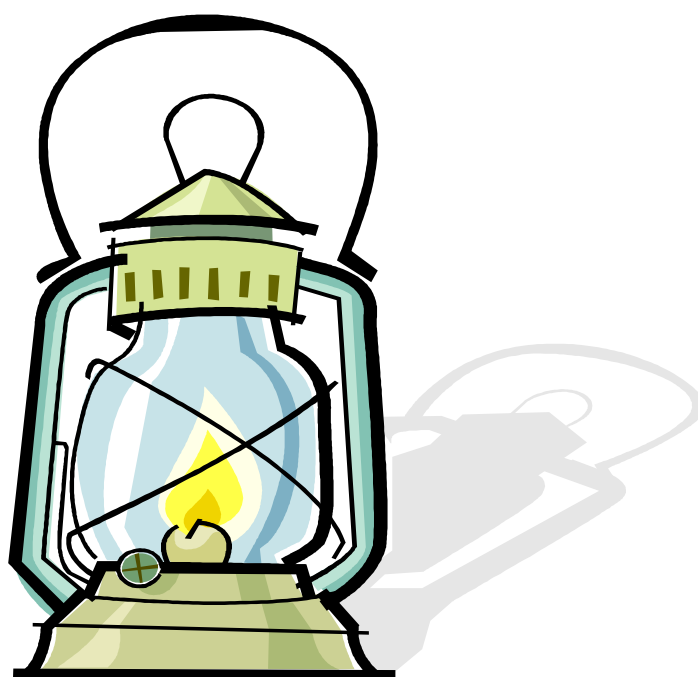




SUPPORTING PUPILS WITH MEDICAL CONDITIONS



“Shine like a Lantern in the presence of the Lord”

Approved by:

Head Teacher

Date: 04 – 09 – 2023

Signed

Last reviewed on:

Autumn 2023

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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
- 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 Linsay Clarke

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](#).

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 THE HEADTEACHER

The headteacher will:

- Have overall responsibility for the implementation of this policy and will ensure that it is implemented with partners
- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that new staff are fully informed about this policy
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs) and Asthma Plans including in contingency and emergency situations
- Take overall responsibility for the development of IHPs and Asthma Plans
- Ensure that relevant staff are informed about a child's condition
- 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
- Ensure that medicines are stored and administered safely

3.3 SENDCO

The SENDCo will:

- Work with the headteacher to identify any training needs necessary as a result of an IHP
- Liaise with external agencies as necessary to assess training needs, deliver training and contribute to the writing and reviewing of an IHP
- Will support staff in carrying out their role

- Will initiate the annual review of IHP
- Support staff with the management of medicines within the school
- Maintain a spreadsheet of up to date information on children with medical needs

3.4 OFFICE/ ADMIN STAFF

- Ensure information on medical needs is shared with appropriate staff
- Ensure pertinent information is recorded on integris
- Ensure medicines are stored safely and are in date within the office environment
- Ensure appropriate medical information is accessible but safely stored
- Ensure parents have completed relevant forms to share information around school dinners and possible allergies.
- Ensure up to date school dinner forms are shared with the school meal service.
- Ensure spare medication is in date and safely stored

3.5 ALL STAFF

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person.

- Must ensure that they are up to date with the latest IHP and / or Asthma Plan for the children that they work with
- Take into account the needs of pupils with medical conditions that they teach.
- May be asked to provide support to children with medical conditions, including the administering of medicine
- Will always check that the medicine is in date and if any medication has been administered previously (look at records and for wrist bands)
- Will receive sufficient and suitable training to achieve the necessary level of competency before they take on responsibility for specific medical tasks.
- Ensure that they know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Ensure that they have all the relevant information and required medication before taking children off site.
- Ensure parents are informed of possible risks and children are not given anything that may cause them harm during activities in school, for example during cooking, parties etc.
- Ensure medicines are stored safely and are within the use by date.
- Ensure medical information is accessible and shared with relevant people, including any updates

- Inform the headteacher and/ or SENCo of any relevant information

3.5 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
- Ensure school is given an Asthma Plan, completed by the relevant medical professional during asthma reviews.
- Carry out any action they have agreed to as part of the implementation of the IHP and/ or Asthma Plan e.g. provide medicines and equipment
- Ensure that their child is fit enough to attend school
- Keep any child who is acutely unwell at home

3.6 PUPILS

Pupils with medical conditions will often be best placed to provide information about how their condition affects them.

Pupils will:

- Be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs.
- Be expected to comply with their IHPs.
- Be encouraged to take responsibility for managing their own medicines and procedures if, following discussions with their parent/carer, it is agreed that they are competent.
- Be encouraged to carry their own medicines and relevant devices where appropriate.

3.7 SUPPLY TEACHERS

Supply teachers will:

- Be given access to the relevant IHP and medical information help in the Class Pupil Information by the school officer
- Be briefed by a designated person (relevant Class or Year Group teacher/ Phase Leader or in their absence, a relevant Teaching Assistant).

3.8 GROUP LEADERS AND PE SUBJECT LEAD

Group Leaders and PE Subject Lead will:

- Liaise with relevant staff including the Educational Visits and/ or Health and Safety Co-ordinator to carry out risk assessments for school visits, holiday, clubs and other relevant school activities. They

- Ensure that all relevant professionals, including sports coaches and supply teachers have access to copies of IHP and other necessary information.

3.9 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, wherever possible.
- Liaise with Healthcare professionals, such as GPs and paediatricians
- Write the initial IHP in conjunction with the parent and SENCo.
- Be involved in reviewing IHP if requested by a parent or school and if the child's medical condition changes significantly.
- Provide training for all staff annually on various medical conditions such as anaphylaxis, epilepsy, diabetes and asthma.
- Provide specific, needs based training as required for named staff

4. Equal opportunities

Our school is clear about the need to actively support children 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 children 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 children with medical conditions are included. In doing so, children, 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 child 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.

See Appendix 1.

6. Individual healthcare plans/ Asthma Plans

The headteacher has overall responsibility for the development of IHPs for children with medical conditions. This has been delegated to Linsay Clarke

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Initial IHPs are written by the school nurse. Updated plans where there are no changes are agreed with the school nurse. If there are changes to the IHP, the school nurse will write the new IHP. The school nurse will sign the IHPs.

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 headteacher will make the final decision.

Pupils with asthma should receive an Asthma Plan, completed by a medical professional during their review by a medical professional. A copy of this will then be kept and used in school.

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.

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, the headteacher and Linsay Clarke 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 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 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 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
- Where medication is to be given in the short term several times a day, such as antibiotics, it is practicable for this to be done outside school hours. If a parent/ carer feels that it is absolutely necessary for a child to receive medication during the school day, the parent / carer is always welcome to come into school to administer the dosage.

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

Children 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. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- 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 medicine will be sent home for at the end of the academic year. This must be collected and signed for by a parent/ carer or other nominated adult from the office. See Appendix 2

At the beginning of the academic year, medicines must be brought to the school office and a form completed and signed by the parent/ carer or nominated adult. The staff member overseeing this will also sign the form to say the medication has been checked and is acceptable. If medicine is not brought into school at the start of the first returning day, parents will be contacted and asked to bring it in immediately.

Parents will be notified when medicines stored in school are about to reach their use by date. It will be the responsibility of the parent to obtain new, in date medication and bring this into the school office as soon as possible.

Medicines will be returned to parents to arrange for safe disposal when out of date or no longer required. They must be collected at the school office and signed for. See Appendix 2

All medicines will be stored safely. Children 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.

7.1 SPARE MEDICATION

The school will ensure specific, advised, back up medicines are available such as piriton and asthma pumps. These can only be used where permission has been given by parents and is appropriate. These must only be used in emergencies, such as when a child's

salbutamol inhaler is unexpectedly broken or empty. These will be kept in the medical cabinet in the school office. Office staff will be responsible for the storage and maintenance of the spare inhaler and medication.

7.2 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.

7.3 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 or Asthma Plan and inform parents so that an alternative option can be considered, if necessary.

7.4 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. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs and Asthma Plans 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.

9. Training

Staff who are responsible for supporting children 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 children 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 headteacher and/ or Lindsay Clarke. 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.

10. Record keeping

A record will be kept of all medicines administered to individual children, stating what, how and how much was administered, when it was administered and by whom. Any side effects or relevant information will be noted. (see Appendix 4). For certain children, an individual record book will be used.

Parents will be notified via an agreed system. In most circumstances, children will be given a wrist band that will detail medications given. Blue for asthma, orange for allergy and

green for other. The type, amount and time of administering medication will also be recorded on this as appropriate.

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 and Asthma Plans are kept in a readily accessible place which all staff are aware of.

11. 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.

Our public liability policy covers the school, school governing body, teachers, other employees and volunteers should a claim be made by a pupil who alleges they have sustained injury or damage to property as result of the negligent provision of medical treatment.

The policy covers the administration or supervision of prescription and non-prescription medication orally, topically or by tube and the application of dressings or appliances including by pump or injection eg. insulin for diabetes and epipens. This applies both to straightforward and complex conditions.

It would be expected that any guidance with the medication is followed and those administering the treatment would have received the appropriate training and that this would be reviewed on a regular basis

12. Complaints

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

13. Monitoring arrangements

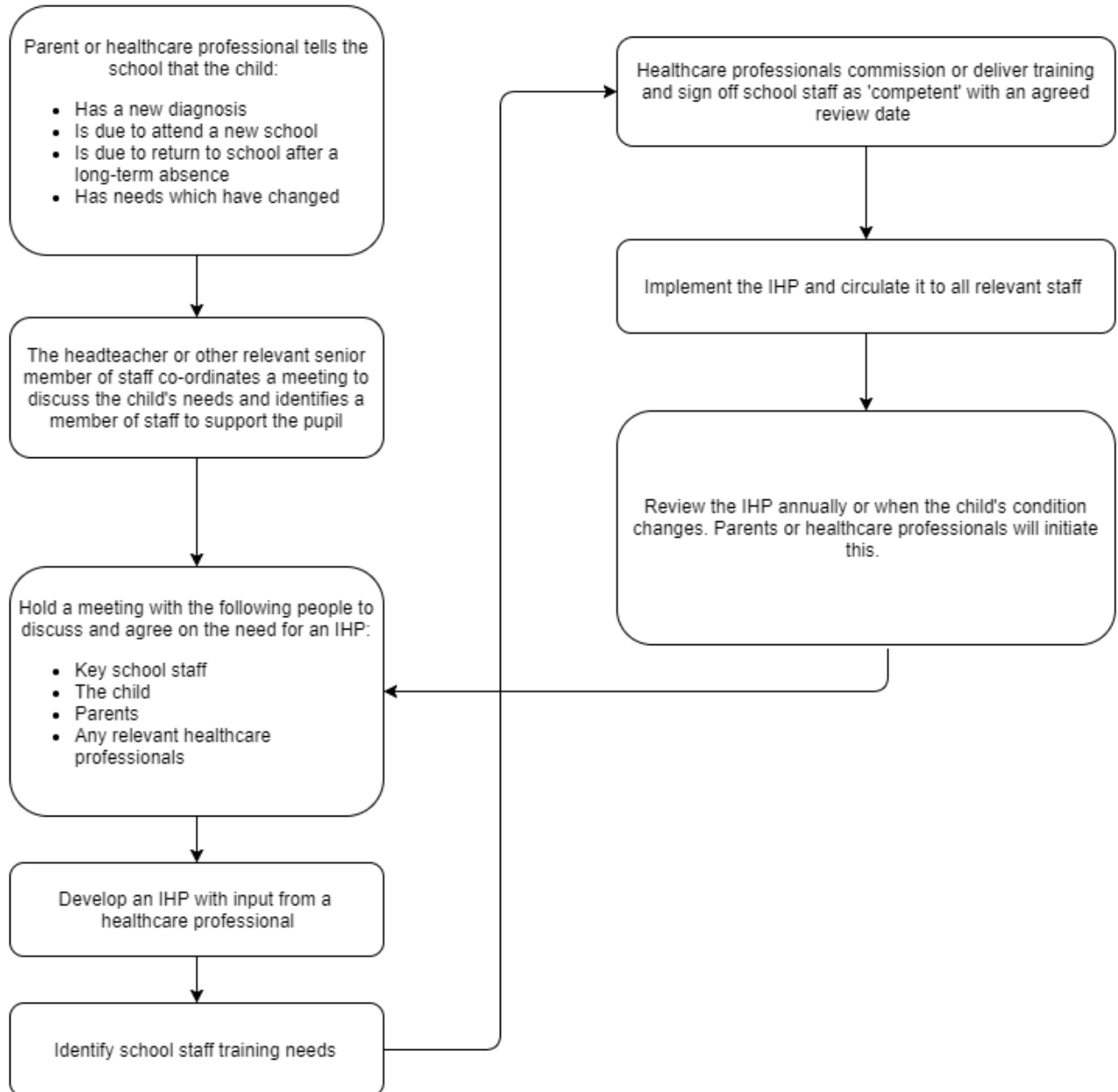
This policy will be reviewed and approved by the governing board every year.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition



APPENDIX 2

PARENTAL AGREEMENT FOR SETTING TO ADMINISTER MEDICINE

The school 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
Name of child
Date of birth
Class
Medical condition or illness

Name/type of medicine <i>(as described on the container)</i>
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 staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

APPENDIX 3

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			

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			

APPENDIX 4

STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES

Name of school
Name
Type of training received
Date of training completed
Training provided by
Profession and title

I confirm that _____ 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

APPENDIX 5

RETURN OF MEDICATION TO PARENT/CARER (TO BE COMPLETED WHEN MEDICATION IS RETURNED TO PARENT E.G. AT THE END OF TERM OR WHEN ITEM IS OUT OF DATE)

To be completed by school staff

Name of child: Class:

Medication returned:

Reason for return: (please ring) End of school year Out of date Other..... (give details)

Signature of member of staff returning medication:.....

Full name: Date:

To be completed by Parent/Carer confirming medication received

I confirm that I have received the medication detailed above

Signature of Parent/Carer:.....

Full name:..... Relationship to child.....

Other comments (if applicable)

.....
.....

Admin: Date Spreadsheet Updated:..... Signature:

Appendix 6

MEDICATION RECORD

RECEIPT OF MEDICATION IN SCHOOL (to be completed when medication is received in school at the start of the school year; when replaced or when a condition has been newly diagnosed)

To be completed by Parent/Carer

Name of child: **Class:**

In the case of an emergency, I give permission for my child to use spare school asthma pump (this does not replace the need for two to be provided by parents to be kept in school at all times).

Signature of Parent/Carer:

Full name: **Relationship to child:**.....

To be completed by school staff

Type of medication: (please ring) Allergy Asthma Other.....(give details).

Medication name:..... **Number of items:**

Dosage: **Use by Date:**.....

Where medication is to be located in school (please ring) Class Office Other.....(give details)

Signature of member of staff receiving the medication:

Full name: **Date:**

Admin: Date Spreadsheet updated: **Signed:**