

Supporting pupils with medical conditions policy

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/ carers understand how the 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 local governing board will implement this policy by ensuring that the school:

- Makes sure sufficient staff are suitably trained
- Makes staff aware of a pupil's condition, where appropriate
- Makes sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Provides all staff including supply teachers with appropriate information about the policy and relevant pupils
- Develops and monitors individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Christabel Bunce (DHT/SENDCo)

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 (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

Some children with medical conditions may be considered to be disabled under the definition set out in the [Equality Act 2010](#). The school will comply with their duties under the Act to make reasonable adjustments to support pupils with disabilities.

This policy also complies with the Great Learners Trust funding agreement and articles of association.

3. Roles and responsibilities

3.1 The board of trustees

The board of trustees has ultimate responsibility to make sure there are arrangements to support pupils with medical conditions across the trust. Although the trust delegates certain duties to different levels as outlined below, the board is still accountable for making sure the trust is compliant with the requirements in the above legislation and guidance.

The board will also determine, approve and monitor implementation of this policy.

3.2 CEO

The CEO will:

- Oversee and support the headteacher and local governing bodies of each school in carrying out their duties
- Highlight any strengths and developments found across the trust to the board of trustees

3.3. Local governing boards

The local governing board of each school will:

- Help to decide what information should be recorded on individual healthcare plans (IHPs)
- Monitor that there is a sufficient number of trained staff available in their school

- Monitor that records of children's medical needs and medicines that have been administered are kept up to date
- Review how well this policy is locally applied and make recommendations to the board of trustees as necessary
- Support and challenge the headteacher to make sure that all children with medical conditions are supported to ensure their fullest participation in all aspects of school life

3.2 The headteacher

The headteacher 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 (and therefore insured staff) available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Assess training needs and commission necessary training in line with trust procedures
- Co-ordinate and attend meetings to discuss and agree on the need for IHPs
- Take overall responsibility for the development, monitoring and annual (but earlier if a child's needs have changed) review of IHPs
- 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
- Make sure cover arrangements are made in the case of staff absence, and that supply teachers are briefed
- Ensure sufficient staff are suitably trained and achieve the necessary level of competency before they take on responsibility to support children with medical conditions
- Ensure sufficient numbers of trained staff are available to support all individual healthcare plans to cover staff absence, contingency and emergencies
- Ensure a register of pupils in the school is kept who have been diagnosed with asthma and/or prescribed a reliever inhaler
- Make sure all staff are trained to recognise the symptoms of an asthma attack (and are able to distinguish them from other conditions with similar symptoms);
- Ensure at least one inhaler kit is maintained and readily available in an emergency
- Ensure a register of pupils in the school is kept who have been diagnosed as being susceptible to anaphylaxis and/or prescribed an EpiPen/ auto injector
- Make sure all staff are trained to recognise the symptoms of anaphylaxis
- Ensure at least one anaphylaxis kit is maintained and readily available in an emergency
- Ensure risk assessments for school visits, holidays, and other school activities outside of the normal timetable are undertaken for children with medical conditions
- Make sure all staff are aware that medical information must be treated confidentially

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. All members of staff should know what to do and respond accordingly if they become aware that a child with a medical condition needs help.

Any member of staff may be asked to provide support to children 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 children 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 children with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

3.4 Parents/ carers

Parents/ carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs. Parents/ carers should tell the school of any change in prescription which should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.
- 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 medicines and equipment
- Bring their child's medication and any equipment into school at the beginning of the school year
- Replace the medication before the expiry date
- As good practice, take into school the new asthma reliever inhaler when prescribed
- During periods of high pollen count, encourage their children, who have been prescribed anti-histamines, to take their medication before school so that their condition can be better controlled during the school day
- Keep their children at home when they are acutely unwell
- Ensure that they or another nominated adult are contactable at all times

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

The 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. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any children identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

The 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/ carers 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 at appendix A 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 the school.

See Appendix 1

5.1 Transitional Arrangements

The school has the following procedures for transitional arrangements: (Please adapt for individual school setting)

- Child medical needs are added to Arbor data which transfers to any new school via CTF.
- Paper copies of current IHPs held by children with medical conditions are added to the child's file upon transition.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Christabel Bunce (DHT/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/ carers 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.

Plans will be drawn up in partnership with the school, parents/ carers 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 education, health and care (ECH) plan. If a child has a special educational need or disability (SEND) but does not have an EHC plan, the SEND 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 local governing board and the person with delegated responsibility for developing IHPs, 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/ carers 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 child can participate, e.g. risk assessments

- Where confidentiality issues are raised by the parent/carer or 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 child's health or school attendance not to do so **and**
- Where the school has parents'/ carers' written consent

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

The model school procedure for managing medicines outlined at Appendix 2 will be always followed. Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/ carers 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.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Many children will need to take medicines during the day at some time during their time in the school. This will usually be for a short period only, perhaps to finish a course of antibiotics, which will minimise the time that they need to be absent.

Antibiotics prescribed three times a day can be taken out of the school day. The school will support children who have been prescribed antibiotics that need to be taken **four** times day.

It is the parent's responsibility to bring and collect the antibiotic each day and to complete the necessary forms prior to medicine being administered. All medicines must be signed in and out by a parent.

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/ carers to arrange for safe disposal when no longer required.

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 Non-prescription Medication

Non-prescription medication will only be given in exceptional circumstances and only with the expressed permission of the headteacher. An exception may be made for school residential visits.

The school will not keep pain relief / Calpol / paracetamol or hay fever remedies to administer on an ad-hoc basis during the school day. Parents/ carers will be contacted if their child has a fever. If pupils require medication to control hay fever symptoms then parents/ carers will be asked to take their children to their GP for a formal diagnosis and advice on appropriate medication.

Parents/ carers will be asked to sign a consent form confirming that the medicine has been administered without adverse effect to the child in the past and that they will inform the school immediately if this changes.

7.3 Pain Relief

Pupils sometimes ask for pain relief (analgesics) at school, i.e. paracetamol tablets or liquid. Pain relief will only be given with the expressed consent of the person with delegated responsibility. For example, for pupils returning to school after sustaining a fracture, dental treatment or older girls with dysmenorrhoea (painful periods).

Parents/ carers will be asked to sign a consent form when they bring the medicine to school, which confirms that they have given the medicine to their child without adverse effect in the past and that they will inform the school immediately if this changes.

The school will only administer paracetamol to those pupils' requesting analgesics; generally non-prescription ibuprofen will not be given. If ibuprofen is the analgesic of choice, then parents/ carers will be advised that a dose could be given before school (ibuprofen is effective for six hours); if required the school will 'top up' the pain relief with paracetamol.

A child will never be given aspirin-containing medicine unless prescribed by a doctor.

When a pupil requests pain relief staff will first check maximum dosages and when the previous dose was taken. Parents/ carers will be contacted for confirmation. If parents/ carers are unavailable, a dose will not usually be given before 12 noon.

A record will be made of all doses given.

7.4 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/ carers 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 child 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/ carers so that an alternative option can be considered, if necessary.

7.5 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the child'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/ carers

- 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 children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/ carers, 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/ carer 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 children participating in any aspect of school life, including school trips, e.g. by requiring parents/ carers 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 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/ carer arrives or accompany the pupil to hospital by ambulance.

9. 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 person with delegated responsibility. 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

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

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

11. Liability and indemnity

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

All schools in the trust are covered by the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents/ carers with a complaint about the school's actions in regard to their child's medical condition should discuss this directly with the person with delegated responsibility in the first instance. If the person with delegated responsibility cannot resolve the matter, they will direct parents/ carers to the trust's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed annually and approved by the trustees and local governing boards every three years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Children with health needs (who cannot attend school)
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Model school procedure for managing medicines

- 1 Members of staff will be designated to manage and administer medicines by the headteacher
- 2 Medicines should be brought to the school office by parents/ carers. The designated member of staff will ask the parent to sign the relevant consent form or check the form downloaded from the school's website.
- 3 The designated person will check:
 - that the medicine is in its original container as dispensed by a chemist and details match those on the form;
 - that the label clearly states the pupil's
 - first and last name
 - name of medicine
 - dose required
 - method of administration
 - time/frequency of administration
 - that the patient information leaflet is present to identify any side effects;
 - that the medication is in date
- 4 The designated person will store the medicine appropriately
 - Medicines requiring refrigeration will be kept in the fridge in a clean storage container
 - A daily temperature of the fridge will be taken and recorded.
- 5 The designated person will administer medication at the appropriate time.
- 6 The following procedure in administering medication will be followed:
 - The pupil will be asked to state their name – this is checked against the label on the bottle, authorisation form and record sheet.
 - The name of the medicine will be checked against the authorisation form and record sheet.
 - The time, dosage and method of administration will be checked against the authorisation form and record sheet.
 - The expiry date will be checked and read out.
 - The medicine is administered.
 - The record sheet is signed by the designated person and the witness (*Controlled medication must be witnessed by a second adult*)
 - Any possible side effects will be noted.
 - The medicine is returned to appropriate storage.
- 7 If a pupil refuses to take their medicine, staff will not force them to do so. Staff will record the incident and follow agreed procedures (which are set out in the child's IHP) and contact parents/ carers. If a refusal results in an emergency, the emergency procedures detailed in the IHP will be followed.
- 8 If the designated person has concerns about a procedure or a medication that they are being asked to administer they will not administer the medicine but check with the parents/ carers or a health professional before taking further action.
- 9 At the end of the day parents/ carers of children prescribed antibiotic medication (four doses a day) should collect their child's medicine from the school office. For pupils staying at the school's after-school club the designated person(s) will pass antibiotic medicine to the supervisor of the after-school club to be returned to parents/ carers.

Appendix 2

Medical Conditions Flowchart

