

Supporting Pupils with Medical Conditions Policy



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Chair of Governors

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1. Aims

This policy aims to ensure that:

We promote the good health (including oral health) of children and staff in the school

We provide a procedure for responding to children who are ill or infectious

We take necessary steps to prevent the spread of infection and to take appropriate action if pupils are ill

We ensure that pupils with long-term medical needs receive proper care and support when they are at Nursery or School

We ensure that children with ongoing medical conditions are properly supported in school, so that they can play a full and active role in school life, remain healthy and achieve their academic potential. To ensure that they can access and enjoy the same opportunities at school as any other child, including school trips and sporting activities

Pupils, staff and parents understand how our school will support pupils with medical conditions

The governing body will implement this policy by:

 Making sure sufficient staff are suitably trained

 Making staff aware of pupils' conditions, 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

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 bodies 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](#).

3. Roles and responsibilities

3.1 The governing Body

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body 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:

- 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

- Ensure that all staff who need to know are aware of a child's condition

- 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

- 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.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs and ensure that the school is informed about any ongoing medical conditions

- 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, and ensure 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 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 and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Procedures

Prior to entry, we obtain written information from parents about pupils' medical needs (including details of medicines). Parents are responsible for providing full and accurate information about their child's health and medical needs. We request this information on a regular basis to ensure medical information is up to date. Nevertheless, parents are ultimately responsible for ensuring that this information is up to date. No pupil should be admitted without this information.

Prior to entry, we obtain written parental consent for emergency treatment.

When we are going on outings, we take children's medication with us. There is always at least one trained Paediatric First Aider with a current certificate on EYFS outings. A named First Aider takes responsibility for administering the medicine at the agreed time. If it was not reasonably practicable to administer the medicine on an outing, we would negotiate with the parents.

If a child refuses to take their medication, we would encourage but not force them to take it. We would record the information and contact the parents. Medicine would never be concealed in food or drink and administered to children.

All medication that is on the premises is securely stored, and out of reach of children at all times, whilst still being accessible. Medication for children that needs to be refrigerated (such as antibiotics) is kept in the fridge in the Office or Nursery. Children do not have access to these fridges.

5. Inclusion

We recognise that pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring or treatments in emergency circumstances. We recognise that each child's needs are individual and that needs may change over time. We are aware that some pupils who require support with their medical conditions may also have special educational needs and may have an EHCP. We work together with parents, health professionals, other support services, and the Local Authority in order to ensure that the child is receiving the best care and education.

We are 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.

We 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.

6. Being notified that a child has a medical condition

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

We 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.

7. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

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 no consensus, the headteacher 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 education, health and care (EHC) plan that is in place. If a pupil has SEN but does not have an 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 body and the headteacher 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.

8. Managing medicines

'Medicines should only be taken to (school or) settings when essential; that is, where it would be detrimental to a child's health if the medicine were not administered during the (school or) setting day.' (Managing Medicines Guidance – DfES)

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. If the child is well enough to be in school, they should not usually require medicine.

Medicines (both prescription and non-prescription) are only administered to a pupil where prior written permission for that particular medicine has been obtained from the child's parent and/or carer.

Prescription medicines will not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist and are clearly named.

All medication must be in its original packaging.

We negotiate and agree with parents the times that medicine is to be administered, so that it is kept to a minimum and manageable where medicines need to be administered during the school day. We request that where parents can administer medication at home, eg 3 daily doses of antibiotics, they do so.

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 allergies, maximum dosages and when the previous dosage was taken.

A written record is kept every time medicine is administered to a child. The name of the person administering the medication is recorded, dated and signed. A witness must be in attendance when medicine is administered and countersign relevant documentation to say that they have witnessed the administration and dosage of the medicine. Parents are also asked to sign to say that they are aware of the medication that has been given.

The school will only accept prescribed medicines that are:

- In-date

- Labelled with the child's name and date prescribed, name and dose of medicine

Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, frequency of administration, dosage and storage. Instructions must be written in English.

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.

Where appropriate, according to each child's age and stage of development, we support and encourage children to manage their own medication with some degree of independence, for example use of inhalers.

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

8.1 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.

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.

8.2 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.

8.3 Supporting Pupils

School staff should use their discretion and judge each case individually with reference to the pupil's IHP:

- We will enable pupils to easily access their inhalers and medication, and administer their medication when and where necessary

- We will not assume that every pupil with the same condition requires the same treatment

- We will listen to the views of the pupil or their parents

- We will follow medical evidence or opinion (although this may be challenged)

- We will not 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, we will send them to the school office accompanied by someone suitable

- We will not penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments. We will ask for a medical letter or proof of appointment for appointments during the school day.

We will support pupils with drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.

To avoid disruption to children's attendance, non-urgent medical and dental appointments should not be booked during the school day whenever reasonably possible. When they are, you should ask the school in advance for a leave of absence and collect them as close to the time of the appointment as possible and return them to school for the rest of the school day afterwards.

9. 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. (See Contacting Emergency Services document, which is displayed prominently in school).

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.

10. 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 headteacher. 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.

11. Record keeping

The governing body will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. 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.

12. Liability and indemnity

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

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

13. Complaints

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

14. Monitoring arrangements

This policy will be reviewed and approved by the governing body every 3 years.

15. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equal Opportunities
- Health and Safety
- Safeguarding and Child Protection
- Special Educational Needs

Appendix 1: Being notified a child has a medical condition

