



# The Diocese of Gloucester Academies Trust

## Supporting Pupils with Medical Conditions

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Authentically Christian

Boldly passionate about excellence in learning

Relentlessly driven in our aspiration for everyone

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Status & Review Cycle;	Statutory and bi-annually
Responsible group:	The Trust with LGB amendments to setting and ratification
Last Reviewed :	May 2023
Next Review Date:	May 2025

# Diocese of Gloucester Academies Trust

## Supporting pupils with medical conditions

### Policy Statement

1. The Trust is an organisation with a Christian foundation. The ethos, values and relationships of the Trust, and its associated schools, are central to witnessing to the value of the foundation.

### Purpose & Scope

2. Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Teams to make arrangements for supporting pupils at the school with medical conditions. The statutory guidance for this can be found here <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>
3. This policy is intended to ensure that local governing boards meet their legal obligations and sets out the arrangements that the school will make to support children.
4. Although the giving of medicine to pupils is a Parent/Carer responsibility, school staff may be asked to perform this task, but they may not, however, be directed to do so unless it is identified as part of their contractual duties. In practice, however, many school staff do volunteer. Medicine will only be given with direct written consent from parents and carers.

### Principles

5. All pupils with medical conditions will be properly supported so that they have full access to education. Their condition and associated requirements will be kept appropriately confidential according to the individual circumstances.
6. The school will work in partnership with health and social care professionals, pupils and parents to ensure that the needs of pupils with medical conditions are effectively supported.
7. The school recognise that the healthcare needs of pupils with medical needs may change over time and the school will work flexibly, within its resources, to support pupils, including supporting reintegration in to school after periods of absence as well as supporting the social and emotional needs of pupils.
8. The Local Governing Board of the school will ensure that the arrangements give parents and pupils the confidence in the school's ability to provide effective support for the medical condition in school. This includes, showing an understanding of how a medical condition could impact on a pupil's ability to learn and administer self-care.
9. Some pupils with medical conditions may be considered disabled under the definition set out in the Equalities Act 2010. Where this is the case, the local governing board will comply with the requirements of the Act. For pupils with Special Educational Needs, this policy should be read in association with the SEND code of practice.
10. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information needed to safeguard the child.

### Entitlement

11. The school will ensure that staff are properly trained to provide the support that pupils need. The school will ensure that arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

12. Pupils with special medical needs have the same right of admission to school as other children and will not be refused admission or excluded from the school on medical grounds alone. However, in line with their safeguarding duties, the school will ensure that no pupil is put at unnecessary risk through routine school activities. The school will therefore not accept a pupil in to school at times when it would be detrimental to their health or others to do so.
13. If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, the school will ensure that such pupils can access and enjoy the same opportunities at school as any other child. The school, health professionals, Parents/Carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at the school in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into the school after long periods of absence.

### **Policy Implementation**

14. All schools are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this policy is the responsibility of the Headteacher. The Headteacher has overall responsibility for ensuring:
  - that sufficient staff are suitably trained to meet the known medical conditions of pupils at the school
  - all relevant staff are made aware of the pupil's medical condition and supply teachers are properly briefed
  - risk assessments for school visits, holidays and other school activities outside of the normal timetable are completed
  - individual healthcare plans are prepared where appropriate and monitored
15. The school will identify named individuals who are responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.

The following named individual will have responsibility for [please list specific staff and areas of responsibility, including briefing supply staff, risk assessments for school visits/holiday clubs/extra-curricular activities and the monitoring of individual healthcare plans]

The following staff are registered first aiders/have undergone specific training:

Please also include a list of first aid resources and where these are located.

16. All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this Policy.
17. Details of any pupils who suffer with acute medical conditions which may need staff attention should be made available to appropriate staff and be stored and maintained in line with the General Data Protection Regulation. Advice on this can be gained from the Trust's data protection officer.

### **Training of staff and support**

18. No member of staff will give prescription medicines or undertake Healthcare procedures without appropriate up-to-date training. Appropriate training will be organised annually and the school will keep an up-to-date record of all training. The school recognises that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions. When there is a new member of staff, the Headteacher will ensure that this member of staff is given the appropriate training to be able to undertake their role. The Individual health care plan will be updated at least annually in consultation with the lead medical professionals to ensure that this continues to meet needs.
19. The school will identify a named member of staff who is responsible for staff training and ensuring the school has adequate first-aid cover. A paediatric-trained First Aider will be consulted in relation to concerns over early years pupils.
20. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

### **Procedures to be followed when Notification is received that a Pupil has a Medical Condition**

21. The school will ensure that the correct procedures will be followed whenever they are notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change and arrangements for any staff training or support. For children starting at a DGAT school, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to the school mid-term, staff will make every effort to ensure that arrangements are put in place within two weeks. (See Annexes C and D)
22. The school will make arrangements for the inclusion of pupils in additional activities, such as trips or sporting activities, with any reasonable adjustments as required unless evidence from a clinician such as a GP states that this is not possible. Prior to an activity taking place the school will ensure that a risk assessment is undertaken which should enable pupils with medical conditions to participate. In addition to this, advice will be sought from pupils, parents and relevant medical professionals. The school will ensure that adjustments are made to enable pupils to participate except where evidence from a clinician for example a GP indicates that this is not possible.
23. The school does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with Parents/Carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. This will usually be led by the designated senior member of staff. Following the discussions an Individual Healthcare Plan will be put in place.

### **Individual Healthcare Plans**

24. Individual Healthcare Plans will be written and reviewed by the designated member of staff but it will be the responsibility of all members of staff supporting the individual pupil to ensure that the Plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported in class. (See Annex B)

25. Individual Healthcare Plans will provide clarity about what needs to be done, when and by whom and will be easily accessible to those who need access to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the medical condition and the degree of support needed. Where a pupil has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their Individual Healthcare Plan.
26. Not all children will require a Healthcare Plan. The school, Healthcare professional and Parents/Carers should agree, based on evidence, when a Healthcare Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will make the final decision. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Annex A.
27. Individual Healthcare Plans, (and their Review), may be initiated, in consultation with the Parent/Carer, by a member of school staff or a healthcare professional involved in providing care to the child. The Individual Healthcare Plan must be completed by nominated member of staff with support from Parents/Carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the school.

### **Reviewing Individual Healthcare Plans**

28. The school will ensure that Individual Healthcare Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing and minimises disruption. Where the child has a SEN identified in a statement or EHC plan, the Individual Healthcare Plan should be linked to or become part of that statement or EHC plan.
29. Annex B provides a template for the Individual Healthcare Plan. All Healthcare Plans will include:
  - i. the medical condition, its triggers, signs, symptoms and treatments;
  - ii. 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/noisy conditions, travel time between lessons;
  - iii. specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions;
  - iv. the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
  - v. who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
  - vi. who in the school needs to be aware of the child's condition and the support required;
  - vii. arrangements for written permission from Parents/Carers and the designated member of staff for medication to be administered by a member of staff, or self-administered by the pupil during school hours;

- viii. 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;
- ix. where confidentiality issues are raised by the Parents/Carers or child, the designated individuals to be entrusted with information about the child's condition;
- x. what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Healthcare Plan prepared by their lead clinician that could be used to inform development of their Individual Healthcare Plan. The Emergency Healthcare Plan will not be the schools' responsibility to write or review.

## **Roles and responsibilities**

30. It is the governing body's responsibilities to:

- Fulfilling its statutory duties under legislation.
- Make arrangements to support pupils with medical conditions in schools, including the development and implementation of the Supporting Pupils with Medical Conditions Policy.
- Ensure that a sufficient number of staff receive suitable training.
- Ensure that staff are competent before they are given the responsibility to support pupils with medical conditions.
- Ensure pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Ensure that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Ensure that, following long term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensure staff who support pupils with medical conditions have access to all the necessary information and teaching support materials.
- Ensuring that pupils' health is not put as unnecessary risk. As a result, the board holds the right to not accept a pupil into the school at times where it would be detrimental to the health of the pupil or others to do so, such as where the child has an infectious disease.
- Ensure the appropriate level of insurance is in place to reflect the level of risk for staff supporting pupils with medical conditions.
- Ensure that policies, plans, procedures and systems are properly and effectively implemented.

31. It is the Headteacher's responsibilities to:

- Ensure all staff are aware of the policy and understand their role in its implementation.
- Ensure that all necessary staff are informed of a pupil's medical condition.
- Ensure that a sufficient number of trained staff are available to effectively deliver the policy and all individual healthcare plans, including in contingency and emergency situations.
- Recruit trained staff, where necessary.
- Take the lead in developing individual healthcare plans.
- Arrange appropriate insurance for staff supporting pupils with medical conditions.
- Contact the school nursing service when a pupil has a medical condition that may require support, but has not yet been brought to the attention of the school nurse.
- Ensure that school systems and processes do not negatively discriminate against pupils with medical needs.

32. It is the parents'/carers' responsibilities to:

- Notifying the school if their child has a medical condition.
- Provide the school with up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's individual healthcare plan.
- Carry out any action they have agreed to as part of their child's individual healthcare plan.
- Ensuring that they or another nominated adult are contactable at all times.

33. It is the pupils' responsibilities to:

- Contribute to discussions about their medical support needs.
- Be sensitive to the needs of other pupils with medical conditions.
- Comply with their individual healthcare plan.

34. It is the staff members' responsibilities to:

- Take into account the needs of the pupils with medical conditions that they teach.
- Provide support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Achieve the necessary level of competency before taking on the duty to support a pupil with a medical condition.
- Know what to do and respond accordingly when a pupil with a medical condition needs help.

### **The Child's Role in managing their own Medical Needs**

35. If it is deemed, after discussion with the Parents/Carers, that a child is competent to manage their own health needs and medicines, the school will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Healthcare Plans.

36. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily; these will be stored in the cupboard in the Medical Room (or appropriate alternative space) to ensure that the safeguarding of other children is not compromised. The school does also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then relevant trained staff should help to administer medicines and manage procedures for them.

37. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Healthcare Plan. Parents/Carers should be informed, outside of the review, so that alternative options can be considered.

### **Managing Medicines on and off Site**

38. The following are the procedures to be followed for managing medicines:

- i. Medicines will only be administered at the school when it would be detrimental to a child's health or school attendance not to do so;
- ii. No child under 16 should be given prescription or non-prescription medicines without their Parents/Carers written consent.

- iii. The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.
- iv. Parents are responsible for checking the dates on medication and for renewing it as necessary.
- v. All medicines will be stored safely in the Medical Room, or equivalent space. Children should know where to locate their medicine. Where relevant, they should know who holds the key to the storage facility.
- vi. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away; these will be stored in the classroom cupboards where both class teacher and child know how to access them. These should be clearly labelled with the child's name. Class teachers should keep a record of who has an inhaler/epi-pen on the appropriate record sheets.
- vii. During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all bottled and packaged medical devices and medicines required. Pupils will be responsible for carrying their own inhalers.
- viii. Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the school should be noted. Annex C and Annex D outline these procedures. Written records are kept of all medicines administered to children.
- ix. It is the responsibility of Parent/Carer to collect unused/out-of-date medicine and arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- x. All staff medication should be kept out of reach of children and stored safely and appropriately.
- xi. Controlled drugs should be stored in a non-portable container and only named staff should have access.
- xii. Controlled drugs should be easily accessible in an emergency.
- xiii. A record should be kept of any doses of controlled drugs used and the amount of controlled drugs held.
- xiv. Staff administering medicines should do so in accordance with the prescriber's instructions.
- xv. A record should be kept of all medicines administered to individual pupils stating what, how and how much was administered, when and by whom.
- xvi. Any side-effects of medication to be administered should be noted.

### **Emergency Procedures**

- 39. Where a child has an Individual Healthcare Plan (IHCP), this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- 40. If a child (regardless of whether they have an Individual Healthcare Plan) needs to be taken to hospital, the school will be responsible for calling an ambulance. Staff should stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance. In the case of non-urgent hospital treatment, parents will be informed immediately, and



arrangements made for the parent to collect their child from the school. If a member of staff needs to take a child to hospital, it is essential they have the correct car insurance and that another adult accompanies them in the car.

41. It is the responsibility of the parent to ensure that the school always has an up-to-date contact name and telephone number in the case of an emergency.

### **Unacceptable Practice**

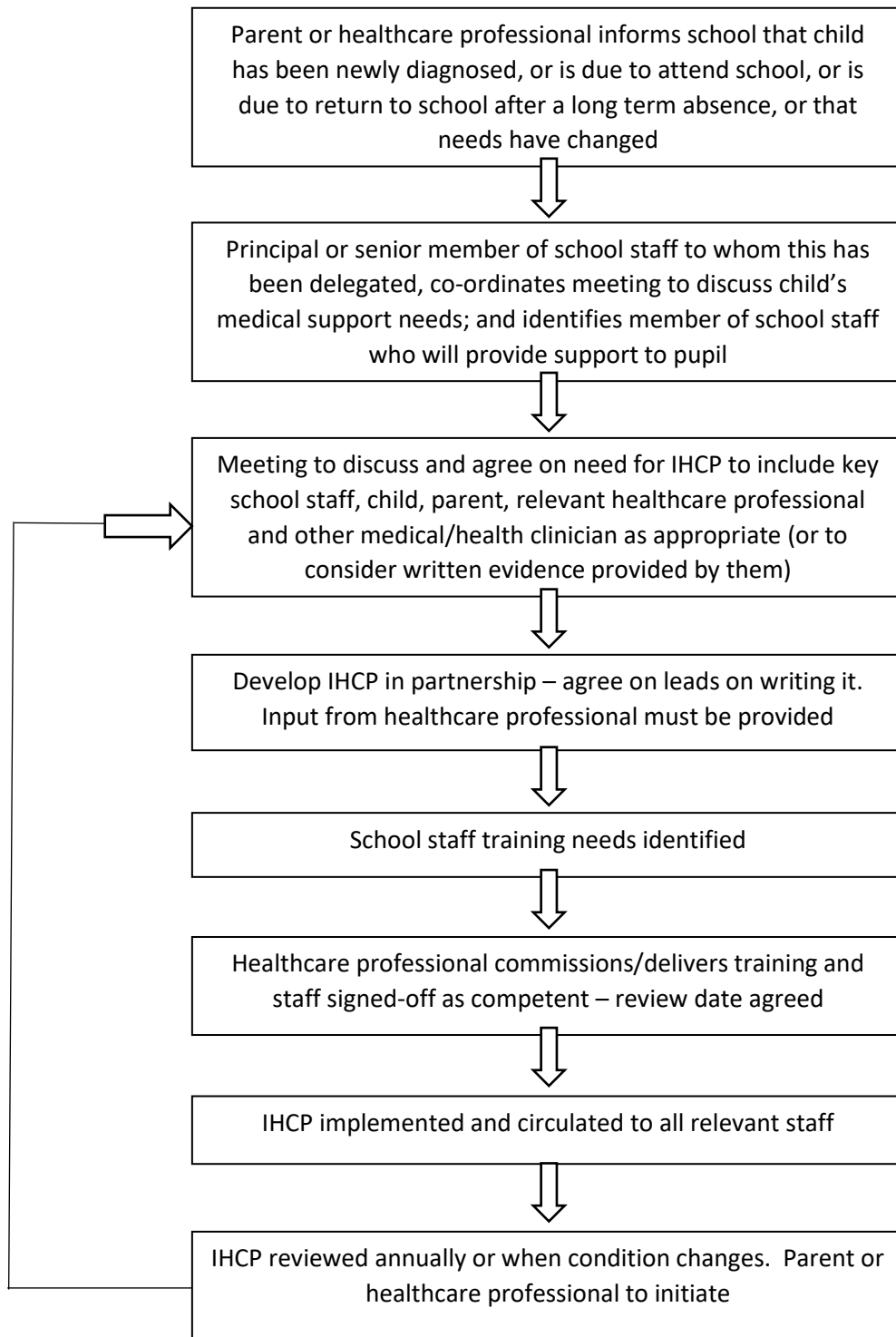
42. Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Healthcare Plan, it is not generally acceptable practice to:
  - i. prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
  - ii. assume that every child with the same condition requires the same treatment
  - iii. ignore the views of the child or their Parents/Carers; or ignore medical evidence or opinion, (although this may be challenged)
  - iv. send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
  - v. if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
  - vi. penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
  - vii. prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
  - viii. prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring Parents/Carers to accompany the child.
  - ix. Requiring parents to attend school to provide medical support to their child.

### **Complaints**

43. Should Parents/Carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaints procedure outlined in the school's Complaints Policy.

Annex A

Model Process for Developing Individual Healthcare Plans



Annex B

Primary Individual Healthcare Plan

Child's Name	
Class	
Date of Birth	
Address	
Medical Diagnosis or Condition	
Date	
Review Date	

Name of Parent/Carer 1	
Contact Numbers	Work: Home: Mobile:
Relationship to Child	
Name of Parent/Carer 2	
Contact Numbers	Work: Home: Mobile:
Relationship to Child	

Clinic/Hospital Name	
Contact Number	
GP Name	
Contact Number	

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 the 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

Staff training needed/undertaken – who, what, where, when

Plan developed with

Signed

Form copied to

Annex C

### Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

**Medicine**

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/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Annex D

Record of Medicine Administered to an individual child

Child's Name	
Class	
Date medicine provided by Parent/Carer	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature	
Parent/Carer signature	

Date				
Time given				
Dose given				
Name of member of staff				
Staff initials				
Any reactions				

Date				
Time given				
Dose given				
Name of member of staff				
Staff initials				
Any reactions				

Date				
Time given				
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