

Supporting pupils with medical conditions policy

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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 trustee board 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
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is The Assistant Principal for Inclusion/SENCO/Safeguarding Lead/Designated Teacher.

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 trustee 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 on [supporting pupils with medical conditions at school](#).

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

3 Roles and responsibilities

3.1 The trustee board

The trustee board has ultimate responsibility to make arrangements to support pupils with medical conditions. The trustee 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 principal

The principal 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 nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

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

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

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

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g., provide 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 fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, 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 pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4 Equal opportunities

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

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

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

5 Being notified that a child has a medical condition

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

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

See Appendix 1.

6 Individual healthcare plans

The principal has overall responsibility for the development of IHPs for pupils with medical conditions. has been delegated to our medical first aiders Annette Murdin / Veronica Langsch. The Assistant Principal for Inclusion/SENCO/Safeguarding Lead/Designated Teacher oversees this.

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 principal 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. 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 (see appendix 2).

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

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

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

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. **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 medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

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

7.1 Controlled drugs

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

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

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

7.2 Pupils managing their own needs

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

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

7.3 Unacceptable practice

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary, including that related to diabetes.
- 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 and residential, 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 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 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 principal and the Assistant Principal for Inclusion. 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 trustee board 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.

1 1 Liability and indemnity

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

The details of the school's insurance policy are:

Caroline Chisholm School may engage, including:

- Undertaking medical procedures and provision of prescribed medicines subject to adherence with the statutory guidance of this policy (outlined on page 13 of insurance policy)
- Members comply with the statutory guidance of this policy (outlined on page 56 of insurance policy)

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

1 2 Complaints

Parents/carers with a complaint about their child's medical condition should discuss these directly with the Assistant Principal for Inclusion/SENCO/Safeguarding Lead/Designated Teacher in the first instance. If the Assistant Principal for Inclusion/SENCO/Safeguarding Lead/Designated Teacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

1 3 Monitoring arrangements

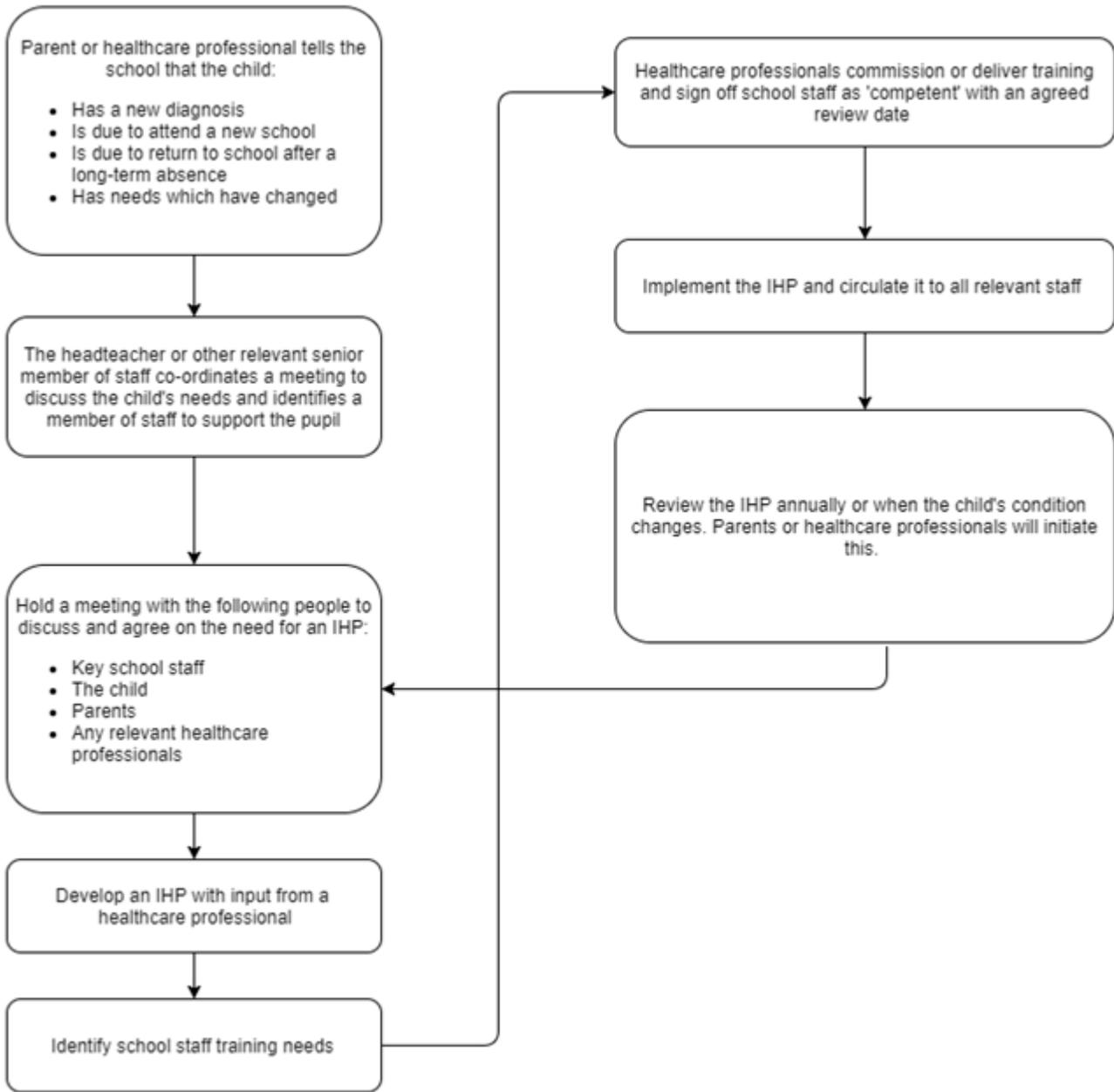
This policy will be reviewed and approved by the trustee board every 2 years.

1 4 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
- Intimate care policy

15 Appendix 1: Being notified a child has a medical condition



16 Appendix 2: Supporting children with medical conditions templates



CAROLINE CHISHOLM SCHOOL – Individual Health Plan (also on Edukey)

To be written in conjunction with the parent

Child's Details:

Name of child	
Child's D.O.B	
Child's year group	
Child's class / form group	

Parent/Carer Details:

Name	
Relationship to child	
First contact telephone number	
Second contact telephone number	

Medical conditions:

Known Medical Conditions	
Name and address of child's GP surgery	
Associated Professionals if appropriate	
Trained staff in school	

Medication:

What is taken in school?	
Where is medication stored?	
Who has access?	
Does it need to be monitored?	
Does medication affect behaviour/learning?	

Does medication have side effects?	
Are there any other medications being taken?	

Care needed - times of the day (where appropriate)

Arrival	
Morning break	
Lunch	
Afternoon	
After school clubs	
School trips	
During physical activities	

Schedule

Drug	Dose	When/why?	How?	Who?

Emergency Situations

What is an emergency?	
Signs/Symptoms	
What are triggers	
What action to be taken	

Specific support for the pupil's educational, social and emotional needs

Absence from school	
Process for catching up	
Adaptations to the environment	
Do they need to leave the classroom?	
Rest periods	
Buddy or learning support assistant	

	Member of staff	Parent
Plan developed with		
Signed		
Date		

Administration

Date plan written	
Date review	
Plan copied to SIMS	

Name of child	
Child's D.O.B	
Child's year group	
Child's class / form group	

Name of parent/carer	
First contact telephone number	
Second contact telephone number	
Name and address of child's GP surgery	

Medical details

You should enter all relevant details of your child's medical condition in this section.

What medical condition has your child been diagnosed with? *	
Please enter details of your child's symptoms when they present: *	
<p>What medication has your child been prescribed with for this condition?</p> <p>1. Name / type of medicine (as described on the container)</p> <p>2. Dosage and method</p> <p>3. Time dose required</p> <p>4. Date dispensed</p> <p>5. Date of expiration</p> <p>6. Special instructions eg. before / after lunch, store in fridge</p> <p>NB: Medicines must be in the original container as dispensed by the pharmacy. *</p>	
I confirm that my child has already had at least one dose of this medicine and has not suffered any unwanted reactions. *	
<p>What are their individual requirements whilst in school?</p> <p>i.e. any special instructions to follow whilst on the medication *</p>	
What constitutes a medical emergency for your child?	

<p>What emergency medication should be taken? Please include dosage and maximum dosage permitted. E.g. "Salbutamol two measured doses up to five times in half an hour (maximum)" *</p>	
<p>What emergency medication should be taken? Please include dosage and maximum dosage permitted. E.g. "Salbutamol two measured doses up to five times in half an hour (maximum)" *</p>	
<p>I give permission for any medical information contained in this plan to be shared with any individuals involved in the care/education of my child (including the emergency services). *</p>	<p>(select I agree)</p>
<p>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 school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.</p>	<p>(select I agree)</p>

Administration

Date plan written	
Date review	
Plan copied to SIMS	

