

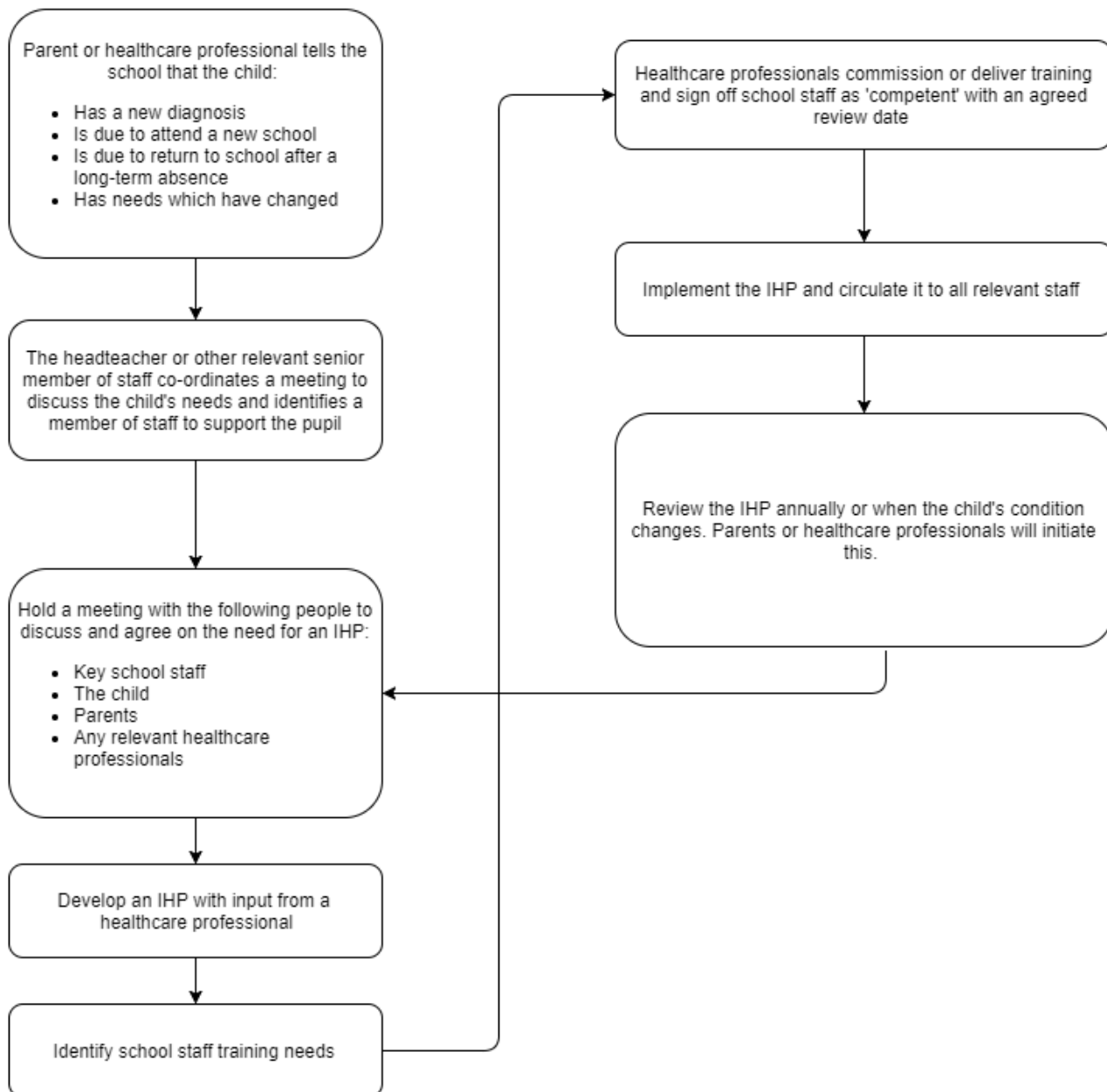
Supporting pupils with medical conditions policy



Reviewed and Approved by:	Governing Body	
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Signed by	Chair of Governors	Headteacher
Name Printed:	Kirsty Bull	Jo Hall
Signed:	Kirsty Bull	Jo Hall
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1. Aims

This policy aims to ensure that:

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

Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

Making sure sufficient staff are suitably trained

Making staff aware of 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 Headteacher.

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](#).

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- 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 responsibility, with the SENDCO, 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 health 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 relevant medical practitioner

- 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 pediatricians, 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 (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the 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 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. If a pupil has 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 governing board, headteacher and SENDCO will consider the following when deciding what information to record on IHPs:

The medical condition, its triggers, signs, symptoms and treatments

The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons

Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions

The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring

Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable

Who in the school needs to be aware of the pupil's condition and the support required

Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours

Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments

Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition

What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

EYFS Requirements

As we have pupils in EYFS, we work in accordance with the statutory guidance :

3.45 “The provider must promote the good health, including the oral health, of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.”

3.46 Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child’s needs for medicines, and for keeping this information up-to-date. Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor.)

3.47. Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child’s parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child’s parents and/or carers on the same day, or as soon as reasonably practicable.

Whole school:

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).

In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils’ individual health care plans. (Paragraph 19, Supporting pupils at school with medical conditions DfE)

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 **and**

Where we have parents’ written consent

It is the parent’s responsibility to hand medication into the office and to collect this. Parents must also “sign in a medication” using the online form on our website

We will record the administering of medication using an online form.

Page 20 of Supporting pupils in school with medical conditions states that:

No child under 16 should be given prescription or non-prescription medicines without their parent’s written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

Non-Prescribed Medication

Non-prescribed medication can only be administered in school when it is absolutely essential to the child's health and where it cannot be taken out of school hours. These are the only circumstances when we will administer non-prescribed medication.

When non-prescribed medication is administered it must have a prior written parental consent and a record of administration must be kept.

School will treat the non-prescribed medication in the same way as if it were prescribed, i.e. checking the packaging, expiry date, dosage, administration instructions, correct storage etc.

Non-prescribed medication should be provided by parents. We do not routinely hold our own stocks of medication.

Where it is judged to be absolutely essential to the child's health and where the requirements have been met, we will administer paracetamol for children (Calpol, Disprol, Hedex, Medinol or Panadol as listed by the NHS website) or antihistamine for children.

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 have a second member of staff with them and they will each first check maximum dosages and when the previous dosage was taken. They will then both check the dose that is administered. 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 and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required. Sharps boxes should always be used for the safe disposal of needles and other sharps.

Cough sweets/lozenges are not permitted as these can present a choking hazard.

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.

All 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.

Older pupils may be allowed to carry their own medicines and relevant devices as appropriate. 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

- Assume that every pupil with the same condition requires the same treatment

- Ignore the views of the pupil or their parents

- Ignore medical evidence or opinion (although this may be challenged)

- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs

- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable

- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments

- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively

- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs

- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child

- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs 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 headteacher or SENDCO. 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 understand the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals may 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 governing 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.

11. Liability and indemnity

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

The details of the school's insurance policy are:

RPA (Risk protection arrangement (RPA) local authority-maintained schools (LAMS).

Policy Number: 121463

- Employee Liability
- Third Party Public Liability
- Professional Indemnity
- Property Damage

Saltergate Schools will ensure that a level of insurance is in place that appropriately reflects the level of risk for managing medication on the premises. The Department for Education's guidance for "Supporting Pupils at School with Medical Conditions" refers to the appropriate level of insurance being in place, or that the School is a member of the Department for Education's Risk Protection Arrangements (RPA). RPA is a scheme provided specifically for maintained schools.

The insurance arrangements will cover staff providing support to pupils with medication conditions. Insurance policies should be accessible to staff providing such support.

The level and scope of insurance cover required for each case must be ascertained directly from the insurers. Any requirements of the insurance, such as the need for staff training, should be complied

with. Insurers should be updated when a pupil is newly diagnosed, if a pupil's condition changes resulting in extra support needs, or if a pupil with a medical condition leaves the school.

12. Complaints

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

13. Monitoring arrangements

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

Appendix 1: Being notified a child has a medical condition

