



Supporting pupils with medical conditions policy

This policy replaces	Previous Supporting pupils with medical conditions Policy
Date policy approved by Governing Body	March 2020
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Reviewer	SLT and Safeguarding Governor 1 year from the date of this 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 governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, 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 (IHCPs). Plans for children who have additional health needs that require specific action.**

The named person with responsibility for implementing this policy is Emma Tayler [Head teacher] in conjunction with the school SENCO.

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's statutory guidance: [Supporting pupils at school with medical conditions](#).

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.

No child with a medical condition will be denied admission or prevented from attending school because arrangements for managing their medical condition have not been met. However, in line with safeguarding duties, the governing body will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. The governing body will therefore not accept a child in school at times where it would be detrimental to the health of other children to do so.

Governing bodies should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life

The governing body will regularly review the arrangements covered in this policy to ensure effective implementation as required under their wider safeguarding duties.

3.2 The Head teacher

The Head teacher 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 needs including those pupils with Individual Healthcare Plans, including in contingency and emergency situations.
- 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
- Take overall responsibility for the development of IHCP.
- Ensure systems are in place for briefing supply teachers.

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

As a key partner, 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 IHCP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHCP 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 IHCPs. They are also expected to comply with their IHCPs.

Pupils will, as far as is safely possible, be given easy access to their medication e.g. inhalers, creams. Where it is not appropriate for a child to self-manage they will be assisted.

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.

The school nursing service may provide support on implementing a child's individual healthcare plan and provide advice and liaison e.g. on training.

Community nursing teams may also be a valuable potential resource for schools seeking support and advice.

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 provide advice on developing individual healthcare plans.

Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

3.7 Specific school responsibilities

Specific Responsibilities

Gary Tidmarsh will:

- Oversee stock – check bags fortnightly against agreed list. The exception is resources for SEND [JH].

Kirsty Cook is to:

- Oversee First Aid
- Ensure all children on regular medication [asthma inhalers/epi-pens/diabetes/ADHD medication] have the right medication and forms are being filled in [monthly spot check] and that the medication is still in date.
- Ensure all new children with medical needs have the right medication in school.

Sam Yarwood/office will:

- Complete all forms to administer medication, pass a copy of the signed form and medication to the teachers. Keep a copy of the form in the Medical records Folder and shred old records. Chase up regular medication forms to ensure the medication is finished and returned home.
- Oversee the administering of unprescribed/ad hoc medication procedures and keeping a record of this service.
- Oversee the medical cabinet to ensure all in date and in good order.
- Ensure new pupil information [including reception] is passed on to KC to act upon.
- Ensure Medical Record Book is kept up to date.

Erica Biddle {SENCO} to:

- Oversee writing of IHCP at the beginning of academic year and share with KC.

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.

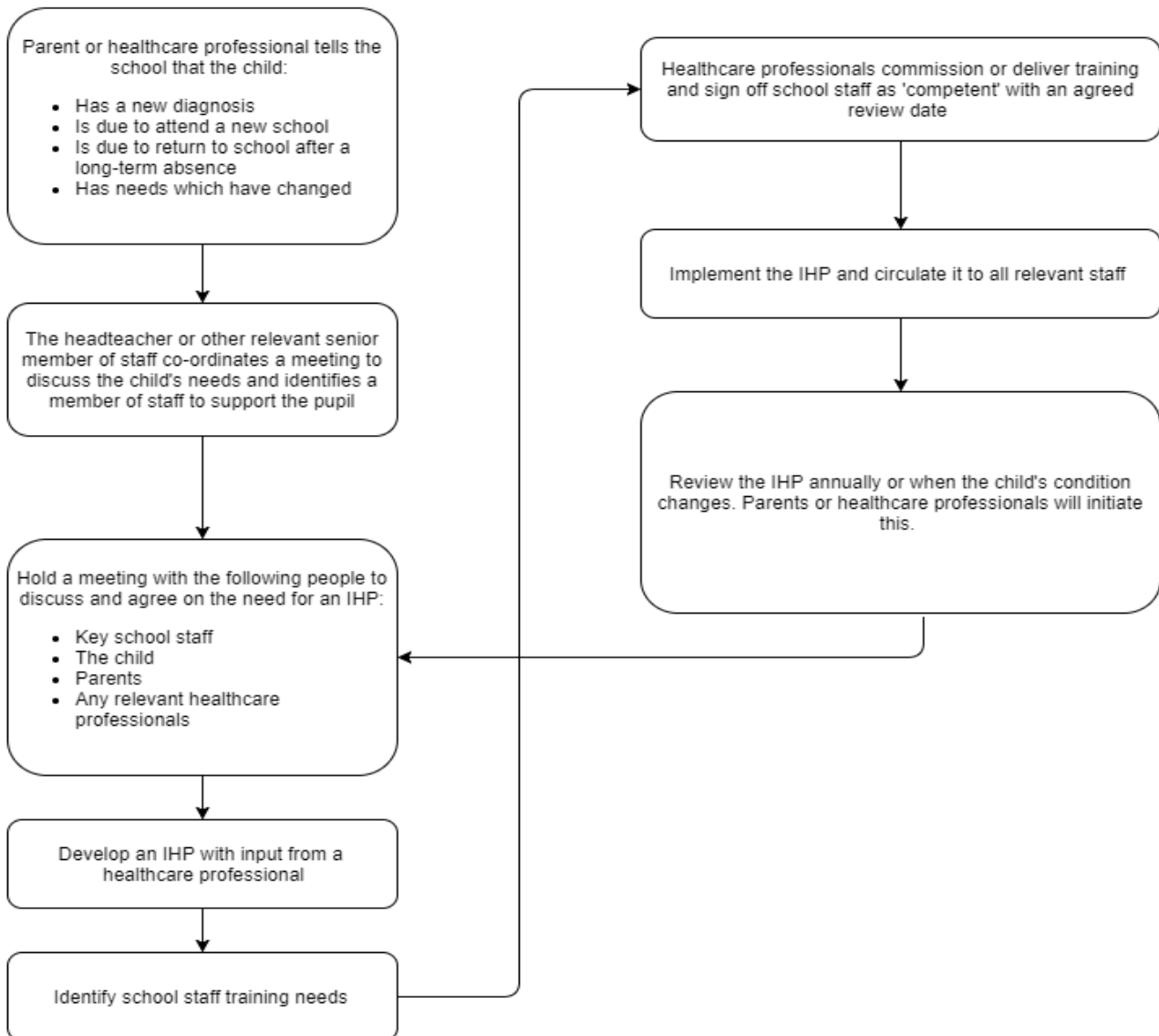
Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

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 IHCP.

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.

The school will carry out the same procedure for children who have not yet received a formal diagnosis of a medical condition and will formulate a healthcare plan [if appropriate] on the basis of the currently available evidence. 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. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.



6. Individual healthcare plans

The Head Teacher has overall responsibility for the development of IHCPs for pupils with medical conditions. This has been delegated to the school SENCOs with support from Head Teacher.

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 IHCP. It will be agreed with a healthcare professional and the parents when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Head Teacher 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 pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHCPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHCP. 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 and [the Head Teacher/SENCOs], will consider the following when deciding what information to record on IHCPs:

- 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 Head Teacher 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. Disposal of Clinical Waste

Syringes

Pupils with diabetes who use insulin pens should have a special sharps disposal container.

Clinical Waste

Any waste which contains human blood or body fluids is defined as clinical waste. In the UK the Environmental Protection Act places a duty of care on waste producers to ensure that it is disposed of properly. The appropriate means of disposal of clinical waste will depend on the level of risk and the amount produced. **Currently the school uses the sanitary bins which are collected on a regular basis and are sealed.**

Incontinence Pads and Nappies

Depending on local rulings, such waste may need to be disposed of via a licensed contractor.

Medical Dressings

Large quantities of medical dressings should be disposed of via a licensed contractor. Smaller amounts may be double wrapped and disposed of through the normal waste unless it is known to be from an individual with a higher risk of infection

8. Managing medicines

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

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
- Medication will only be administered if it has to be taken at specified times or is required 4 hours a day [unless on residential trip]. Where possible dosage frequencies should be set to allow medicines to be taken outside of school hours.

Written consent will be filed in Medical Record Folder which is held in the office and a copy given to the class teacher [alongside the medication]. Each Phase will have nominated people who will administer the medication. The medication will be kept in the locked medical cabinet outside of Year 4. Once medication is finished, form is returned to office to file as complete.

Medication required on an unexpected basis e.g. toothache, headache [Nurofen, Calpol or antihistamine]

Then the procedure to follow is:

- Speak to a member of the SLT/ Phase Leader to clarify why the medication is needed and if it is necessary.
- Ask the office to contact parents to see if they can come to administer or they are happy for staff to do this. Ensure two staff here the confirmation call [the office to organise].
- Child to come to the office where a member of staff will administer the medication and record in a Medical Record Book.

This procedure should be extremely rare. If it happens more than once for any child, a 'Permission to give medication form' will be completed.

Under no circumstances are children in the Early Years Foundation Stage to be given medication unless prescribed or/and a permission letter has been completed.

Pupils under 16 will not be given aspirin medicine.

Cough sweets will be allowed to be used by children as long as the parents have provided a written note confirming they are happy with this. The cough sweets will be **kept by the class teacher** and the child will be allowed access in line with reasonable use under adult supervision.

Children are not allowed Calpol sweets or similar in school.

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 will always be readily available to pupils and not locked away.**

Staff need to ensure that medication is taken out for PE sessions e.g. asthma inhalers and adrenaline pens.

It is especially important that they are readily available on a school trip.

Adrenaline Pens

These will be stored securely in the Rainbow Room where there is only one available in school. Where a second pen has been provided this will be kept in the classroom. The school will always seek a second pen but this depends on willingness of doctors to provide this.

Asthma Inhalers

Asthma inhalers will be kept in plastic wallets in the classroom, labelled with the child's name and with an administration log which needs to be completed when the child uses the inhaler.

It is the responsibility of the parents to notify the school if there is a change in medication, a change in dosage or the discontinuation of the pupil's needs for medication.

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.

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.

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 IHCPs.

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 IHCP and inform parents so that an alternative option can be considered, if necessary.

8.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHCP, 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 IHCPs
- 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.

9. Emergency procedures/Transportation

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHCPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital/doctors, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

In circumstances where staff need to take child to the doctors/hospital but it is not a medical emergency, two staff will go with the child and transport will be by taxi or in a car with business class insurance.

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 IHCPs or discussions about individual pupils. 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 Head teacher/SENCOs]. 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 IHCPs
- 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. Records of training will be kept in school by School Office on Training overview Grid . In the case of dispensing medication, the information provided on the dispensing label will often be deemed sufficient 'training' but each case will be assessed individually and advice sought.

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 and at the beginning of each new academic year. This session will include information contained in this policy as well as a summary of staff members' role in implementing it and responding in an emergency. A brief overview of relevant information, alongside a photo of the child, is also posted in KS1 Kitchen, EYFS Kitchen and Staffroom.

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Kirsty Cooke is the school's designated Workplace First Aider.

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

11. Educational visits and sporting activities

The school will ensure that children with medical needs are supported to be able to fully participate in educational visits or sporting activities. Where necessary adjustments will be made to allow participation within the child's ability. Risk assessments will be completed to allow adjustments to be well planned and the school will seek relevant advice from healthcare professionals and parents.

12. Other information

Home to school transport - this is the responsibility of the LA who must develop suitable arrangements for children with medical needs who are accessing such arrangements.

Defibrillators

The nearest defibrillator are situated at The Bowden's Charity which is situated at the bottom of Fairfield Road and the Police Station which is situated at the top of Fairfield Road. Due to the nearness of this equipment, the school has decided not to purchase a separate one.

Asthma Information

Staff

As part of First Aid training, staff are aware of

- Symptoms of an asthma attack
- Aware how to check if a child is on the asthma register and has permission for use of emergency inhaler.
- Aware of how to access the emergency inhaler if child's inhaler is not available.

Responding to an asthma attack

Staff are trained as part of First Aid training to know how to recognise the signs of an asthma attack.

If there is no advice on the amount of the inhaler to give to the child, follow the procedure below:

- Help the child to take two separate puffs of his/her inhaler or the emergency salbutamol inhaler via the spacer
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve

The schools should also call an ambulance immediately if a child:

- Appears exhausted
- Has a blue/white tinge around his/her lips
- Is going blue
- Has collapsed

Emergency Asthma Inhalers

The school does not hold an emergency asthma inhaler.

13. Record keeping

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

IHCs are kept in a readily accessible place which all staff are aware of [Copy in Head Teacher Office file labelled Individual Healthcare Plans]. A copy is also kept by the class teacher in the SEN File.

Records of administration of medication [prescribed and non-prescribed] will be kept for as long as the child is in school and/or three years from the date on the form.

14. 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.

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

15. Complaints

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

16. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 1 year.

17. 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

Appendix 1 - Example individual healthcare plan

Individual Health Care Plan				
Name of school/setting	Market Harborough C of E Academy			
Child's name				
Group/class/form				
Date of birth				
Child's address				
Medical diagnosis or condition				
Date				
Review date				
Family Contact Information				
Name				
Relationship to child				
Phone no. (work)				
(home)				
(mobile)				
Name				
Relationship to child				
Phone no. (work)				
(home)				
(mobile)				
Clinic/Hospital Contact				
Name				
Phone no.				
G.P.				
Name				
Phone no.				

Who is responsible for providing support in school	
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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 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)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Parent's signature: _____ date _____

Head teacher's signature: _____ date _____

MHCE REQUEST FOR ADMINISTRATION OF MEDICINES

My child has been diagnosed as suffering from

He/She is considered fit for school but requires the following prescribed medicine to be administered during school hours.

Pupil details

Pupil Name	
Class	
Parent/carer name	
Contact number Home	
Contact number Work	
Contact number Mobile	
Relationship to pupil	
Name of medication/medication details	
Dose and method of administration	
With effect from	
Duration of treatment [how many days] /last date of treatment	
Special instructions/possible side effects	
Emergency procedures	
Who will administer the medication [signature to be included]	

Declaration

- I understand that medication must be handed over by a responsible adult to a member of school staff.
- I understand that all staff are acting voluntarily in administering medicines and have the right to refuse to administer medication. I understand that the school staff cannot undertake to monitor the use of inhalers carried by children, and that the school is not responsible for the loss or damage to any medication.
- I confirm that the details given above are all correct and I give permission for a member of staff to administer the medication as per the dispensing label instructions.
- I undertake to update the school with any changes in administration for routine or emergency medication and to maintain an in-date supply of medication.

- Name (please print) _____ Date _____

- Signed _____

- I confirm that the school will administer the medication as agreed in the Administration of Medication Policy.

- Signed on behalf of the school _____ Date _____

