



Supporting pupils with medical conditions

Date approved:	June 2021
Approved by:	Trust Board
Review date:	June 2024

Contents

1. Aims.....	2
2. Legislation and statutory responsibilities	2
3. Roles and responsibilities	3
4. Equal opportunities	3
5. Being notified that a child has a medical condition	4
6. Individual healthcare plans.....	4
7. Managing medicines	5
8. Emergency procedures	7
9. Training.....	7
10. Record keeping.....	7
11. Liability and indemnity	7
12. Complaints.....	7
13. Monitoring arrangements	7
14. Links to other policies.....	7

.....

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 School Council 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 (IHPs)

The named person with responsibility for implementing this policy is the Principal.

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 School Councils 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 School Council

The School Council, has ultimate responsibility to make arrangements to support pupils with medical conditions. The School Council 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
- 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

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.

Healthcare professionals, such as GPs and pediatricians, will liaise with the school's nurse and notify them of any pupils identified as having a medical condition.

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.

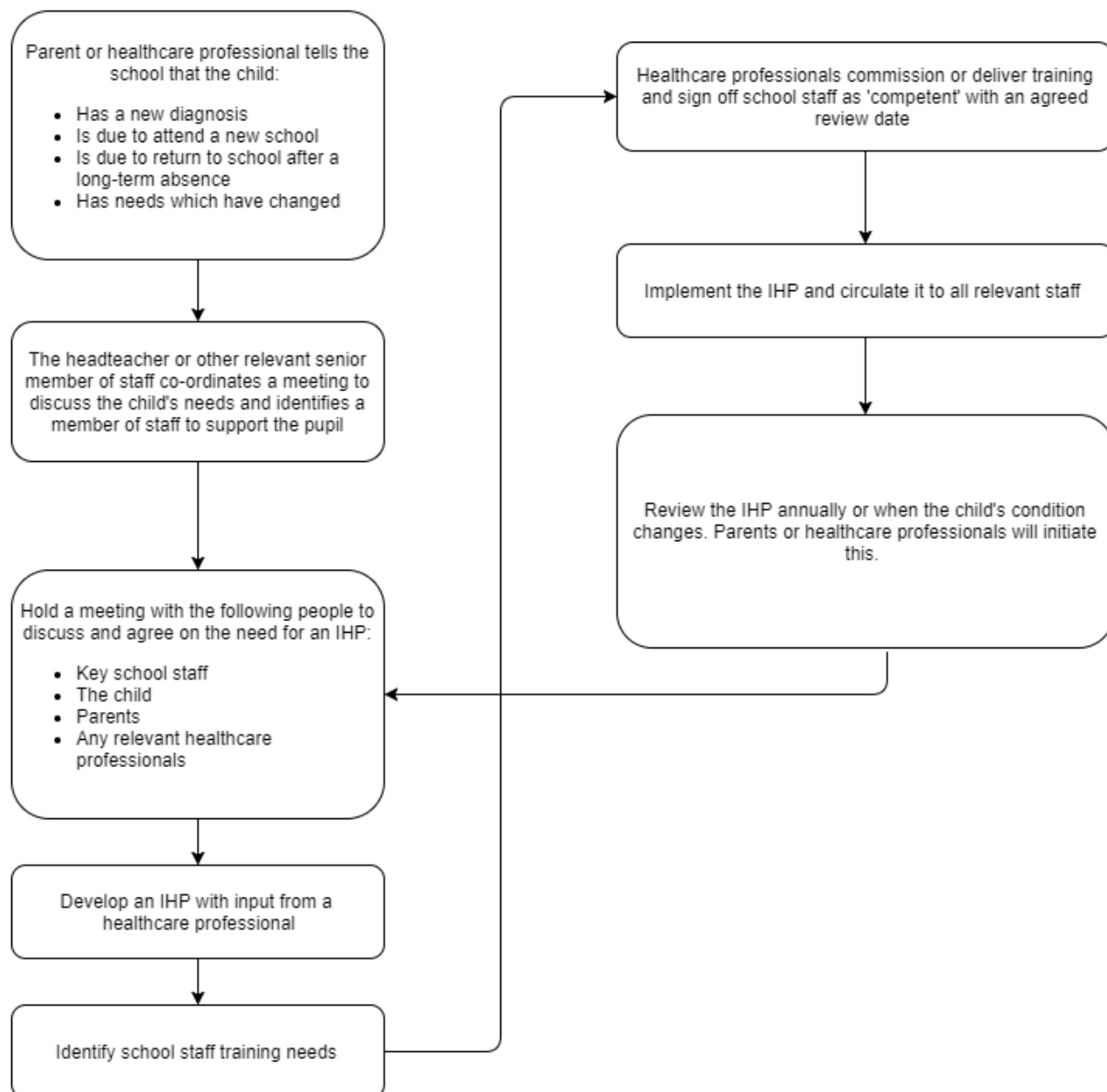
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

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.



6. Individual healthcare plans

The Principal has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Special needs coordinator, (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 not a 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 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 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 following points are to be considered 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 Principal 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

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

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.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours

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. This is particularly important to consider when outside of school premises e.g. on school trips

Medicines will be returned to parents to arrange for safe disposal when no longer required. If appropriate, parents are to provide the school with a Sharps box, when the disposal of needles and other sharps is necessary in providing their child's medication.

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or setting

Written records are kept of medicines administered.

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. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should 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 school should be noted

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.

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
- 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.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils and be kept up to date.
- 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 School Council 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.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

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

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Principal in the first instance. If the Principal 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 Trust Board every 3 years.

14. 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: Contacting Emergency Services



Request for an Ambulance Dial 999, ask for ambulance and be ready with the following information

1. The telephone number 02380 385122
2. Give your location as follows:
Hope Community School, Central Hall, St Mary's Street, Southampton SO14 1NF
3. Give your name; give the name and age of the child, and a brief description of the child's symptoms. Mention if it is ANAPHYLAXIS / ACCUTE SEVERE ALLERGIC REACTION.
4. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to Speak clearly and slowly and be ready to repeat information if asked
5. Give exact location in the school/setting (insert brief description)
6. Pupil details: print out the pupil data sheet from Sims.

Appendix 2: Individual Healthcare Plan

Hope Community School, Central Hall, St Mary's Street, Southampton SO14 1NF



Child's name:			
Gender:	Year group:	Class name:	
Date of Birth:			
Child's Address:			
Post code			
Medical Diagnosis or Condition:			
Date:			
Review date:			
Name of member of staff			
Family CONTACT INFORMATION			
Family contact 1:			
Name			
Relationship with child (tick)	Parent	Carer	
Phone no: Home			
Phone no: mobile			
Phone no: work			
Family contact 2			
Name			
Relationship with child (tick)	Parent	Carer	
Phone no: Home			
Phone no: mobile			
Phone no: work			

Medical care CONTACT INFORMATION	
Clinic/Hospital / contact GP:	
Phone no:	
Address:	
Medical care Link 2	

Clinic/Hospital / contact GP: Name	
Address:	
Phone no:	
Notes:	

Medical needs of child:	
Symptoms	
Daily care requirements (e.g. before lunch / at playtime)	
Describe what constitutes and emergency for the child and the action	
triggers	
Signs and symptoms	
Actions to take in an emergency	
Follow up care	
Who is responsible in an Emergency: (State if different for off-site activities)	
Agreement:	Parent / carer _____ date: _____ Medical staff: _____ date: _____ SENDCO or Principal _____ date: _____
Copy	Medical file Pupil file SIMS

Appendix 3: Parental agreement for school/setting to administer medicine



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

Please note that the school has no legal duty which requires school staff to administer medication; this is a voluntary role.

If more than one medicine is to be given a separate form should be completed for each one.

Child's Name	Date:	
Year: R / 1 / 2 / 3 4 / 5 / 6	Class:	Staff check initial
Note: Only medicines in their original container as dispensed by the pharmacy, may be accepted.		
Name and strength of medicine		
Expiry date		
How much to give (i.e. dose to be given)		
When is the dose to be given to be given		
Number of tablets/quantity of medication to be given to school.		
Any other instructions		
Medication start date:		
End date of course of medicine		
Daytime phone no. of parent or adult contact		
Name of GP		
phone no. of GP		
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.		
Parent's signature:	date	
Print Name:		
Agreed date:	Principal / Role Member of staff:	signed:
Copy: pupil file / copy to medical file/ copy to be with medication.		

Appendix 4: Record of medicine administered to an individual child



Name of Child _____ class _____

A copy of Appendix 3 and this form needs to stay with the medication.

Before issuing any medicine check

1. The name of the pupil.
2. The details on appendix 3.
3. Check the name on the packaging is the same as the pupil.

Date			
Time			
Dose given			
Name of staff given			
Staff initials			
Remarks:			
Date			
Time			
Dose given			
Name of staff given			
Staff initials			
Remarks:			
Date			
Time			
Dose given			
Name of staff given			
Staff initials			
Remarks:			

Appendix 5: Return of Medicines

Note: medication can only be returned to a Parent / carer by the Main office.

Child's Name	
class	
Name of medication	
Quantity returned	
Date	
Staff name	
Staff signature	
Parent's name	
Parent's signature	
Date	
Does a sharps box need to be returned? Y / N	