



# Supporting Pupils with Medical Conditions

<b>Approved by:</b>	Full Governing Body	<b>Date:</b> May 2024
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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:

- a) Making sure sufficient staff are suitably trained
- b) Making staff aware of pupils' conditions, where appropriate
- c) Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- d) Providing supply teachers with appropriate information about the policy and relevant pupils
- e) Developing and monitoring individual healthcare plans (IHPs)

**The named person with responsibility for implementing this policy is E Bainbridge.**

## 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 bodies 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](#). 0-25 SEND Code of Practice, Mental Health and Behaviour in Schools: departmental advice for school staff, DfE June 2014, Equalities Act 2010 and Schools Admissions Code, DfE December 2014.

### Definitions of Medical Conditions

Pupils' medical needs may be broadly summarised as being of two types: -

**Short term** - affecting their participation at school because they are on a course of medication.

**Long term** - potentially limiting access to education and requiring on-going support, medicines, or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and the pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP). Where this is the case, this policy should be read in conjunction with the 0 – 25 SEND Code of Practice and the school's SEN Policy and the individual healthcare plan will become part of the EHCP.

### 3. Roles and responsibilities

#### **The governing body**

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils with medical conditions. The governing body will ensure that no child will be denied admission solely on the basis of a medical condition, focus on the needs of each individual child and how their condition impacts their education, arrangements are in place to support those pupils with medical conditions to enable them to access and enjoy the same opportunities at school as their peers, and that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

#### **The headteacher**

The headteacher will:

- a) Make sure all staff are aware of this policy and understand their role in its implementation
- b) 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
- c) Ensure that all staff who need to know are aware of a child's condition
- d) Take overall responsibility for the development of IHPs
- e) Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- f) 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
- g) Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

#### **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.

#### **Parents**

Parents will:

- a) Provide the school with sufficient and up-to-date information about their child's medical needs
- b) Be involved in the development and review of their child's IHP and may be involved in its drafting

- c) 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

## **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.

## **School nurses and other healthcare professionals**

The 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 SENCO.

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 pediatrician, 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. The governing body and the headteacher / SENCO, will consider the following when deciding what information to record on IHPs:

- a) The medical condition, its triggers, signs, symptoms, and treatments
- b) 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
- c) 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
- d) 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
- e) 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
- f) Who in the school needs to be aware of the pupil's condition and the support required
- g) 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
- h) 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
- i) Where a pupil uses home-to-school transport arranged by the Local Authority and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.
- j) Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- k) What to do in an emergency, including who to contact, and contingency arrangements

## 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.**

**Non-prescription medicines.** Under no circumstances will non prescribed medication be given to pupils during the normal school day. If a child suffers from regular or acute pain, parents should be encouraged to refer the matter to the child's GP.

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:

- a) In-date
- b) Labelled
- c) 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.

### **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 will be handed it at the designated time to administer the medication. They must not pass it to another pupil to use. 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.

### **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.

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.

### **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.
- 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

### **Administering Medicines**

No child of compulsory school age will be given medicines without their parent's / carer's written consent on Form 2.

Any member of staff giving medicines to a child should check:

- Child's name
- Name of medicine
- Prescribed dose
- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date
- Written instructions provided by the prescriber on the label or container

If in doubt about any procedures staff should not administer the medicines but check with the parents or health professionals before taking further action.

### **Self-Management**

Most children take their medicines themselves; therefore, staff would only supervise the process. Asthmatics are encouraged, whenever possible, to self-manage and carry their own medicines. An individual risk assessment will be made for each request and parent informed of the outcome.



Prescribed medicines and controlled drugs must always be taken to the main office for safe custody and will be stored in line with the manufacturer's recommendations.

### **Refusing Medicines**

If a child refuses to take their medicine, parents will be informed immediately. If this refusal results in an emergency, the school will follow emergency procedures.

### **Educational Visits**

The school encourages children with medical needs to participate in safely managed visits. Reasonable adjustments will be made whenever possible to enable children to participate fully and safely on visits. A risk assessment will be undertaken for such children.

For visits which include an overnight stay, children who have parental consent through the Educational Visits Form 1 & 2 may be given, at the visit organiser's discretion, paracetamol.

### **Sporting Activities**

Most children with medical conditions can participate in physical activities and extracurricular sport. All adults will be aware of issues of privacy and dignity for children with particular needs. Any restrictions on a child's ability to participate in PE will be recorded in their individual health care plan and teachers will make reasonable adjustments to ensure pupils with medical needs are able to participate in sporting activities.

Some children may need to take precautionary measures before or during exercise and may also need to be allowed access to their medicines, e.g., asthma inhalers.

Staff supervising sporting activities will consider whether a risk assessment is necessary for each particular need. They will also be made aware of relevant medical conditions, any preventative medicine that may need to be taken and the school's emergency procedures.

## **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. Training will be kept up to date.

Training will:

- a) Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils

- b) Fulfil the requirements in the IHPs
- c) 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 governing body 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 body will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. The school is a member of the Department for Education's risk protection arrangement (RPA).

## 12. Complaints

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

## 13. Monitoring arrangements

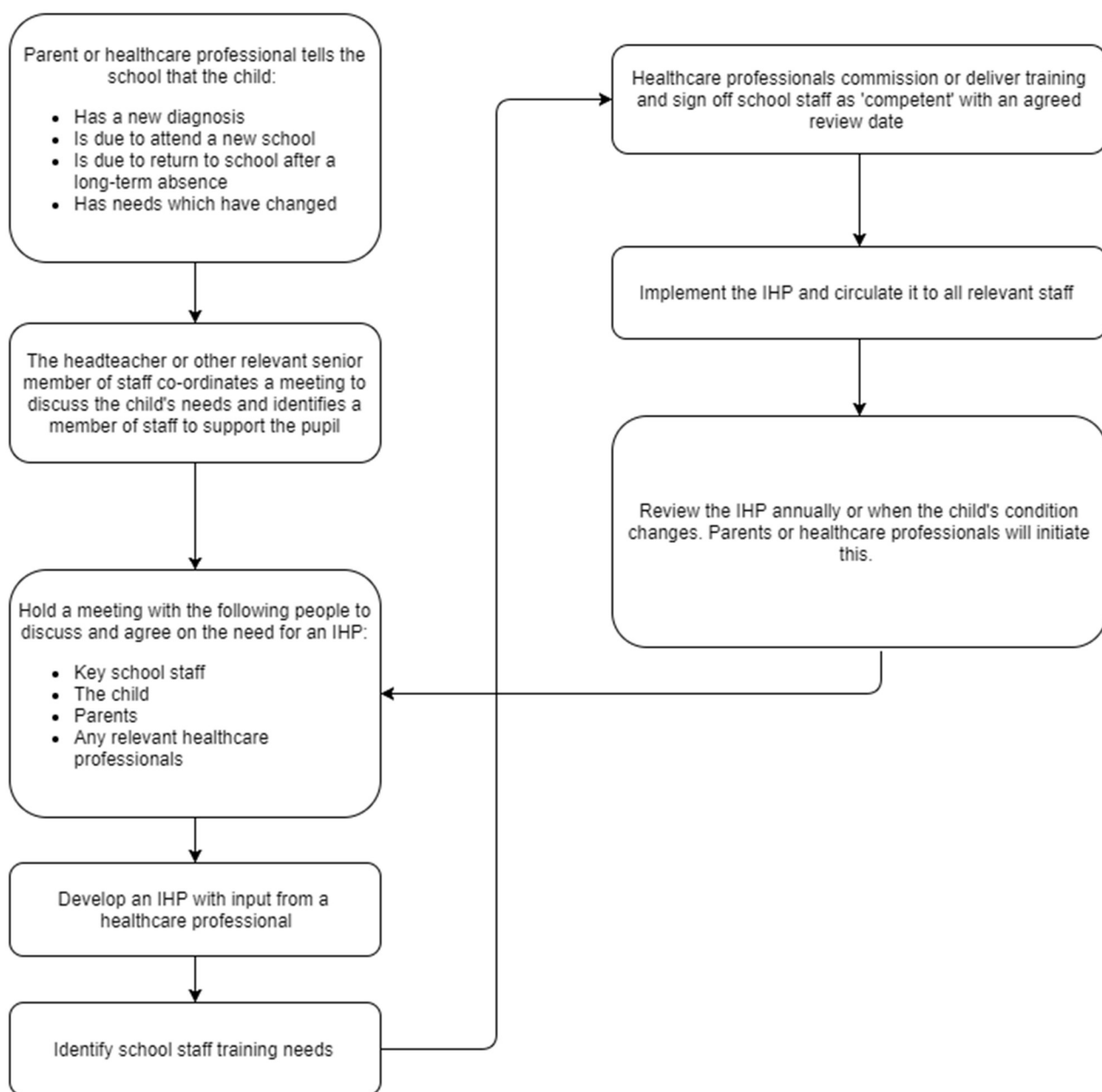
This policy will be reviewed and approved by the governing body every 2 years.

## 14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints Procedure
- Equality information and objectives
- Health and safety
- Safeguarding
- Special educational needs policy

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



Appendix 2: Being notified a child has a medical condition – Individual Healthcare Plan Form 1

Willow Bank School, Winwick Road, Newton-le-Willows, WA12 8DE

Headteacher: Anne Kyle

<b>Pupil Details</b>	
<b>Child's Name</b>	
<b>Date of Birth</b>	
<b>Group/Class/Form</b>	
<b>Child's Address</b>	
<b>Medical Diagnosis or Condition</b>	
<b>Date</b>	
<b>Review date</b>	
<b>Family Contact Information</b>	
<b>Name 1</b>	
<b>Relationship to Child</b>	
<b>Phone No. (Work)</b>	
<b>(Home)</b>	
<b>(Mobile)</b>	
<b>Name 2</b>	
<b>Relationship to Child</b>	
<b>Phone no. (Work)</b>	
<b>(Home)</b>	
<b>(Mobile)</b>	

<b>Clinic/Hospital Contact</b>	
<b>Name</b>	
<b>Phone No.</b>	
<b>G.P. Contact</b>	
<b>Name</b>	
<b>Phone No.</b>	
<b>Details – Needs and Medication</b>	
<b>Who is responsible for providing support in school?</b>	
<b>Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues, etc</b>	
<b>Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision</b>	
<b>Daily care requirements</b>	
<b>Specific support for the pupil's educational, social, and emotional needs</b>	
<b>Arrangements for school visits/trips, etc</b>	
<b>Other Information</b>	
<b>Describe what constitutes an emergency, and the action to take if this occurs</b>	
<b>Who is responsible in an emergency (state if different for off-site activities)?</b>	
<b>Plan developed with</b>	
<b>Staff training needed/undertaken – who, what, when</b>	
<b>Form copied to</b>	

### Appendix 3: Being notified a child has a medical condition – Parental/Carer Agreement for Setting to Administer a Prescribed Medicine Form 2

Willow Bank School, Winwick Road, Newton-le-Willows, WA12 8DE

Headteacher: Anne Kyle

- All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child's name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.
- A separate form is required for **each medicine**.

**The school will not administer the first dose in case of a reaction to the medication**

<b>Child's name</b>	
<b>Child's date of birth</b>	
<b>Class/form</b>	
<b>Name of medicine</b>	
<b>Strength of medicine</b>	
<b>How much (dose) to be given.</b> For example: One tablet One 5ml spoonful	
<b>At what time(s) the medication should be given</b>	
<b>Reason for medication</b>	
<b>Duration of medicine</b> Please specify how long your child needs to take the medication for.	
Are there any possible side effects that the school needs to know about? If yes, please list them	

I give permission for my son/daughter to carry their own salbutamol asthma inhaler/Adrenaline auto injector pen for anaphylaxis [delete as appropriate].	Yes	
	No	
	Not applicable	
I give permission for my son/daughter to carry their own salbutamol asthma inhaler and use it themselves in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

<b>Mobile number of parent/carer</b>	
<b>Daytime landline for parent/carer</b>	
<b>Alternative emergency contact name</b>	
<b>Alternative emergency phone no.</b>	
<b>Name of child's GP practice</b>	
<b>Phone no. of child's GP practice</b>	

- I give my permission for the headteacher /senior nursery staff member (or his/her nominee) to administer the prescribed medicine to my son/daughter during the time he/she is at school/nursery. I will inform the school/nursery immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/nursery activities, as well as on the school/nursery premises.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school/nursery, if necessary.
- The above information is, to the best of my knowledge, accurate at the time of writing.

<b>Parent/carer name</b>	
<b>Parent/carer signature</b>	
<b>Date</b>	

## Appendix 4: Being notified a child has a medical condition – Headteacher Agreement to Administer Medication Form 3

Willow Bank School, Winwick Road, Newton-le-Willows, WA12 8DE

Headteacher: Anne Kyle

It is agreed that [name of child] will receive [quantity and name of medicine] every day at [time medicine to be administered e.g., lunchtime or afternoon break].

[Name of child] will be given/supervised whilst he/she takes their medication by [name of member of staff].

This arrangement will continue until [either end date of course of medicine or until instructed by parents].

Date \_\_\_\_\_

Signed \_\_\_\_\_  
(The Head Teacher/Head of Setting/Named Member of Staff)