



SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

SEPTEMBER 2023

Signed by:

Chair of Governing Body: John Fegan *Date:* 27/11/2023

Head of School: Kathryn Dunne *Date:* 27/11/2023

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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 (IHCPs)

The named person with responsibility for implementing this policy is the Head of School.

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

3. Roles and responsibilities

3.1 Governing body

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body 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 Head of School

The Head of School 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 (IHCPs), including in contingency and emergency situations.
- Ensure that all staff who need to know are aware of a child's condition.
- Take overall responsibility for the development of IHCPs.
- 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.

3.3 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 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.

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 IHCP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHCPs.

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. *See Appendix 1.*

6. Individual healthcare plans (IHCP)

The Head of School has overall responsibility for the development of IHCPs (including Asthma Healthcare Plans) for pupils with medical conditions.

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 no consensus, the Head of School 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.

If appropriate, IHCPs will be linked to, or become part of, any education health care (EHC) plan. If a pupil has SEN but does not have an 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 body and SENDCo 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 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

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 during the school day **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/carer.

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

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled with the child's name and date of birth
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

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

7.1 Controlled drugs

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

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 recorded on Medical Tracker.

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 IHCPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHCP 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 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

8. Emergency procedures

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, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

8.1 Keeping Salbutamol Inhalers (Asthma Attack) for use in Emergencies

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. Children should have their own reliever inhaler and spacer at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

In order to use schools should:

- Have a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler.
- Have written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan.
- Ensure that the emergency inhaler is only used by children with asthma with written parental consent for its use unless otherwise advised by a medical professional/ emergency service call handlers.
- Ensure that appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions
- Maintain records of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler.

With regard to care of the inhalers, two staff members should have responsibility for ensuring that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- That replacement inhalers are obtained when expiry dates approach;
- During an incident, spacers should be available for use for an individual child and must be replaced following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

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 IHCPs. 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 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.

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 records are kept of all medicine administered to pupils for as long as these pupils are at the school. The school currently keeps paper records of all medicines administered and the folder is stored in the school office. Parents will be informed if their pupil has been unwell at school.

Copies of IHCPs are kept with the SENDCo and class teachers. These are stored securely on the school Google Drive.

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 kept in the school office.

12. Complaints

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

13. Monitoring arrangements

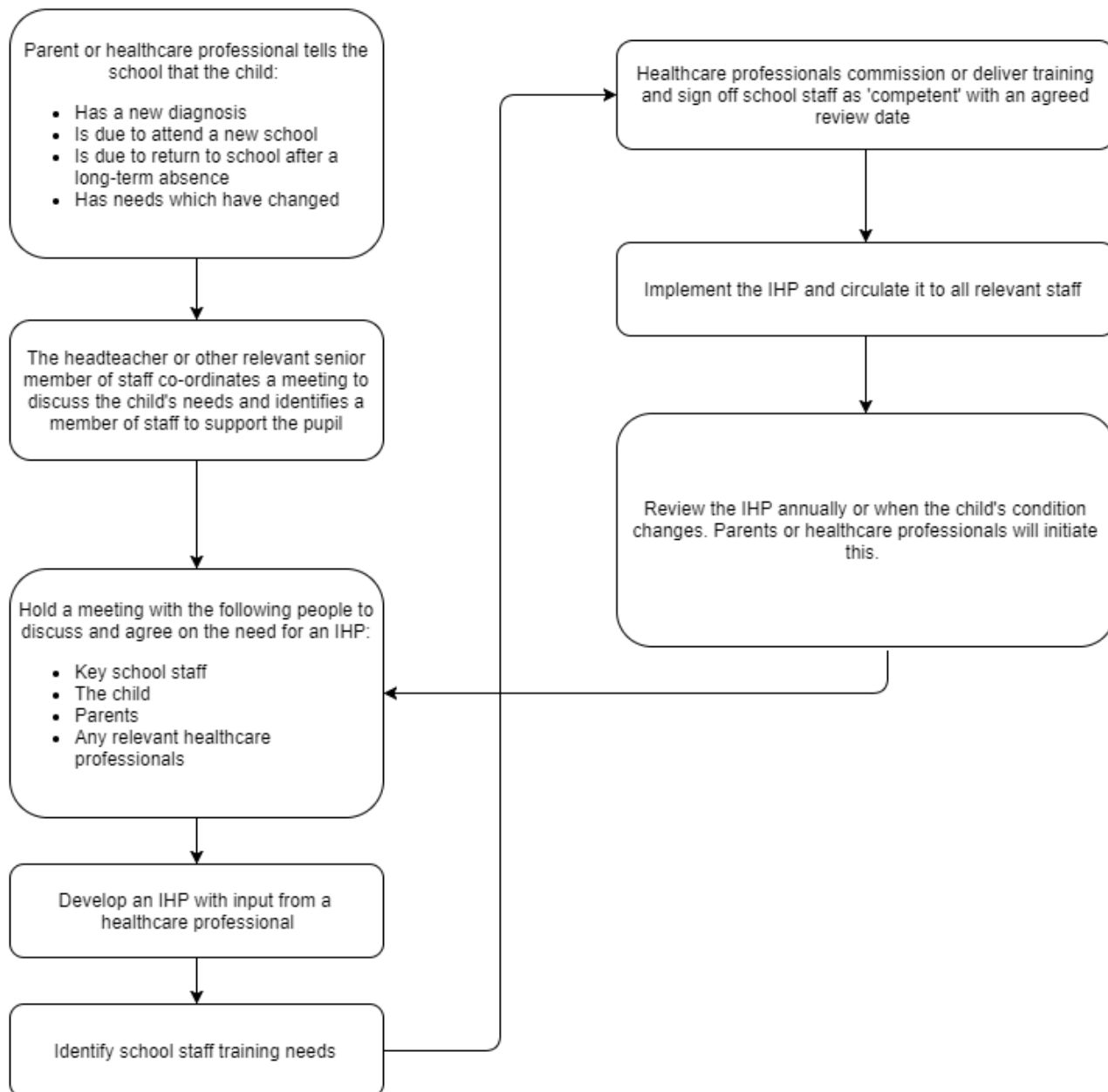
This policy will be reviewed and approved by the governing board every two years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality action plan
- Health and safety
- Intimate Care
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition





Our Lady of Pity RC Primary School
Parental Agreement for School to Administer Medicine

We will not administer medicine to your child unless you complete and sign this form, in line with our policy. This is a service that **Our Lady of Pity RC Primary School** is not obliged to undertake.

Full name of child				
Date of birth				
Group/class/form				
Medical condition or illness				

Medicine **Note: Medicines must be the original container as dispensed by the pharmacy**

Name/type of medicine <i>(as described on the container)</i>				
Date dispensed				
Expiry date				
Dosage and method				
Time(s) to be given				
Any other instructions				
Special precautions/other instructions (e.g. taken with/before/after food):				
Are there any side effects that the school/setting needs to know about?				
Self-administration Y/N				
Procedures to take in an emergency				

Details of person completing form:				
Name				
Daytime/Mobile telephone no.				
Relationship to child				
Name and phone no. of GP				
Agreed review date by member of staff:				

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff (or my son/daughter) administering medicine in accordance with the school policy. I understand that I must notify the school in writing of any change in dosage or frequency of medication or if medication is stopped. I understand that I must deliver any medicines personally to the school office.

Signature(s): _____ **Date:** _____



Our Lady of Pity RC Primary School

Health Care Plan for _____

1. Identification Details		
Name of the child		
Date of birth		
Address		
School setting – class / year group		
2. Medical details		
Medical condition(s)		
Treatment regime		
Medication prescribed or otherwise. (Side effects of medication)		
Describe what constitutes an emergency for the child.		
Action to be taken in the event of an emergency or crisis		
3. Contact Details		
Parents/Carers	Name: Phone numbers: Mobile – Relationship to child:	2) Name: Phone numbers: Mobile – Relationship to child:
Alternate family contacts (persons nominated by parents/carers)	3. Name: Phone numbers: Mobile – Relationship to child:	
Doctor		
Paediatrician		
Pharmacy	Name:	

	Phone number:	
Any other relevant health professionals	Name: Phone number: Role: Hospital:	Name: Phone number: Role: Social Base:
4. Individual Requirements		
Important information		
Daily care requirements eg. before sport/lunchtime		
Equipment and accommodation to be used in school		
Personal Emergency Evacuation Plan (for guidance on completing a PEEP contact Health and Safety department at Hamilton Building)		
Specific moving / handling advice		
Transport implications		
School Trips		
Educational implications (other than those on an IEP) and Practical Subjects / P.E.		
Staff training		
Administration – record keeping of medication		
Person responsible for this health care plan		
Additional support – amount needed and funding		
Designated staff and their role		
Other Issues		
Health care plan copied to		
Consent, signed and dated		
Review and update		

**THIS HEALTH CARE PLAN REMAINS CURRENT UNTIL STAFF ARE INFORMED OTHERWISE VIA
SENDCo OR SCHOOL LEADERSHIP TEAM**