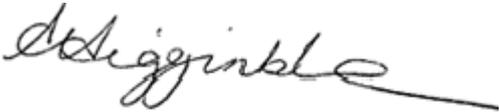




**Supporting Pupils with Medical Conditions Policy**  
**(Learning and Growing Together)**

<b>Date ratified by Governing Body</b>	<b>18<sup>th</sup> January 2021</b>
<b>Review Cycle</b>	<b>Every 2 years or when there is a change in statutory guidance or legislation</b>
<b>Review Date</b>	<b>January 2023</b>
<b>Signed Headteacher</b>	
<b>Signed COG</b>	



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## 1. Aims

- a. This policy aims to ensure that:
  - i) Pupils, staff and parents understand how our school will support pupils with medical conditions
  - ii) Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- b. The governing board will implement this policy by:
  - i) Making sure sufficient staff are suitably trained
  - ii) Making staff aware of pupil's condition, where appropriate.
  - iii) Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
  - iv) Providing supply teachers with appropriate information about the policy and relevant pupils
  - v) Developing and monitoring individual healthcare plans (IHPs)
- c. The named person with responsibility for implementing this policy is the Headteacher, Anne Higginbotham.

## 2. Legislation and statutory responsibilities

- a. 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.
- b. It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

## 3. Roles and responsibilities

- a. **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.
- b. **The headteacher.** The headteacher will:
  - i) Make sure all staff are aware of this policy and understand their role in its implementation.
  - ii) 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.
  - iii) Take overall responsibility for the development of IHPs.
  - iv) Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
  - v) 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.



- vi) Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

c. **Staff.**

- i) 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.
- ii) 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.
- iii) 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.

d. **Parents.** Parents will:

- i) Provide the school with sufficient and up-to-date information about their child's medical needs.
- ii) Be involved in the development and review of their child's IHP and may be involved in its drafting.
- iii) Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment.

- e. **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.

f. **School nurses and other healthcare professionals.**

- i) 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.
- ii) Healthcare professionals, such as GPs and paediatricians, will liaise with the school nurses and notify them of any pupils identified as having a medical condition.

**4. Equal opportunities**

- a. 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.
- b. 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.
- c. 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**

- a. 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.
- b. 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.
- c. See Annex 5.

## **6. Individual healthcare plans**

- a. The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to M McLelland, SENCO.
- b. Plans will be reviewed at least annually or earlier if there is evidence that the pupil's needs have changed.
- c. Plans will be developed with the pupil's best interests in mind and will set out:
  - i) What needs to be done
  - ii) When
  - iii) By whom
- d. 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 headteacher will make the final decision.
- e. 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.
- f. 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.
- g. 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 Headteacher will consider the following when deciding what information to record on IHPs:
  - i) The medical condition, its triggers, signs, symptoms and treatments.
  - ii) 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.
  - iii) 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.
  - iv) 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.
  - v) 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.

- vi) Who in the school needs to be aware of the pupil's condition and the support required.
- vii) 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.
- viii) 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.
- ix) Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- x) What to do in an emergency, including who to contact, and contingency arrangements.

## 7. Managing medicines

- a. Prescription medicines will only be administered at school:
  - i) When it would be detrimental to the pupil's health or school attendance not to do so **and**
  - ii) Where we have parents' written consent.
  - iii) **The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.**
- b. Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.
- c. 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.
- d. The school will only accept prescribed medicines that are:
  - i) In-date
  - ii) Labelled
  - iii) Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.
- e. The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.
- f. 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.
- g. Medicines will be returned to parents to arrange for safe disposal when no longer required.

### 7.1 Controlled drugs

- a. Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.



- b. 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.
- c. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

## **7.2 Pupils managing their own needs**

- a. 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.
- b. 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 IHP and inform parents so that an alternative option can be considered, if necessary.

## **7.3 Unacceptable practice**

- a. 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:
  - i) Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary.
  - ii) Assume that every pupil with the same condition requires the same treatment.
  - iii) Ignore the views of the pupil or their parents
  - iv) Ignore medical evidence or opinion (although this may be challenged).
  - v) 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.
  - vi) If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
  - vii) Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
  - viii) Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
  - ix) 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.
  - x) 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.
  - xi) Administer, or ask pupils to administer, medicine in school toilets

## **8. Emergency procedures**

- a. 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.



- b. 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**

- a. Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.
- b. The training will be identified during the development or review of IHPs. Staff who provides support to pupils with medical conditions will be included in meetings where this is discussed.
- c. The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher Anne Higginbotham. Training will be kept up to date.
- d. Training will:
  - i) Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils.
  - ii) Fulfil the requirements in the IHPs
  - iii) Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- e. Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- f. 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**

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

## **11. Liability and indemnity**

- a. The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.
- b. The details of the school's insurance policy are held in the school administration offices.
- c. This is a maintained school. The governing body will ensure that appropriate level of insurance is in place and appropriately reflects the level of risk. We link to the local authority as employers who are responsible for insurance arrangements of LA schools and their employees.



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

**13. Links to other policies** This policy links to the following policy documents: This policy links to the following policies: Accessibility plan, Complaints, Equality information and objectives, Health and safety, Safeguarding and the Special educational needs information report and policy

**14. Trained Staff – Merriott First School**

**School First Aiders (basic) are:**

Melanie Dang  
Linda Mitchell  
Heather Copping  
Julie Evans  
Hilary Court  
Caroline Rickard

**Named people for administering medicines:**

Anne Higginbotham - Headteacher  
Lois Bowery – Deputy Head  
Melanie Dang  
Linda Mitchell  
Heather Copping  
Julie Evans  
Hilary Court  
Caroline Rickard

**15. Trained Staff – Haselbury Plucknett CofE First School**

**School First Aiders (basic) are:**

Sandra Wade  
Fred Obern

**Named people for administering medicines:**

Anne Higginbotham - Headteacher  
Lois Bowery – Deputy Head  
Isabel Bending



Annex A to  
Supporting Pupils with Medical Conditions

**Healthcare Plan for Pupil with Medical Needs**

**Name:** .....

**Address:**

**Date of Birth:** .....

**Condition:**

**Date:** ..... **Review Date:** ..... **GP Surgery:** .....

**Name of School:** ..... **Class/Form:** .....



**CONTACT INFORMATION**

**Family Contact 1**

**Name:** .....

**Phone No.**  
**(work)** .....

**(home)** .....

**Relationship:** .....

**Family Contact 2**

**Name:** .....

**Phone No.**  
**(work)** .....

**(home)** .....

**Relationship:** .....

**Clinic / Hospital Contact**

**Name:** .....

**Phone No.** .....

**GP**

**Name:** .....

**Phone No.** .....

Describe condition and give details of pupil's individual symptoms:

Daily care requirements:



Describe what constitutes an emergency for the pupil and the action to be taken if this occurs:

Follow up care:

Who is responsible in an emergency (state if different on offsite activities):

Additional information re: child/young person's wishes regarding their care:



Additional information re: Parent's wishes:

Form circulated to:

Admin Team / Pupil File  
Class Teacher and Support Staff  
Pupil Information File for Supply Teachers  
School Nurse  
Parents

Date ..... Review .....



Annex B to  
Supporting Pupils with Medical Conditions

**Request for School to Administer Medication**

*Example form for parents to complete if they wish the school to administer medication.*

The school will not give your child medicine unless you complete and sign this form and the Headteacher has agreed that school staff can administer the medication.

A newly completed form should be submitted every time the dosage or timings of medication are changed.

**DETAILS OF PUPIL**

Surname: .....

Forename(s): .....

Address

M / F: .....

Date of Birth: .....

Class / Form: .....

Condition or Illness:



**MEDICATION**

Name / type of medication (as described on the container):

For how long will your child take this medication? .....

How long has your child been taking this medication? .....

Date Dispensed: .....

**Full Directions for use:**

Dosage (milligrams) and method:

Timing:

Special Precautions:



Side Effects:

Self-Administration:

Procedures to take in an Emergency:

Storage Arrangements:

**CONTACT DETAILS**

Name: ..... Daytime Tel. No. ....

Relationship to Pupil: .....

Address (if different from above):



# MERRIOTT & HASELBURY PLUCKNETT FIRST SCHOOLS FEDERATION

I understand that I must deliver the medicine personally to (agreed member of staff)

Date: ..... Signature (s): .....

.....

Relationship to pupil: .....

*(Example form for schools to complete and send to parent if they agree to administer medication to a named child).*

I agree that *(name of child)* will receive *(quantity and name of medicine)* every day at *(time medicine to be administered, eg lunchtime or afternoon break)*. *(Name of child)* will be given / supervised whilst he / she takes their medication by a member of staff authorised by the Headteacher. This arrangement will continue until *(either end date of course of medicine or until instructed by parents)*.

Date: .....

Signed: .....

(The Headteacher and Named Member of Staff)



**Record of Medication Administered in School**

**Example form for schools to record details of medication given to pupil**

Name: ..... DOB: .....

Address:

Name of Medication: .....

Date					
Time					
Dose given					
Any reactions					
Signature of staff giving medication					
Signature of witness					



Annex D to  
Supporting Pupils with Medical Conditions

**Record Handover and Return of Medication**

Child's name: ..... DOB: .....

Address

Name and signature(s) of identified person(s) responsible for care of the medication at school:

.....

.....

.....

Name and signature(s) of parent(s) / carer(s) responsible for handing over medication and to whom any unused medication is to be returned:

.....

.....

Name of medicine	Given to (staff name)	Returned to (parent name)	Quantity (ie a 250ml bottle - increments will change on a daily basis)	Date	Signed (Both people to sign)



**Being Notified that a child is receiving Medication**

