



Supporting Pupils with Medical Conditions Policy

Date	September 2018
Written by	Executive Director of Inclusion
Review Date	August 2021





Contents

Contents.....	1
1. Introduction and Legislative Compliance.....	2
2. Equality and Inclusion	2
3. Definition of Medical Conditions	2
4. Responsibilities of the Local Authority	3
5. Responsibilities of the Board of Trustees	3
6. Responsibilities of the Senior Leadership Team at each Academy.....	3
7. Responsibilities of Staff Members at each Academy.....	4
8. Responsibilities of the School Nurse.....	4
9. Responsibilities of Parents and Carers.....	4
10. Training of Staff:.....	5
11. The Role of the Pupil	5
12. Individual Healthcare Plans (IHCPs)	5
13. Medicines.....	6
14. Emergencies	6
15. Day Trips, Residential Visits and Sporting Activities	7
16. Other Issues for Consideration	7
17. Avoiding Unacceptable Practice	7
18. Liability and Indemnity.....	8
19. Complaints	8
Annex A: Model Process for Developing Individual Healthcare Plans.....	9
Template A: individual healthcare plan	10
Template B: parental agreement for setting to administer medicine.....	13
Template C: record of medicine administered to an individual child.....	15
Template D: record of medicine administered to all children.....	17
Template E: staff training record – administration of medicines	18
Template F: contacting emergency services.....	19
Template G: model letter inviting parents to contribute to individual healthcare plan development.....	20

1. Introduction and Legislative Compliance

1.1. This policy is written in line with the requirements of:

- Children and Families Act 2014, section 100
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE (updated December 2015)
- Mental Health and Behaviour in schools: departmental advice for school staff, DfE (updated March 2016)
- The Special Educational Needs and Disability regulations 2014
- The Equality Act 2010
- School admissions code: statutory guidance for admission authorities, governing bodies, local authorities, schools adjudicators and admission appeals panels, DfE (updated December 2014)

1.2. Some children with medical conditions may be considered to be disabled under the definition set out in the [Equality Act \(2010\)](#); where this is the case, all schools have duties towards individual disabled children and young people. They must make reasonable adjustments, including the provision of auxiliary aids and services required by disabled children and young people to prevent them being put at a substantial disadvantage.

1.3. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP); where this is the case all schools in England **must** have regard to the [Code of Practice \(2015\)](#) as it provides statutory guidance on duties, policies and procedures relating to Part 3 of the Children and Families Act 2014 and associated regulations. Schools must fulfil their statutory duties towards children and young people with SEN or disabilities in light of the guidance set out.

1.4. Therefore, this policy should be read in conjunction with the following Trust-wide and Academy policies: Inclusion policy, SEND Information Report, Safeguarding Policy, Off-Site Visits Policy, Complaints Policy.

2. Equality and Inclusion

2.1. All learners should be equally valued in school. The Equality and Human Rights Commission (EHRC) states that “avoiding discrimination and promoting equality supports the agenda of improving attainment and progression for all pupils. Good education and skills are crucial for opening up opportunities and increasing the chance of a successful life. In addition, in England, equality and diversity are specified factors that must be taken into account in Ofsted inspections.

2.2. Schools also have wider duties to prevent discrimination, to promote equality and to foster good relations for “an equal society protects and promotes equal, real freedom and substantive opportunity to live in the ways people value and would choose, so that everyone can flourish. An equal society recognises people’s different needs, situations and goals and removes the barriers that limit what people can do and can be.” (EHRC, 2014)

3. Definition of Medical Conditions

3.1. Pupils’ medical needs may be broadly summarised as being of two types:

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



3.1.2. **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 that pupils feel safe.

4. Responsibilities of the Local Authority

4.1 Local Authorities are commissioners of school nurses for maintained schools and Academies. Under section 10 of the Children Act (2004) they have a duty to:

- Promote cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions
- Provide support, advice and guidance to Academies and their staff
- Make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.

5. Responsibilities of the Board of Trustees

5.1 The Board of Trustees remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. Ensuring that the *Supporting Pupils with Medical Conditions* policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.

5.2 Handling complaints regarding this policy as outlined in the Trust's Complaints Policy.

5.3 Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.

5.4 Ensuring that relevant training is delivered to staff members who take on responsibility to support children with medical conditions.

5.5 Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.

5.6 Keeping written records of any and all medicines administered to individual pupils and across the school population.

5.7 Ensuring the level of insurance in place reflects the level of risk.

6. Responsibilities of the Senior Leadership Team at each Academy

6.1 The Principal is responsible for the day-to-day implementation of the *Supporting Pupils with Medical Conditions* policy and procedures of each Academy.

6.2 This responsibility is delegated by the Principal to the Deputy or Vice Principal, and then to the Designated Safeguarding Lead (DSL) in the event of absence.

6.3 The Senior Leadership Team are collectively and individually responsible for:

- Ensuring the policy is developed effectively with partner agencies
- Making staff aware of this policy
- Liaising with healthcare professionals regarding the training required for staff
- Making staff who need to know, aware of a pupil's medical condition



- Developing Individual Healthcare Plans (IHCPs)
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy
- Contacting the school nursing service in the case of any child who has a medical condition.

7. Responsibilities of Staff Members at each Academy

7.1 Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons
- Administering medication, if they have agreed to undertake that responsibility
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help
- The school does **not** have staff trained to administer injections.

8. Responsibilities of the School Nurse

8.1 School nurses are responsible for:

- Notifying individual Academies when a child has been identified with requiring support in school due to a medical condition
- Liaising locally with lead clinicians on appropriate support.

9. Responsibilities of Parents and Carers

9.1 Parents and carers are responsible for:

- Keeping the Academy informed about any changes to their child / children's health
- Completing a *parental agreement for Academy to administer medicine* form before bringing medication into school
- Providing the Academy with the medication their child requires and keeping it up-to-date
- Collecting any leftover medicine at the end of the course or year
- Discussing medications with their child / children prior to requesting that a staff member administers the medication
- Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the Special Educational Needs and Disabilities Coordinator (SENDCO), other staff members and healthcare professionals.



10. Training of Staff:

10.1 Teachers and support staff will receive training on the *Supporting Pupils with Medical Conditions* policy as part of their induction.

10.2 Teachers and support staff will receive regular and ongoing training as part of their development.

10.3 Teachers and support staff who undertake responsibilities under this policy will receive the following training:

- Training on all medicated pupils by the School Nurse in September every year
- Support from the School Nurse for each new pupil with medical needs

10.4 The name of the clinical lead (School Nurse) for this training is available on request from each Academy.

10.5 No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering.

10.6 No staff member may administer drugs by injection unless they have received training in this responsibility.

10.7 A named member of the Senior Leadership Team in each Academy will be responsible for the upkeep of records of all training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

11. The Role of the Pupil

11.1 If after discussion with the parent / carer, it is agreed that the pupil is competent to manage his/her own medication, s/he will be encouraged to do so. This will be reflected in their Individual Healthcare Plan (IHCP).

11.2 Where possible, pupils will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location; usually the main office in each Academy.

11.3 If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.

11.4 Where appropriate, and if able, pupils will be encouraged to take their own medication.

12. Individual Healthcare Plans (IHCPs)

12.1 Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil, parents / carers, Principal, SENDCO and medical professionals.

12.2 IHCPs will be easily accessible whilst preserving confidentiality.

12.3 IHCPs will be reviewed at least annually or when a pupil's medical circumstances change, whichever is sooner.

12.4 Where a pupil has an Education, Health and Care Plan (EHCP) or special needs statement, the IHCP will be linked to it or become part of it.

12.5 Where a pupil is returning from a period of hospital education or alternative provision or home tuition, each Academy will work with the Local Authority and education provider to ensure that the IHCP identifies the support the pupil needs to reintegrate.



13. Medicines

13.1 Medicines should only be administered at school when it would be detrimental to a pupil's health or attendance not to do so.

13.2 Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.

13.3 If this is not possible, prior to staff members administering any medication, the parents / carers of the child must complete and sign a *parental agreement for the Academy to administer medicine* form.

13.4 No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.

13.4 Where a pupil is prescribed medication without their parents' / carers' knowledge, (for those in Secondary or Post-16 education) every effort will be made to encourage the pupil to involve their parents whilst respecting their right to confidentiality.

13.5 No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.

13.6 Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.

13.7 A maximum of four weeks supply of the medication may be provided to the Academy at one time.

13.8 Controlled drugs may only be taken on Academy premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under the Trusts' *Drug and Alcohol* policy.

13.9 Medications will be stored in the Main Academy Office.

13.10 Any medications left over at the end of the course will be returned to the pupil's parents.

13.11 Written records will be kept of any medication administered to pupils.

13.12 Pupils will never be prevented from accessing their medication.

13.13 The Academy where the pupil attends and the Trust cannot be held responsible for any side effects which may occur when medication is taken correctly.

14. Emergencies

14.1 Medical emergencies will be dealt with under each Academy's emergency procedures.

14.2 Where an Individual Healthcare Plan (IHCP) is in place, it should detail:

- What constitutes an emergency
- What to do in an emergency

14.3 Pupils will be informed in general terms of what to do in an emergency, such as telling a teacher.

14.4 If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents / carers arrive.



15. Day Trips, Residential Visits and Sporting Activities

15.1 All pupils with medical conditions will be actively supported to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments; unless there is evidence from a clinician such as a GP that this is not possible.

15.2 Each Academy will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents / carers and relevant healthcare professionals and will be informed by Health and Safety Executive (HSE) guidance on school trips.

16. Other Issues for Consideration

16.1 Where a pupil uses home-to-school transport arranged by the Local Authority and they also have a medical condition which is life-threatening, the pupil's Individual Healthcare Plan (IHCP) will be shared with the Local Authority.

16.2 Following the updated guidance produced by the [Department for Education](#) (2016) the Trust is still considering whether to invest in automated external defibrillators (AEDs) and staff training across all Academies and it is currently at the discretion of individual governing bodies at each Academy to decide whether to pursue this at an Academy level.

16.3 Where appropriate, and in accordance with [Department of Health guidance](#) (2014), governing bodies at each Academy may choose to hold asthma inhalers on site for emergency use.

17. Avoiding Unacceptable Practice

17.1 The Trust and staff at each Academy understands that the following behaviour is unacceptable:

- Assuming that pupils with the same condition require the same treatment
- Ignoring the views of the pupil and/or their parents / carers
- Ignoring medical advice or opinion
- Sending pupils home frequently or preventing them from taking part in activities at the Academy
- Sending pupils to the medical room or Main Academy Office alone if they become ill
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition
- Making parents / carers feel obliged or forcing parents / carers to attend the Academy to administer medication or provide medical support, including toilet issues
- Creating barriers to pupils participating in Academy life, including school trips
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.



18.Liability and Indemnity

18.1 Teachers who undertake responsibilities within this policy are covered by the Academy's insurance in which they are employed.

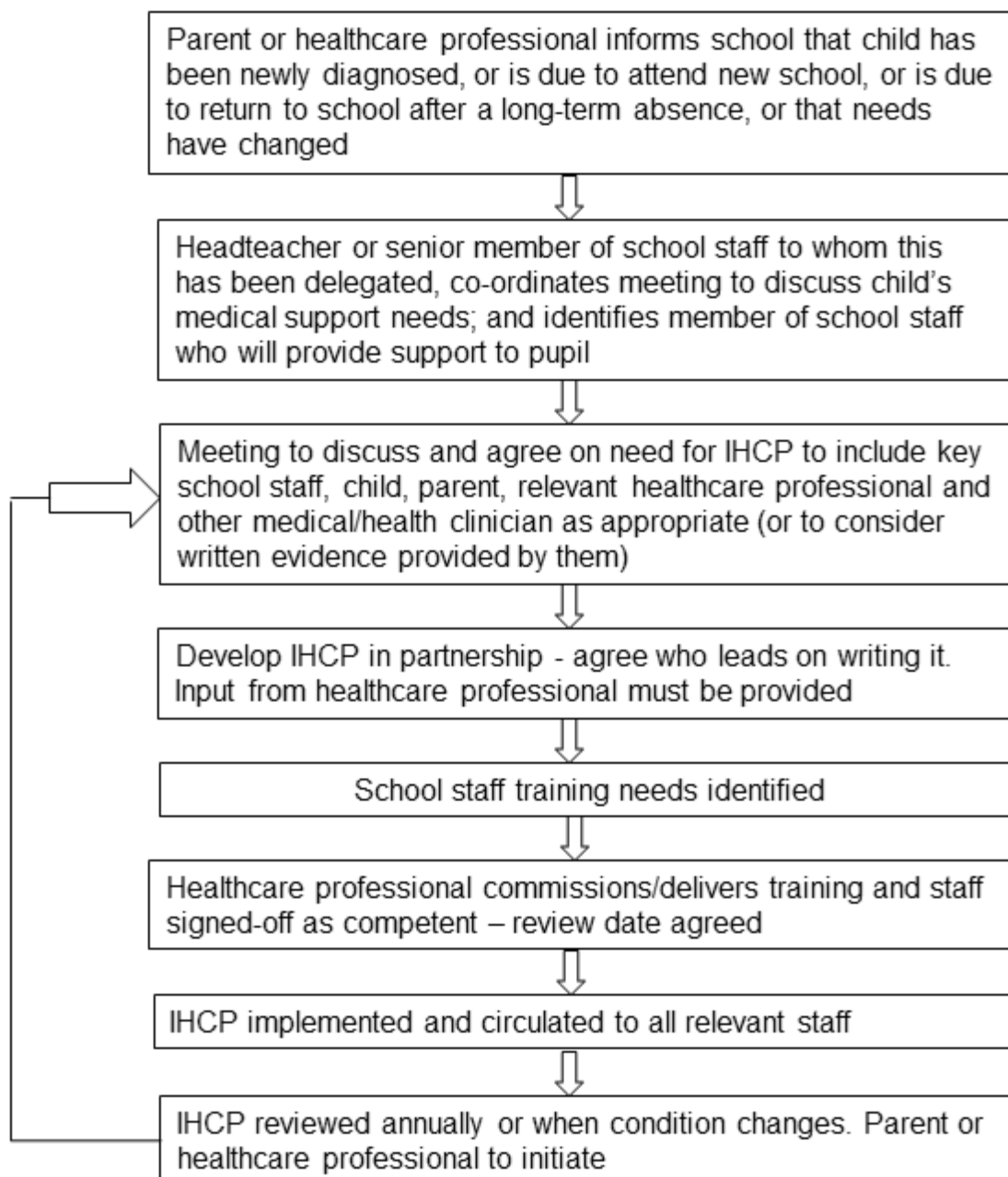
18.2 Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Principal of the Academy in which they are employed, in the first instance.

19.Complaints

19.1 The details of how to make a complaint can be found in the Complaints Policy held on the Astrea website.



Annex A: Model Process for Developing Individual Healthcare Plans





Template A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

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

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



Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	



Address

[agreed member of staff]

I understand that I must deliver the medicine personally to

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.

Signature(s) _____

Date _____



Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			



Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			



Template E: staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____



Template F: contacting emergency services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.
Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone



Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely