

Supporting Pupils with Medical Conditions Stamshaw Junior School



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 pupil's condition, where appropriate
 - Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
 - Providing supply teachers with appropriate information about the policy and relevant pupils
 - Developing and monitoring individual healthcare plans (IHPs)

2. Legislation and statutory requirements

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: [Supporting pupils at school with medical conditions](#).

Where children have a disability, the requirement of the [Equality Act](#) (2010) will apply.

Where children have an identified special need and/or disability, [the Special Educational Needs and Disability Code of Practice 0-25 Years](#) (2015) will apply.

3. Roles and responsibilities

All staff have a duty of care to follow and co-operate with the requirements of this policy and they should ensure that all medical information will be treated confidentially.

3.1 The governing body

The governing body 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.

- Ensuring that the school's policy clearly identifies the roles and responsibilities of staff involved to support pupils at Stamshaw Junior School with medical conditions.
- Making sure that arrangements to support pupils with medical conditions are in place and focused on the needs of each individual child and how their medical conditions impacts on their school life.
- Checking policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.

- Ensuring that sufficient staff have received suitable training and are competent before they take on the responsibility to support pupils with medical conditions.
- Ensuring that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching materials as needed.
- Ensuring arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school.

3.2 The headteacher

The headteacher will:

- Develop the school policy on supporting pupils with medical needs
- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensuring that all staff who need to know are aware of the child's condition
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensuring that all staff are aware that they may be asked to provide support for pupils with medical conditions, to include administering medicines, personal care although they cannot be required to do so
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date ready for auditing.

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.

5.4 Parents

Parents will:

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

- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

5.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them.

Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School Nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

- Offer health promotion, prevention and early intervention approaches to support individual and population needs.
- Support a child who has been identified as having a medical condition, for example, continence issues, sleep issues, growth (over and underweight) concerns, developmental concerns.
- Supporting school staff in developing and implementing an individual health care plan.
- Provide health assessments of physical and emotional health conditions as well as assessment of safeguarding risks.
- Providing advice to school staff or with other agencies to support medical conditions that affect a child's school life, for example, poor attendance related to enduring illness or health lifestyle.

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

4 Equal Opportunities

Our school is clear about the need to actively support pupils with medical conditions to fully participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. We recognise that medical conditions may impact social and emotional development as well as having educational implications.

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.

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/carers and Healthcare professionals. This is to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents. An Individual Health Care Plan will be reviewed as new information is available or at the beginning of the academic year by the SENCo (supported by the school nurse).

6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

This has been delegated to Mrs Cantini

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done

- When

- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the 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 paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments

- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons

- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions

- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring

Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable

Who in the school needs to be aware of the pupil's condition and the support required

Arrangements for written permission from parents and the 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

We will use the individual healthcare plan based on the template produced by the DfE to record the plan (**see Appendix 2**) unless the IHP has been written by the Healthcare Professional.

7 Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

- Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.
- Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

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

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately.

Medicines will be returned to parents to arrange for safe disposal when no longer required. It is the responsibility of the parents/carers to dispose of their child's medicines.

It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers.

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. Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics

- Injections of Glucagon for diabetic hypoglycaemia

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the head teacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

Non-prescription and prescription medicines will not be given to a child with a long term medical condition in school unless agreed as part of an IHCP or with written evidence from a Healthcare Professional, and with their parents'/carers' written consent (a 'parental agreement for school to administer medicines' form will be used to record this).

Roles and responsibilities of staff supervising the administration of medicines

It is expected that in normal circumstances the child requiring medication will be known to the member of staff administering it. There should be a mechanism in place which enables staff administering medication to positively identify the child at the time of administration e.g. by confirming with the child where possible their name, date of birth and/or comparing with a recent photo attached to the medication administration record / consent form. There must be a check that the name of the child, the name on the medication and the name on the consent form are the same.

When the child is not known or cannot give his or her details then a second check with a member of staff who does know the child and comparison with a recent photo or some other way of checking identity should be implemented.

As a general guideline before administering medication to a child the staff member should:

- Wash their hands
- Ensure that a drink is available if appropriate (some tablets can irritate and damage the throat and oesophagus if administered without a drink)
- Check the label on the medication
- Check the name of child
- Check that there is written consent from a parent/carer
- Check that the medication name and strength and dose instructions match the details on the consent form
- Check that the name on the medication label is that of the child being given the medication
- Check that the medication to be given is in date
- Check that the child has not already been given the medication
- Check the route of administration (e.g. by mouth, into ear/eye, rubbed on the skin)
- Check for any special instructions

If there are any concerns about giving a medication to a child, then the member of staff must not administer the medication but should check with the parent/carer or a health professional, documenting any action taken.

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.

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.

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

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.

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

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- 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' 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 Deputy Headteacher. 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 IHPs

- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing body will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

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

11. Liability and indemnity

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

Stamshaw Junior school staff indemnified under the Risk Protection Arrangement scheme (RPA) organised by the Department of Education.

To meet the requirements of the indemnification, we ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

12. Complaints

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the

Head teacher. This may be followed by a meeting/meetings with the Head teacher (or representative) and Healthcare Professionals. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 3 years.

14. Links to other policies

This policy links to the following policies:

Accessibility plan

Complaints

Equality information and objectives

First aid

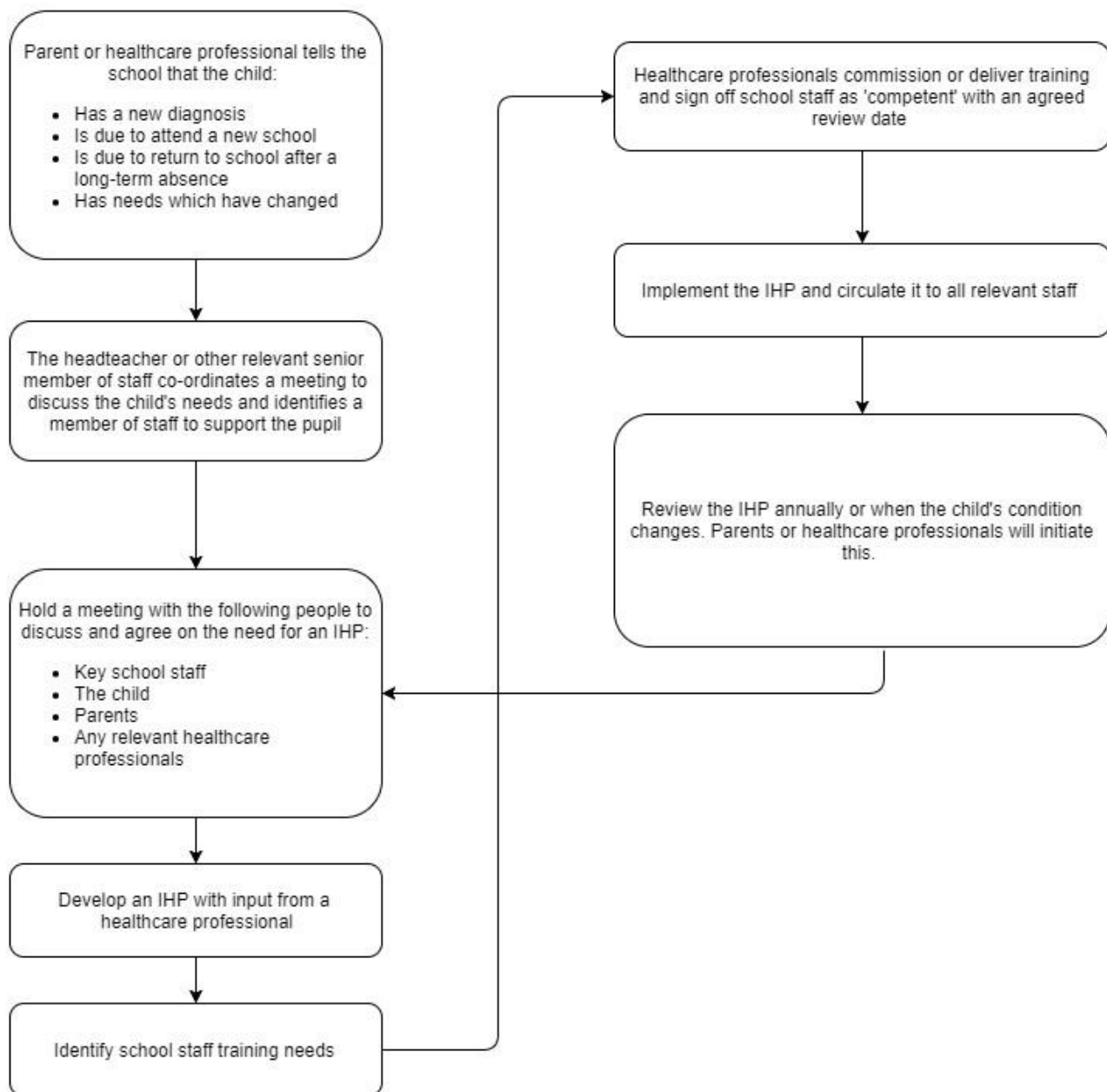
Health and safety

Safeguarding

Special Educational Needs information report and policy

Revised by School	February 2021
Responsible Person	Rob Jones Headteacher
Responsible Committee	Local Governing Body
Next Review	February 2024

Appendix 1: Being notified a child has a medical condition



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 & relationship to child	
Phone no. (work)	
(mobile)	
(home)	
Name & Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact	
Name	
Phone no.	

G.P.	
Name	
Phone Number	

Who is responsible for providing support in school	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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Name of medication, dose, method of administration, when to be taken, side effects, contraindications, 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