

Supporting pupils with medical conditions policy



Bourn Church of England Primary Academy

Approved by: Laura Latham / FGB **Date:** March 2021

Last reviewed on: June 2018

Next review due by: March 2023

Contents

1. Aims.....	2
2. Legislation and statutory responsibilities.....	2
3. Roles and responsibilities.....	3
4. Equal opportunities.....	5
5. Being notified that a child has a medical condition	4
6. Individual healthcare plans	5
7. Managing medicines.....	5
8. Emergency procedures	7
9. Training.....	7
10. Record keeping	8
11. Liability and indemnity	8
12. Complaints.....	8
13. Monitoring arrangements.....	8
14. Links to other policies	8
15. Appendices.....	9

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 (IHPs) (Appendix 4)

The named person with responsibility for implementing this policy is Laura Latham, Headteacher

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](#).

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 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.

3.2 The headteacher

The headteacher 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 (IHPs) (Appendix 4), 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 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
- › Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date and confidential

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.

Staff will complete the appropriate part of the record of medication administered form (Appendix 3) to confirm when medication has been given.

3.4 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 where appropriate
- › Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times
- › Complete and sign a Medical Permission form (Appendix 2) when requested and be given the option to sign the Use of Emergency Salbutamol Inhaler/Adrenaline Auto Injection permission form when appropriate.

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 IHPs. They are also expected to comply with their IHPs.

3.6 Liaison with Parents and other Healthcare Professionals

Parents will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

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

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

Pupils with short-term illness and/or medical needs

If a child is unwell and unable to cope with a busy school day, they should not be sent to school. If they become ill during the day, parents/carers will be contacted by the School office in order that the child can be taken home.

If a child has suffered from Vomiting and/or diarrhea, they should not return to school within 48 hours of the last episode.

A child should not come in to school if they have a high temperature.

The School has a duty to report any 'notifiable diseases' (infectious diseases) to the Public Health Department.

Parents/Carers are responsible for advising the School of any medical needs of their child, for keeping this information up to date and for bringing into school any medication that is needed. Medication brought into School should be handed in to the School Office and not brought in by the child.

6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs 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 IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or 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 an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher with responsibility for developing IHPs, 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

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

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.

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.

Asthma inhalers will be kept in the Child's classroom and Adrenaline Auto Injectors will be kept in the Staff room

Every attempt, where clinically possible, should be made for medication to be administered by parents/carers at home. All medication must be prescribed by a Doctor, Dentist, Nurse, or Pharmacist with clearly stated instructions.

The School medication form (Appendix 2) should accompany medication brought in to School.

Medication brought in to School should be handed in to the School Office.

Non-prescribed medicines will only be administered in exceptional circumstances at the School's discretion, where the decision will be taken by a member of the Senior Leadership Team.

Children taken Off-site during the School day

Medication held in School for children will be taken by an appropriately trained member of staff and held securely when the child goes off-site/School excursions.

Staff will complete the appropriate part of the record of medication administered form (Appendix 3) to confirm when medication has been given.

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.

An IHP must be put in place for the administration of controlled drugs. The same procedures apply to controlled drugs as apply to prescribed medicines. Any specific details regarding the controlled drugs will be noted on the IHP.

Controlled drugs that have been prescribed for a child will be stored securely in a locked, non-portable container and only named members of staff will have access.

Controlled drugs will be easily accessible in an emergency at all times by those named members of staff

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines under supervision of an appropriate staff member. This will be discussed with parents and it will be reflected in their IHPs.

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.

The School will hold a Salbutamol Inhaler and Adrenaline Auto Injectors which may be used in an emergency where the School is in receipt of a signed permission form and/or where the School is advised to do so by a medical professional/999.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.

Training will:

- › 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 board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their child 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.

12. Complaints

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

13. Monitoring arrangements

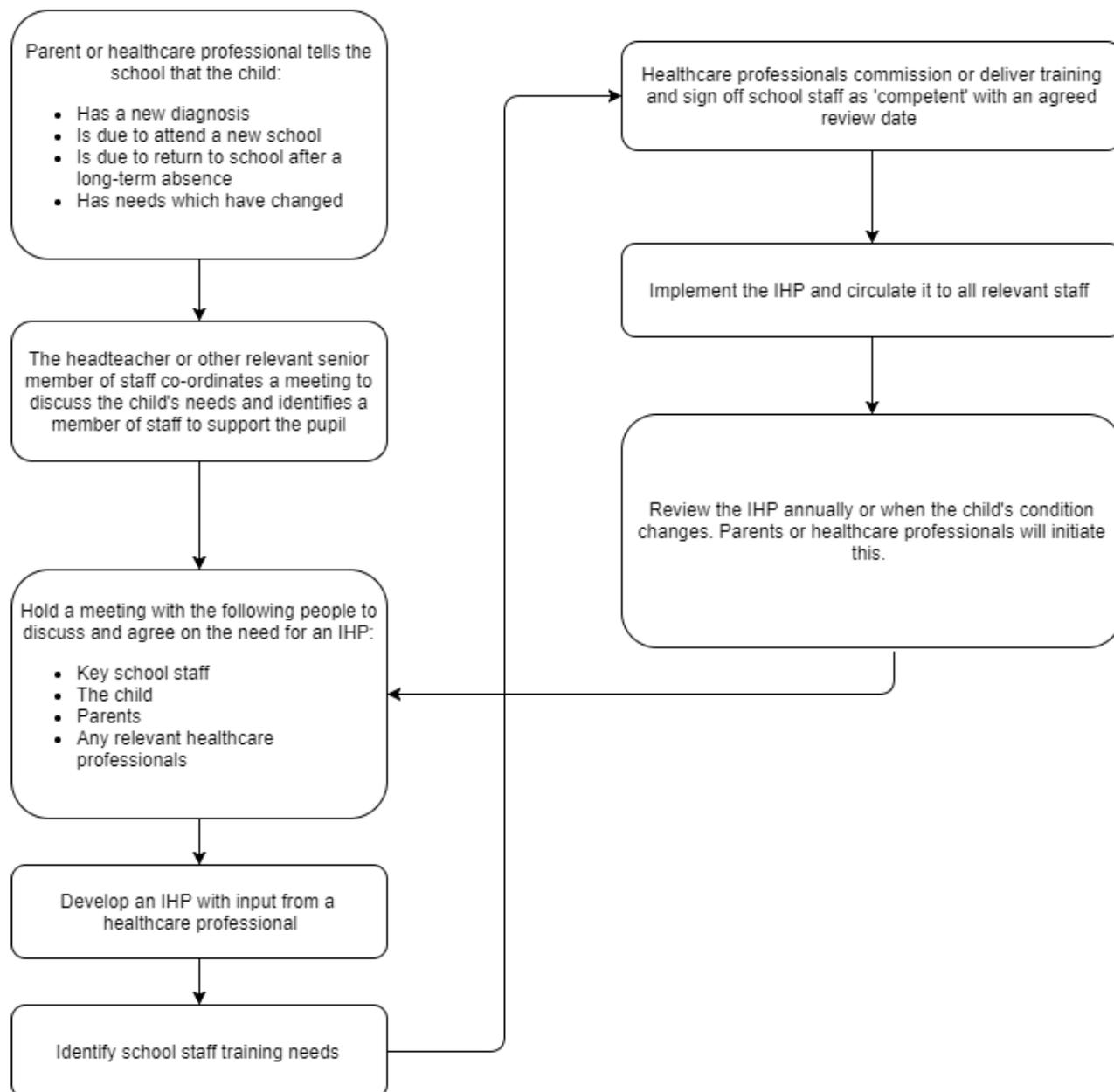
This policy will be reviewed and approved by the governing board every two years.

14. Links to other policies

This policy links to the following policies:

- Complaints
- Equality and diversity
- First aid
- Health and safety
- Safeguarding and child protection
- Special educational needs

Appendix 1: Being notified a child has a medical condition



Appendix 2

Medical Permission form

The school will only administer medicines on receipt of this form being fully completed and signed.

DETAILS OF PUPIL

Name:.....

Address: M/F:

..... Date of Birth:

..... Class:.....

Condition or illness:.....

MEDICATION

Name/Type of Medication (as described on the container):.....

.....

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

Date Dispensed:

Expiry Date.....

Full Directions For Use:

Dosage and Method.....

Timing.....

Will a dose of medicine be given before school? Time:

Any other instructions/Precautions.....

Potential side effects the school should be aware of.....

.....

Procedures to take in an emergency.....

.....

.....

CONTACT DETAILS

Name: Relationship to Pupil.....

Address.....

..... Daytime Telephone No:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately in writing if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that I must deliver the medicine personally to the School Office.

I accept that this is a service which the school is not obliged to undertake and, as the school are not health professionals, they cannot be held liable for mis-administration or non-administration.

Signature:.....

Date:.....

Appendix 3

Record of regular medication administered to an individual child

Medication must not be administered unless Appendix 2 is completed.

School	
Pupil Name & Address	
Date of Birth	
Date medicine dispensed on	
Name and strength of medicine	

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Observations/comments			

Appendix 4

Individual Healthcare Plan (IHP)

School		
Pupil Name & Address		
Date of Birth		
Class		
Medical diagnosis or condition		
Triggers		
Contact Information		
Family Contact No.1 Name _____ Telephone (work) _____ Telephone (home) _____ Telephone (mobile) _____	Family Contact No.2 Name _____ Telephone (work) _____ Telephone (home) _____ Telephone (mobile) _____	
Clinic/ Hospital Contact Name _____ Telephone _____		GP Contact Name _____ Telephone _____
Describe medical needs and give details of symptoms		
Daily care requirements		
Staff involved in daily care requirements		

What constitutes an emergency for the child	
Action to be taken in the event of an emergency for the child	

Date _____

Review date _____

Parent's signature _____ **Date** _____

Head Teacher's signature _____ **Date** _____

This will be reviewed at least annually, or earlier if the child's needs change.