



**Education
Partnership
Trust**

Creating outstanding schools
which transform learning, lives
and communities

SUPPORTING CHILDREN WITH MEDICAL NEEDS



Document Control

This document has been approved for operation within:	All Trust Establishments
Date effective from	March 2023
Date next review due by	March 2024
Review period	Annually

CONTENTS

1.0	AIMS	4
2.0	LEGISLATION AND STATUTORY RESPONSIBILITY	4
3.0	ROLES AND RESPONSIBILITIES	4
4.0	EQUAL OPPORTUNITIES	5
5.0	BEING NOTIFIED THAT A CHILD HAS A MEDICAL CONDITION	6
6.0	INDIVIDUAL HEALTHCARE PLANS	7
7.0	MANAGING MEDICINES	8
8.0	EMERGENCY PROCEDURES.....	9
9.0	TRAINING	9
10.0	RECORD KEEPING.....	10
11.0	LIABILITY AND INDEMNITY	10
12.0	COMPLAINTS	10
13.0	MONITORING ARRANGEMENTS	10
14.0	LINKS TO OTHER POLICIES	10
15.0	APPENDICIES	12

1.0 AIMS

1.1 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
- Sufficient staff are suitably trained (see Appendix 1)
- Staff are aware of pupil's condition, where appropriate
- There are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Supply teachers have the appropriate information about the policy and relevant pupils
- Individual healthcare plans (IHPs) are developed and monitored

2.0 LEGISLATION AND STATUTORY RESPONSIBILITY

2.1 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.

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

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

3.0 ROLES AND RESPONSIBILITIES

3.1 The named person with responsibility for implementing this policy is Natalie Lewis working in conjunction with Michelle Hill (SENCO) and the pastoral support team.

3.2 The Governing Board

The Governing Board has ultimate responsibility to make arrangements to support pupils with medical conditions.

3.3 The Headteacher

The Headteacher will:

- Ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions (see Appendix 1)
- 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), 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

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

3.4 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility 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 (see Appendix 1).

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.5 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, and ensure they or another nominated adult are contactable at all times

3.6 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.

3.7 School nurses and other healthcare professionals

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

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

4.0 EQUAL OPPORTUNITIES

4.1 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.

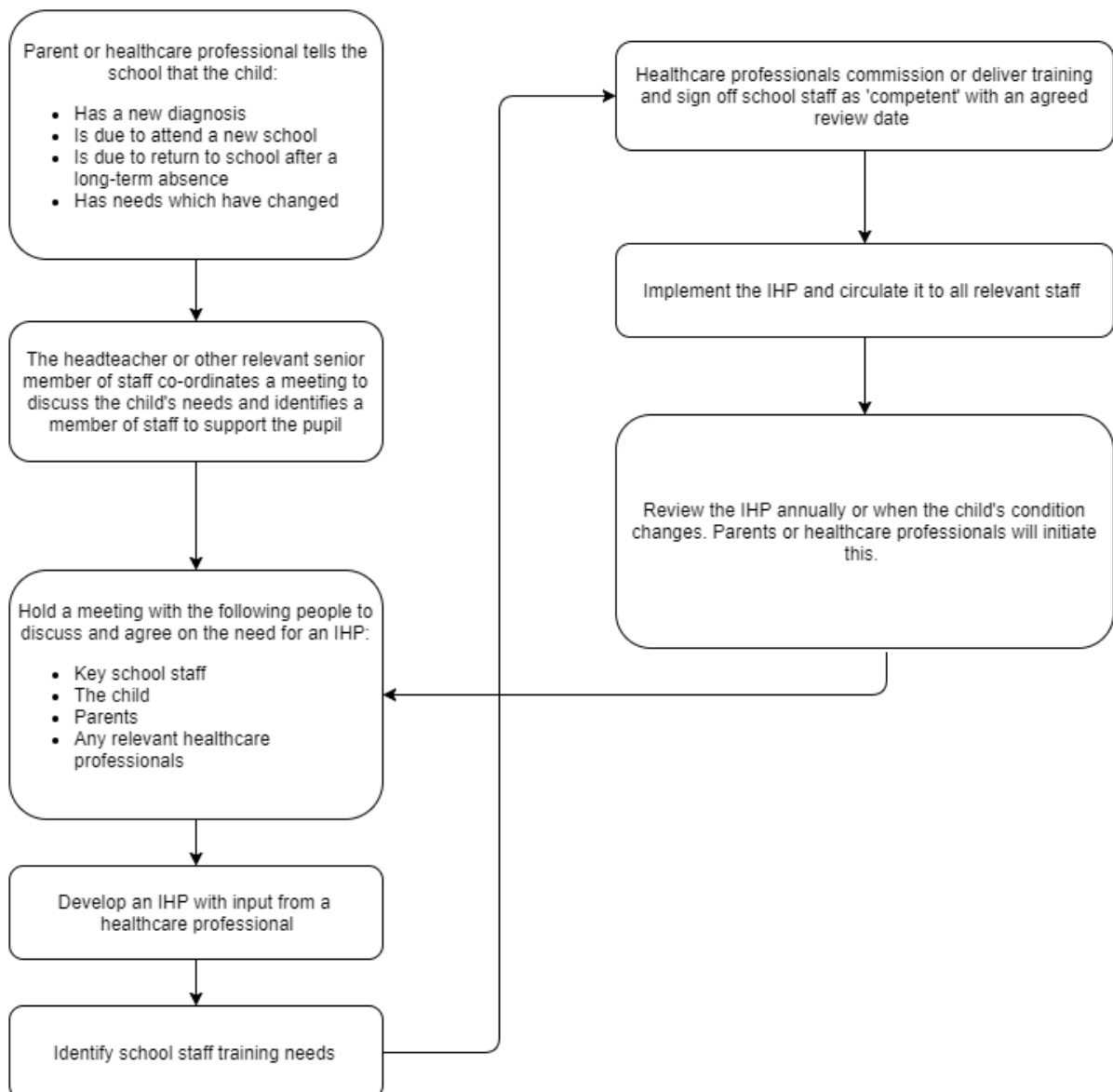
4.2 The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

4.3 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.

5.0 BEING NOTIFIED THAT A CHILD HAS A MEDICAL CONDITION

5.1 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.

5.2 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.



6.0 INDIVIDUAL HEALTHCARE PLANS

- 6.1** The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Michelle Hill SENCO
- 6.2** Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.
- 6.3** Plans will be developed with the pupil's best interests in mind and will set out:
- What needs to be done
 - When
 - By whom
- 6.4** 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.
- 6.5** 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.
- 6.6** 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.
- 6.7** The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The following will be considered 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

7.0 MANAGING MEDICINES

7.1 Prescription and non-prescription medicines i.e. paracetamol (Appendix 2) 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.

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

7.3 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.

7.4 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

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

7.6 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.

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

7.8 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.

7.9 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.

7.10 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

8.0 EMERGENCY PROCEDURES

8.1 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.

8.2 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.

9.0 TRAINING

9.1 Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so (Appendix 1).

9.2 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.

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

9.4 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.

10.0 RECORD KEEPING

10.1 The Headteacher 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.

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

11.0 LIABILITY AND INDEMNITY

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

11.2 The details of the school's insurance policy are:

- Section 2 – Cover (E2)

11.3 The insurer will indemnify the insured in respect of all sums which the insured may become legally liable to pay as damages in respect of the provision of first aid treatment by an Employee to any person.

12.0 COMPLAINTS

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

13.0 MONITORING ARRANGEMENTS

13.1 This policy will be reviewed annually. At every review the policy will be adopted by the governing board every year.

14.0 LINKS TO OTHER POLICIES

14.1 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
- Managing medicines policy

Appendix 2 – Paracetamol Guidance

In line with the DfE's statutory guidance - Supporting pupils at school with medical conditions December 2015, paracetamol **can** be administered in school providing:

- It has **not** been purchased by the school
- It has **not** been supplied by the school
- It would be detrimental to a child's health or school attendance not to do so
- It has been sent into school by parents and labelled with their child's name
- **Written** consent has been given from the child's parent/carer
- On the day of the request, that school have checked:
 - how much paracetamol has previously been taken
 - what time the last dose was taken
 - the maximum dosage
 - that the paracetamol provided is in date
- A record is kept of the:
 - Date
 - Time
 - Type of paracetamol (brand/liquid or tablet)
 - Dosage given
 - How it was administered
 - Staff member present

Please Note:

Some children may come to school with paracetamol on their person - **if** school become aware, then the above procedures must be adhered to.