



Supporting pupils with Medical conditions policy

Stony Dean School

Approved by	Head Teacher
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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 Senior Leadership Team will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are 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)

The named person with responsibility for implementing this policy is Claire Medland.

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 (DfE)'s statutory guidance on supporting pupils with medical conditions at school.

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), 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

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.

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
- 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

3.5 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. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and pediatricians, will liaise with the school's nurses 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.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Deputy Head.

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 especially where their needs are met through an EHCP e.g. ASD diagnosis. IHPs will be linked to EHCPs.

Plans will be drawn up in partnership with the school, parents and when relevant, a healthcare professional, such as the school nurse, specialist or pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

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
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies.
- 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
- 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 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 using Form B - Parental agreement for a school to administer medicine

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 to that pupil, 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.

School are able to administer Antibiotics, Paracetamol, Calpol, Nurofen and Ibuprofen without a prescription. However, bottles or tablets must be sent into school in the original packaging and/or box.

Where a child has mild pain during the day e.g. head ache, cold symptoms, tooth ache, period pain, paracetamol may be administered where:

- Explicit Verbal consent has been given by the family and recorded on Form C
- It is checked that there is a 4 hour clearance between any other pain relief medication

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.

All medication and IHPs will be taken on school trips appropriate for the length of trip. Prescribed medication not including asthma inhalers will be in a coded locked bag with all staff informed of code arranged by the designated school nurse. Trip leaders are responsible in uploading IHPs to Evolve, advising accompanying adults and carrying them with them at all times on the trip. The school nurse must have 3 working days' notice of a child being taken on a trip by school staff in order for the relevant medical care to be arranged.

Any medications left over at the end of the course will be returned to the child's parents. Sharps bins should always be used for the disposal of needles and other sharps.

Written records will be kept of any medication administered to children.

Asthma inhalers and adrenalin auto injectors are kept in school for emergency use as directed by parents or the ambulance service.

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.

All controlled drugs are kept in a secure cupboard in the medical office and only SLT or school nurse 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.

7.3 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 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 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.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Head of Key Stage/Deputy Head Teacher in the first instance. If they 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 2 years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equalities
- Health and safety
- Child Protection
- Special educational needs information report and policy





Appendix 1: Being notified a child has a medical condition

Family or healthcare professional tells the school that the child:

Has a new diagnosis

Is due to return to school after a long term medical absence

Has needs that have changed

The school Office sends out an Individual Healthcare Plan form for the family to fill in

On completion this is shared with the Head of Key Stage, SDS school nurse and SLT. When necessary a meeting is arranged to discuss the child's needs

The IHP is saved with the EHCP and in the Briefing Notes, Medical Care Plans Folder where all staff can access them.

A meeting may be called to share the IHP with relevant staff

School training needs are identified and facilitated with support from outside agencies

IHPs will be reviewed at the start of every academic year and at annual review or when the child's condition changes.



Appendix 2

Form A Individual Healthcare Plan (IHP)

Name of School	
Child's name	
Class	
Date of Birth	
Child's address	
Medical diagnosis or condition	
Date	
Family contact information	
Contact 1: Name	
Phone number (mobile)	
Phone number (work)	
Contact 2: Name	
Phone number (mobile)	
Phone number (work)	
Clinic/Hospital Contact	
Name	
Phone number	
GP	
Name/Name of Surgery	
Phone number	
Describe Medical needs and give details of child's symptoms, triggers, signs and treatment	
Name of any medication, dose, method of administration, when to be taken, side effects	
Arrangements for school trips etc.	
What constitutes an emergency and what actions to take if this occurs	
Signed:	



Appendix 3

Letter to set up/review IHPs

Dear Families

We have your child noted as currently having an Individual Healthcare Plan (IHP) in school or as having a medical condition, including allergies, that may require an Individual Healthcare Plan or to have medicines in school - inhaler, Epipen, antihistamine etc.

Diagnoses such as Autism, ASD, ADHD, anxiety will not need an IHP as provision will be recorded on the child's EHCP.

The Individual Healthcare Plans need to be reviewed on an annual basis in order to ensure that pupils' ongoing medical needs are met.

Individual Health Care Plans will be shared with all relevant staff members as well as being kept on their school file.

Please respond with the following

Option 1: My child does not have any conditions that require medical support/awareness in school - please update your records.

Option 2: My child has a medical condition that requires medication to be kept in school. I will complete the **Individual Healthcare Form**. I have/I will complete a **Form B Parental agreement for a school to administer medicine** and return it to school with medication in the original prescribed box

Option 3: My child has a medical condition that needs awareness but no medication is required to be held in school. I will complete an **Individual Healthcare Plan** to provide further. Mild asthma that does not require an inhaler to be in school or a food intolerance that does not require an Adrenaline auto injector to be in school can also be detailed under this category.

If you require support completing these forms we would be happy to make an appointment to do so in person or over the phone. Please contact the school office on office@stonydean.bucks.sch.uk



Appendix 4

Form B Parental agreement for a school to administer medicine

Name of school/setting	
Name of child	
Date of birth	
Class/form	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
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	

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



Appendix 5

Form C Record of administration pain relief medication

Name of child	
Class/form	
Complaint	
Date	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Administered by	

Name of family member contacted	
Time called	
Conformation that no other pain relief medication has been given in the 4 hours before.	

Appendix 6 Record of Medication Administered

Name of school/setting

Date	Child's name	Time	Name of medicine	Dose given	Number remaining (opt)	Any reactions	Signature of staff	Print name



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