

Supporting pupils with medical conditions policy



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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 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)

The named person with responsibility for implementing this policy is Cathryn McCabe.

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 Cathryn McCabe and Rachel Jukes

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, the Deputy Headteacher and PSA, 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

(Appendix 2, 3)

7. Managing medicines

Administration and Storage of Medication in School

Only medicines which have been prescribed for a child will be administered in school.

Parents should ensure that, wherever possible, medication is prescribed so that it can be taken outside the school day.

Should medication be required to be administered at school, parents / carers must complete an Administration of Prescribed Medicines in School Consent Form . (Appendix 4)

Medication cannot be administered without signed consent. The completed Administration of Prescribed Medicines in School Consent Form and the prescribed medication should be handed by the parent/carer to (designated member of staff)

Medicines will only be administered if they are provided in its original container complete with a pharmacy label showing the child's name, dosage instructions and any relevant storage instructions. The product must be in date. The exception to this is insulin which must still be in date but will generally be provided to schools inside an insulin pen or pump, rather than in its original container.

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

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.

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

The school will make sure all medication is stored safely and that pupils with medical conditions know how to access them. In the case of emergency medicines they will have access to them immediately.

Parents are asked to collect all medications / equipment at the end of the school term, and to provide new and in date medication at the start of each new term.

Parents must let the school know immediately if their child's healthcare needs change.

Parents/ carers are responsible for replenishing supplies of medicines and collecting no longer required / out of date medicines from school.

Children where competent can administer their own medicine. Parents will be requested to notify the school when this is the case (and request if this is to be supervised or not).

Parents / carers will also be required to request in writing if they wish their child to carry their own medication with them in school.

The school will keep an accurate record of all medication they administer or supervise administering, including the dose, time, date and staff involved. If a medication is not administered the parent / carer will be notified. (Appendix 5)

Disposal of Medication

If parents do not collect out of date / no longer required medicines within 14 days of being requested to do so the medicine will be returned by the school to a pharmacy for destruction.

Out of School Activities / Extended School Day

The school will meet with parents, pupil and health care professional where relevant prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed to support a child with a medical condition to participate. This should be recorded in child's individual health care plan which should accompany them on the activity.

Risk assessments are carried out on all on all out of school activities taking into account the needs of pupils with medical needs. School will make sure a trained member of staff is available to accompany a pupil with a medical condition on an offsite visit

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 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.

The details of the school's insurance policy are:

QBE European Operations, Public Authority Medical Malpractice Liability, Insurance (UK)

Appendix 6

12. Complaints

Parents with a complaint about the school's actions in regard to 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

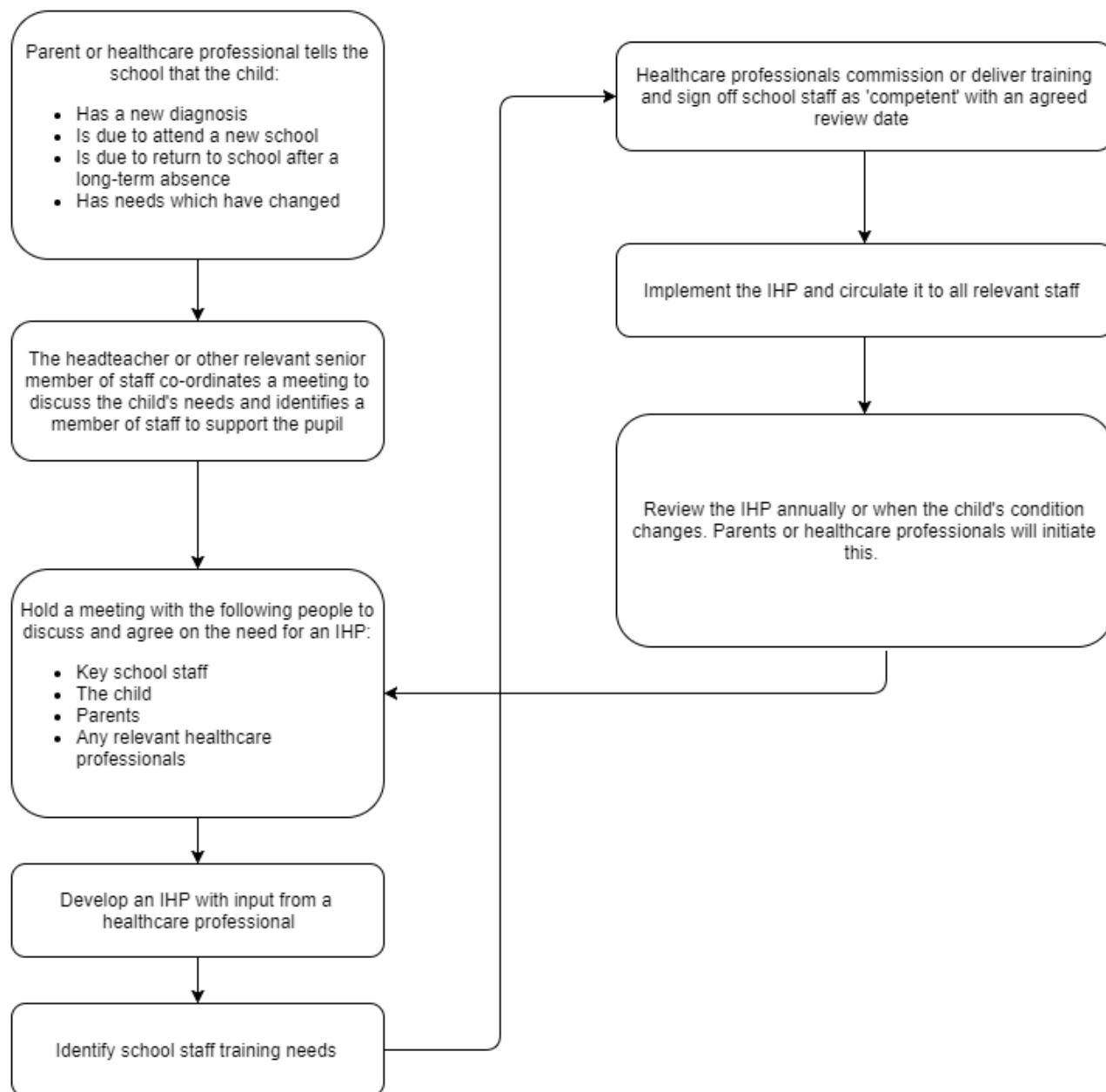
This policy will be reviewed and approved by the governing board every 2 years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition



APPENDIX 2

Template letter

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Dear Parent

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

Headteacher

APPENDIX 3

Form 1 – Individual Healthcare Plan

For pupils with medical conditions at school

(NB prescribed medicine in school consent form must also be completed)

Name of school / setting			
Child's name		tick	M <input type="checkbox"/> F <input type="checkbox"/>
Group / class / form			
Date of birth			
Child's address			
Medical diagnosis or condition			
Date			
Review date			

Family Contact Information

Contact 1	
Phone no. (work)	
(home)	
(mobile)	
Relationship to child	
Name 2	
Phone no. (work)	
(home)	
(mobile)	
Relationship to child	

Clinic / Hospital Contact

Name	
Address	
Phone no.	

G.P.

Name	
Practice address	

Phone no.

Who is responsible for providing support in school/ Should be aware of needs in school

Head Teacher- Nerys Thornton, DHT- Cathryn McCabe
Class Teacher-

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medicines, 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 pupils 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*)

Head teacher, Deputy Headteacher, Class Teacher

Form copied to: Parents, and accessible to Class Teacher, KS Leader

Class	Nursery	Reception	Y1	Y2	Y3	Y4	Y5	Y6
Signed								
Dated								

APPENDIX 4

Form 2 – Parental agreement for setting to administer medicine

The school or setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that 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 (as described on the container)	
Expiry date	
Dosage and method of administration	
Timing	
Special precautions / other instructions	
Are there any side effects that the school / setting needs to know about?	
Self-administration – y/n	
Procedures to be taken in an emergency	

Nb. Medicines must be brought in the original container as dispensed by the pharmacy

Contact details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I Understand that I must deliver the medicine personally to	[agreed member of staff]

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

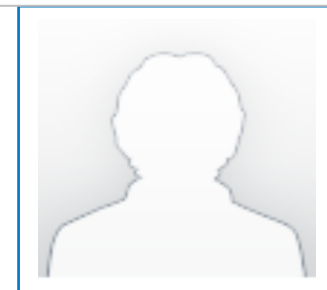
Signature(s)

Date

APPENDIX 5

SCHOOL RECORD OF MEDICATION ADMINSTERED

Child's name



D.O.B. / /

Form 3.

Name of school / setting				
Name of child				
Group / class / form				
Date of birth	Cross reference with child, prescribed medication label and parental consent form.			
Medicine received				
Date medicine received from parent				
Quantity received				
Name and strength of medicine				
Dose and frequency of medicine				
Expiry date				
Staff signature				
Print name				
Medicine returned				
Quantity returned				
Returned to (signature)				
Print name				

Please ensure the information provided below is legible, current and accurate for evidential purposes.

Date									
Time Given									
Dose Given									
Staff Signature									
Print Name									
Witness Name									
Witness Signature									

Date									
Time Given									
Dose Given									
Staff Signature									
Print Name									
Witness Name									
Witness Signature									

APPENDIX 6

Insurance Indemnity Treatment Table

The treatment table details the procedures where cover is provided under Stockton Borough Council's Public Liability indemnity. Procedures not covered by this table would need to be referred to the Council's insurers for consideration. Cover would not apply to Health Care Professionals.

Academys would need to ensure that their Public Liability Insurance covers this extension.

Procedure - Activity	Public Liability	Medical Malpractice Policy
Acupuncture	No, but may be considered on receipt of written procedures.	No
Administration of medicines	Yes, subject to being pre-prescribed by a medical practitioner and following written guidelines. Via nasogastric tube, gastroonomy tube or orally. Where the medicine is administered under the Health and Social Care Act 2012 (and any equivalent legislation) the risk falls to be covered under the medical malpractice policy	No. Where the medicine is administered under the Health and Social Care Act 2012 (and any equivalent legislation) the risk falls to be covered under the medical malpractice policy.
Apnea monitoring	Yes, in respect of monitoring via a machine following written guidelines. There is no cover available in respect of visual monitoring.	No
Bathing	Yes, following training and in accordance with written guidelines.	No
Blood samples	Yes, but only by Glucometer following written guidelines	No
Buccal midazolam	Yes, following written guidelines.	No
Bladder wash out	No.	Yes
Catheters	Yes, following written guidelines for the changing of bags and the cleaning of tubes. There is no cover available for the insertion of tubes.	No
Colostomy / stoma care	Yes, following written guidelines in respect of both cleaning and changing of	No

	bags.	
Chest drainage exercise	Yes, following written health care plan provided under the direction a medical practitioner.	No
Dressings	Yes, following written health care plan for both application and replacement of dressings.	No
Defibrillators - first aid only	Yes, following written instruction and appropriate documented training.	No
Denture cleaning	Yes, following appropriate training.	No
Ear syringe	No.	Yes
Ear / nose drops	Yes, following written guidelines.	No
Epipen / medipens	Yes, following written guidelines with a pre-assembled pen.	No
Enema suppositories	No.	Yes
Eye care	Yes, following written guidelines for persons unable to close eyes.	No
Procedure - Activity	Public Liability	Medical Malpractice Policy
First aid	Yes, should be qualified first aiders and applies during the course of the business for the benefit of employees and others.	No
Gastronomy tube – peg feeding	Yes, cover available in respect of feeding and cleaning following written guidelines but no cover available for tube insertion.	No
Hearing aids	Yes, for assistance in fitting / replacement of hearing aids following written guidelines.	No
Inhalers, cartridges and nebulisers	Yes, for both mechanical and held following written procedures.	No
Injections	Yes, but only for the administering of pre-packaged dose on a regular basis pre-prescribed by a medical practitioner and following written guidelines. Where the medicine is administered under the Health and Social Care Act 2012 (and any equivalent legislation) the risk falls to be covered under the	No. Where the medicine is administered under the Health

	medical malpractice policy.	and Social Care Act 2012 (and any equivalent legislation) the risk falls to be covered under the medical malpractice policy
Insulin injections	Yes, where possible, these should be self-administered but can be undertaken by trained staff in accordance with written care plan. Cover will operate in respect of the administration of doses that need to be determined due to individual needs of the person as long as this is set out in their individual health care plan, and for school children, has parental approval.	No
Intranasal midazolam	Yes, following written guidelines.	No
Manual evacuation	Yes.	No
Mouth toilet	Yes.	No
Naso-gastric tube feeding	Yes, following written guidelines but cover is only available for feeding and cleaning of the tube. There is no cover available for tube insertion or re-insertion, which should be carried out by a medical practitioner.	No
Occupational therapy.	No	Yes
Oxygen – administration of and assistance with.	Yes, following written guidelines and suitable training in the use of the equipment including oxygen saturation monitoring where required. Excludes filling oxygen cylinders from main tank.	No
Pessaries	No.	Yes
Reiki	Yes.	No
Physiotherapy	Yes, when undertaken by suitably trained staff but excluding treatment by a qualified physiotherapist.	No, cover available for a qualified physiotherapist subject to details of activities.
Pressure bandages	Yes, following written guidelines.	No
Rectal midazolam in pre-packaged doses.	Yes, following written guidelines and 2 [two] members of staff must be present.	No

Procedure - Activity	Public Liability	Medical Malpractice Policy
Rectal diazepam in pre-packaged doses.	Yes, following written guidelines and 2 [two] members of staff must be present.	No
Rectal paraldehyde	No.	Yes, 2 [two] members of staff must be present.
Splints	Yes, as directed by a medical practitioner.	No
Suction machine	No.	Yes
Syringe drivers - programming of.	No.	Yes
Suppositories	No, other than rectal diazepam and midazolam.	Yes
Swabs - external	Yes, following written guidelines.	No
Swabs - internal	No, other than oral following written guidelines.	Yes
Toe nail cutting	Yes, following written guidelines.	No
Tracheostomy	No, cover is only available for cleaning around the edges of the tube only, following written guidelines.	Yes
Vaccinations	Yes, subject to being pre-prescribed by a medical practitioner and following written guidelines. Where the medicine is administered under the Health and Social Care Act 2012 (and any equivalent legislation) the risk falls to be covered under the medical malpractice policy.	No. Where the medicine is administered under the Health and Social Care Act 2012 (and any equivalent legislation) the risk falls to be covered under the medical malpractice policy.
Ventilators	No, other than for a person with a predictable medical condition and stable ventilation requirements following written guidelines.	No

