



# Supporting Pupils with Medical Conditions Policy

## Our Vision Statement:

Our aim is to nurture children with the confidence and self-belief to achieve their best;  
to have the courage to think for themselves;  
to be resilient in their learning and ambitious in their hopes and dreams;  
to live in harmony, respecting others;  
to search and question throughout life's journey;  
to find personal faith;  
and to learn about the Gospel of hope and love found in Jesus Christ.

*Seeking to nurture:*

Self-belief    Courage    Resilience    Ambition    Harmony

**“Stand firm... be courageous” 1 Corinthians 16:13**

**Policy Reviewed: Autumn 2024**

**Next Review: Autumn 2025**



## Introduction

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](#).

## 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 Mrs. B. Haigh

## Roles and responsibilities

### **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.

### **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

### **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.

### **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

### **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.

### **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. They may also provide advice on developing IHPs.

### **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/carers and any relevant healthcare professionals will be consulted.

## 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.

## Individual Healthcare Plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to office staff: Mrs. R. Johnson, Miss. A. Iqbal and Miss. A. Barker.

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/carers 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/carers 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 special educational needs (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 headteacher and office staff, 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/carers 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/carer or 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

### 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/carers' 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. Parents/carers 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 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/carers to arrange for safe disposal when no longer required.

## Medicines in School

- ❖ No child under 16 should be given prescription or non-prescription medicines without their parent's written consent
- ❖ Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- ❖ Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- ❖ Parents should give antibiotics at home. If it is necessary (e.g. if required four times a day) for a child to complete a course of antibiotics at school, then parents should come into school and complete school's '*Administration of Medication*' form which is kept in the office and destroyed when the need for medication is over. Medication will then be returned to parents for them to dispose of safely.
- ❖ Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- ❖ School should keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school
- ❖ School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted
- ❖ When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

## Storage of Medicines.

- ❖ All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them. Asthma Inhalers are kept in the classroom where they can be accessed immediately. EpiPen's are stored securely in an office cupboard clearly labelled. Paracetamols and allergy relief medication are kept in the office and children are sent down for them as and when needed. If children go on a school trip, all medication is taken along with details of dosage requirements and held with the visit leader.
- ❖ Dates of medication should be checked. Parents are responsible for replacing out of date medication. Reminders may be required
- ❖ Medicines which need to be kept in a refrigerator are kept in the office fridge. They should be in a sealed container clearly labelled.

- ❖ Medication for the emergency treatment of e.g. anaphylactic shock, is kept in the class room for immediate access. They are kept in a box clearly labelled and out of reach of children
- ❖ For regular medication, there is to be a dated sheet, split into days to be signed each time / day medication has been administered, to avoid duplication.
- ❖ For specific conditions, basic emergency details and a photograph of the child to be available in the classroom, office and kitchen area.

## Records

- ❖ Records will be kept of all children receiving medication. Parents will complete school's 'Administration of Medication' form which gives written instructions on administration and also gives school permission to administer the medication. Long term medication will be administered as instructed by either the parents or school nurse/G.P/ Consultant. This will be kept in the office.
- ❖ Records will also be kept of any child being given medication which is additional to their usual medication (this must be prescribed medication by a doctor) along with the consent form, including the parental permission form for administering calpol.
- ❖ IHPs are kept in a readily accessible place that all staff are aware of.

## Staff training and support

**Any member of school staff providing support to a pupil with medical needs should have received suitable training.** This should have been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. Schools may choose to arrange training themselves and should ensure this remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

**Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans).** A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Whole school staff training should be arranged for some conditions such as anaphalaxia, diabetes, asthma and should be included in induction for new staff.



## Children administering their own medication

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Where appropriate, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision.

## School Visits

School will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. There will be a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

- ❖ Adequate supplies of medication (and instructions) for children with long term conditions should be taken. This includes inhalers. All staff on the visit should be aware of children requiring medication.
- ❖ A list of emergency contact numbers should be taken on residential trips, or contact details for Level 1 and Level 2 visits are available in the office.
- ❖ If there is a particular concern, an additional adult should accompany the visit in order to look after the child. (This could be the parent).

## Emergency Procedures

- ❖ Health Care Plans should give guidance for an emergency.
- ❖ Where an ambulance is needed, 999 should be called and parents informed immediately. Staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.
- ❖ School's **defibrillator** is kept outside the school office with the electrode pads attached. Trained school staff would be able to use this in an **emergency**.

## 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

### Staff with medical needs

- ❖ Employees are not obliged to disclose medical conditions or disabilities to their employer, however, it may be in the employee's best interest to disclose a medical condition where support may be required, for example if the employee has seizures.
- ❖ If the condition is unlikely to have any impact on other staff or children, the employee may decide against declaring it.
- ❖ Common sense would suggest that any condition that may put others in danger, such as HIV, should be declared, but that the Equality Act 2010 does not explicitly dictate this.
- ❖ Once a condition has been voluntarily disclosed, the Equality Act and Disability Act comes into effect and schools must make reasonable adjustments accordingly.
- ❖ Staff with medical needs should ensure the school is aware of their needs and what to do in an emergency and that any necessary medication is kept in school as needed.
- ❖ Medication (Prescribed and over the counter) for personal use by members of staff must be kept in a locked cupboard. E.g; handbags, etc., containing such items must be locked away and not be left in the classroom or any place where pupils could gain access to them.

### 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.

### 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. St. Gabriel's is a member of the Department for Education's risk protection arrangement (RPA).

## Monitoring Arrangements

This policy will be reviewed and approved by the governing board annually.

### Appendix 1: Being notified a child has a medical condition



