

Step by Step School

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
- › Developing and monitoring individual healthcare plans (IHPs)

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: [Supporting pupils at school with medical conditions](#).

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
- › Make sure that school staff are appropriately insured, and aware that they are insured, to support pupils in this way
- › In liaison with relevant school professionals (e.g. therapists and behavior analysts) ensure referrals are made to medical services in the case of any pupil who has a medical condition that may require support at school
- › 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, this includes the administration of medicines.

All staff have a responsibility to support pupils with medical conditions, as per their job description, and will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Staff members 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

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Students with autism are often challenged by their sensory imbalances and find it difficult to indicate pain or discomfort. Teaching programmes will be targeted to those students, who may be non-verbal to learn to identify where they feel pain. However, where possible, pupils should be fully involved in discussions about their medical support needs and contribute to the development of their IHPs. Where this isn't appropriate, a class leader will be responsible on a day to day basis.

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

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

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 parents when an IHP would be inappropriate or disproportionate. This will be based on medical reports and evidence where required. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school and parents. When appropriate, a relevant healthcare professional (such as a nurse, specialist or paediatrician who can best advise on the pupil's specific needs) will also be involved in the development of the IHP. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan.

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, headteacher and class leader 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. busy classrooms, transitioning between spaces
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed that may impact on their learning
- 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, where needed, confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional.
- 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, which designated individuals should 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 (see Appendix 2, parental agreement for administering medicine form), we will not administer nutritional supplements unless they have been prescribed by a Consultant/GP, are clearly labelled with the pupil's name, age, date of commencement of course of treatment, and required dosage instructions, and are contained within the original packaging.

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.

All staff will undergo training that is related to our whole school cohort's individual medical needs.

Each item of medication must be clearly labelled with the following information:

- › Pupils Name
- › Name of Medication
- › Dosage
- › Instructions for Administration
- › Date of Dispensing
- › Storage Requirements
- › Expiry Date

The school will not accept items of medication in unlabeled containers.

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

Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated, all medication to be administered in school will be kept in a locked medicine cabinet. If it is necessary to keep medicine in the fridge, it will be stored in the fridge in the Admin block, which is inaccessible to pupils.

Each time medication is administered (whether on a regular basis or occasionally), details must be entered onto the 'medication administered form' (see Appendix 3) by the member of staff involved in administering the medication, and witnessed by a second member of staff. All details regarding medication will be kept in the child's personal file.

Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.

A medication check form is sent to parents at least termly (see appendix 4) to identify any changes. Medicines will be returned to parents to arrange for safe disposal when no longer required.

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, or classroom, 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
- 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 and advice will be sought from relevant healthcare professionals where required. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed. 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. 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:

- The school has employer's liability insurance which covers all staff whilst they are working for the school in any capacity
- The public liability policy would cover an injury or illness suffered by a pupil if they were given the wrong amount of, or incorrect, medication

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the class leader or 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:

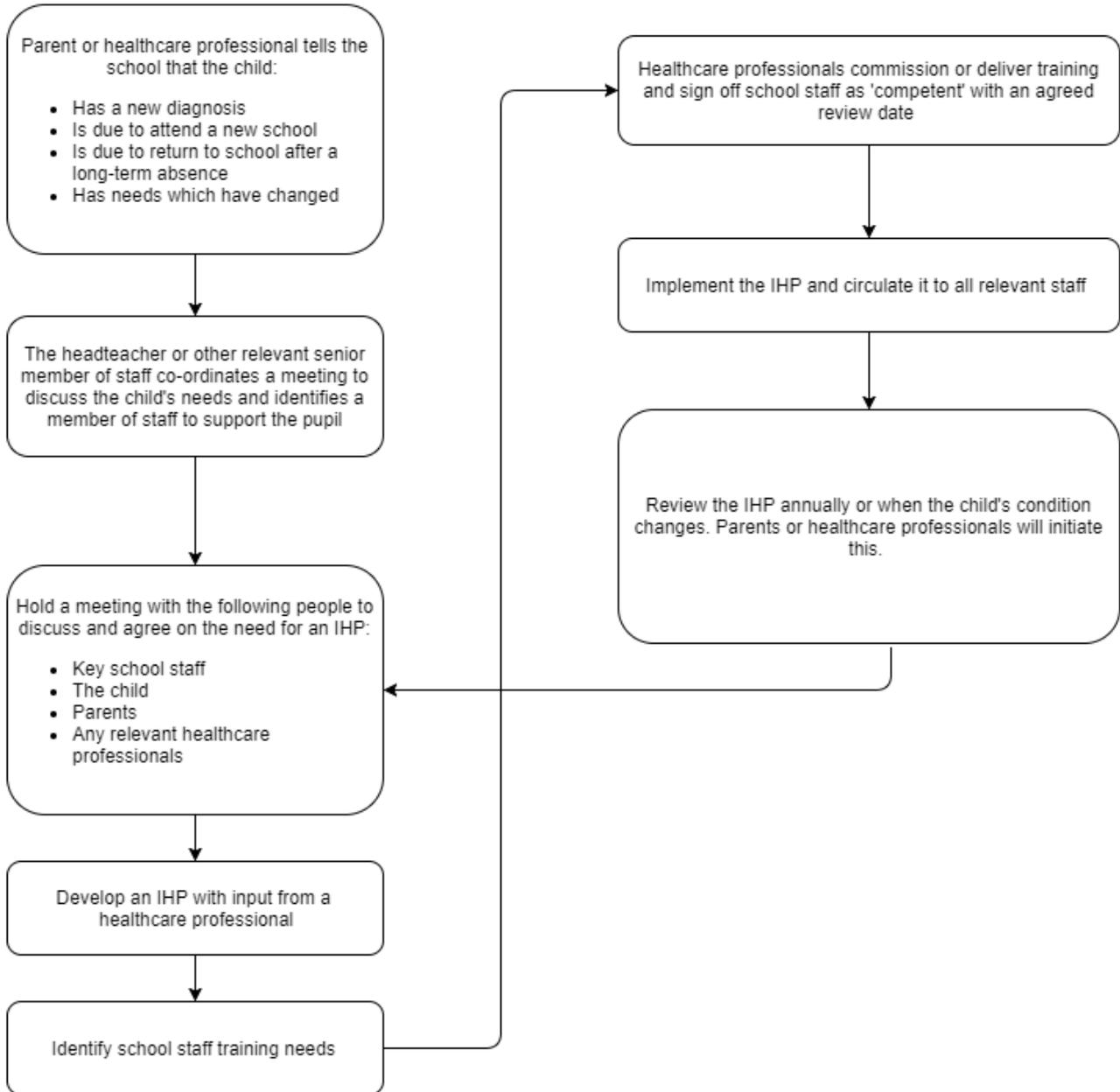
- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding

| Policy | Supporting pupils with medical conditions |
|---------------------------------|--|
| Statutory requirement? | Yes |
| Approved | December 2020 |
| Responsible Officer | FP/CE |
| Responsible Governor/s | CJ |
| Date of previous version | N/A |
| Frequency of Review | 3 yearly |

| | |
|----------------------------|----------------------|
| Date of next Review | December 2023 |
|----------------------------|----------------------|

Appendix 1

Being notified a child has a medical condition



Appendix 2

Parental agreement for administering medicine

(Please complete this form when school administration of prescribed medicine is required)

Step by Step will not give your child medicine unless you complete and sign this form. We have a policy that only first aid trained staff members can administer medicine

Name of child:

Date of birth:

Class:

Medical condition or illness:

Medicine:

Name/type of medicine:
(As described on the container)

Date dispensed:

Expiry date:

Dosage and method:

Timing:

Special precautions:

Are there any side effects that the school needs to know about?

Procedures to take in an emergency:

I understand that I must notify the school of any changes to the above in writing.

Date:

Signature:

Print Name:

Relationship:

Appendix 3

Medication Administered Form

| Pupils Name : | | | | | |
|-------------------------------|---------------------|-------------------|----------------------|----------------|--------------------------|
| Name of Medication : | | | | | |
| Dosage : | | | Frequency : | | |
| Storage Requirements : | | | Expiry Date : | | |
| Date Given | Dosage Given | Time Given | Signature | Witness | Parents Signature |
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Appendix 4

Medication Check Form

Pupil Name:

Class:

Month:

Our records show the following medication is being taken. Please indicate if there have been any changes to medication or dose. This is for medication taken both at home and at school.

| Medication | Dose | When the medication is taken | Correct information? (Yes/no) |
|------------|------|------------------------------|-------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please note any new medication and the relevant dose:

Parent signature _____

Date _____

