



## Supporting Pupils with medical conditions policy

### Policy Number – 48

#### Document Management Information

<b>Applicable to:</b>	All staff
<b>Dissemination:</b>	SI Team to Principals
<b>Linked policies:</b>	<ul style="list-style-type: none"> <li>• Accessibility statement and School Accessibility plan</li> <li>• NET Complaints Policy</li> <li>• NET Equality information and objectives</li> <li>• NET Health and Safety Policy and Procedures</li> <li>• NET Child Protection and Safeguarding Policy</li> <li>• NET Special educational needs information report and policy</li> </ul>
<b>Implementation:</b>	Principals
<b>Training:</b>	Principal's responsibility – dependent on medical conditions within the school
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As a proprietor of one or more academies, the Nene Education Trust has a legal duty to make arrangements for supporting pupils with medical conditions. The board of the Nene Education Trust has delegated this responsibility to the school.

The school has adopted this policy to set out the arrangements it has put in place for its pupils with medical conditions. The policy meets the requirements set out under [Section 100 of the Children and Families Act 2014](#) and takes account of the Department for Education's statutory guidance on [supporting pupils with medical conditions at school](#) and the [Statutory framework for the early years foundation stage \(publishing.service.gov.uk\)](#)

Additional policies also considered are:

Human Medicines Regulations 2012  
Misuse of Drugs Regulations 2001  
Health and Safety at Work Act 1974  
Medicines Act 1968

## **Overriding principles**

Children and young people with medical conditions are entitled to a full education. The school is committed to ensuring that pupils with medical conditions are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. We want all pupils, as far as possible, to access and enjoy the same opportunities at school as any other pupil. This will include actively supporting pupils with medical conditions to participate in school trips/visits and or in sporting activities.

### **1 Definition of “medical condition”**

1.1 For the purposes of this policy, a medical condition is any illness or disability which a pupil has. It can be:

- physical or mental
- a single episode or recurrent
- short-term or long-term
- relatively straightforward (e.g. the pupil can manage the condition themselves without support or monitoring) or complex (requiring on-going support, medicines or care whilst at school to help the pupil manage their condition and keep them well)
- involving medication or medical equipment
- affecting participation in school activities or limiting access to education

1.2 Medical conditions may change over time, in ways that cannot always be predicted.

## **2 Policy implementation**

- 2.1 The person with overall responsibility for the successful administering and implementation of this policy is the Principal. The named staff lead for supporting pupils with medical conditions is: **[add named member of staff]**
- 2.2 The Principal, in conjunction with the named member of staff, have overall responsibility for ensuring:
- that sufficient staff are suitably trained to meet the known medical conditions of pupils at the school
  - all relevant staff are made aware of the pupil's medical condition and supply teachers are properly briefed
  - cover arrangements are in place to cover staff absences/turnover to ensure that someone is always available and on site
  - risk assessments for school visits, holidays and other school activities outside of the normal timetable are completed
  - individual healthcare plans are prepared where appropriate, monitored and updated as needed
  - contact is made with relevant health professionals to obtain up to date information regarding a pupil's medical needs

## **3 Notification that a pupil has a medical condition**

- 3.1 Ordinarily, the pupil's parent/carer will notify the school that their child has a medical condition. Parents/carers should ideally provide this information in writing, with supporting documentation from relevant healthcare professionals, addressed to the Principal. However, they may sometimes pass this information on to a class teacher or another member of staff, including the SENDCo. Any staff member receiving notification that a pupil has a medical condition should notify the Principal and named staff member as soon as practicable.
- 3.2 A pupil themselves may disclose that they have a medical condition. The staff member to whom the disclosure is made should notify the Principal and named staff member as soon as practicable who will then clarify the information provided and decide on the most appropriate course of action.
- 3.3 Notification may also be received direct from the pupil's healthcare provider or from a school from which a child may be joining the school. The school may also instigate the procedure themselves where the pupil is returning to the school after a long-term absence.

#### **4 Procedure following notification that a pupil has a medical condition (see Appendix 1)**

- 4.1 The pupil's parents/carers will be contacted by the Principal, or someone designated by them, as soon as practicable to discuss what, if any, arrangements need to be put into place to support the pupil. In exceptional circumstances, where the pupil is over the age of 16, and does not wish their parent/carer to know about their medical condition, usual school safeguarding procedures should be followed.
- 4.2 Unless the medical condition is short-term and relatively straightforward (e.g. the pupil can manage the condition themselves without any support or monitoring), a meeting will normally be held to:
- discuss the pupil's medical support needs
  - identify a member(s) of school staff who will provide support to the pupil where appropriate
  - determine whether an individual healthcare plan (IHP) is needed and, if so, what information it should contain
- 4.3 Where possible, the pupil will be enabled and encouraged to attend the meeting and speak on his/her own behalf, taking into account the pupil's age and understanding. Where this is not appropriate, the pupil will be given the opportunity to feed in their views by other means, such as setting their views out in writing.
- 4.4 The healthcare professional(s) with responsibility for the pupil should be invited to the meeting or be asked to bring written information about the pupil's medical condition for consideration. Where possible, their advice will be sought on the need for, and the contents of, an IHP.
- 4.5 In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, the Principal will exercise their professional judgement based on the available evidence, and usual school safeguarding procedures, to determine whether an IHP is needed and/or what support to provide.
- 4.6 For pupils joining the school at the start of the school year any support arrangements will be made in time for the start of the school term where possible. In other cases, such as a new diagnosis or a pupil moving to the school mid-term, every effort will be made to ensure that any support arrangements are put in place within two weeks.
- 4.7 In line with our safeguarding duties, the school will ensure that pupil's health is not put at unnecessary risk from, for example, infectious diseases. The school will not accept a pupil into the school at times where it will be detrimental to the health of that child or others.

## **5 Individual Healthcare Plans (IHP) – see Appendix 2**

- 5.1 Where it is decided that an IHP should be developed for the pupil, this shall be developed in partnership between the school, the pupil's parents/carers, the pupil and the relevant healthcare professional(s) who can best advise on the particular needs of the pupil. This may include the school nursing service. The local authority will also be asked to contribute where the pupil accesses home-to-school transport to ensure that the authority's own transport healthcare plans are consistent with the IHP.
- 5.2 The aim of the IHP is to capture the steps which the school needs to take to help the pupil manage their condition and overcome any potential barriers to getting the most from their education. It will be developed with the pupil's best interests in mind. In preparing the IHP the school will need to assess and manage the risk to the pupil's education, health and social well-being and minimise disruption.
- 5.3 IHP's will include:
- details of 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 or 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 or counselling sessions
  - the level of support needed (some children will be able to take responsibility for their own health needs), including in emergencies; if a pupil is self-managing their medication, this will be clearly stated in the IHP 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
  - inclusion of written permission from parents/carers and the Principal for medication to be administered by a member of staff, or self-administered by the pupil during school hours
  - 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 whom to contact, and contingency arrangements; some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP
- 5.4 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 should be clearly documented, e.g. risk assessments

- 5.5 The IHP will also clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a pupil (regardless of whether they have an IHP) needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany a pupil taken to hospital by ambulance.
- 5.6 Except in exceptional circumstances, or where the healthcare provider deems that they are better placed to do so, the school will take the lead in writing the plan and ensuring that it is finalised and implemented.
- 5.7 Where a pupil is returning to the school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the IHP identifies the support the pupil will need to reintegrate effectively.
- 5.8 Where the pupil has a special educational need identified in an Education Health and Care Plan (EHCP), the IHP will be linked to the EHCP.
- 5.9 IHPs will be uploaded to Arbor and pinned to the student profile where parent/ carer consent is given. My Concern will be used where there are specific confidentiality issues or consent is not provided.

## **6 Reviewing Individual Healthcare Plans (IHP)**

- 6.1 Every IHP will be reviewed at least annually. The Principal (or someone designated by them) shall, as soon as practicable, contact the pupil's parents/carers and the relevant healthcare provider to ascertain whether the current IHP is still needed or needs to be changed. If the school receives notification that the pupil's needs have changed, a review of the IHP will be undertaken as soon as practicable, taking into account the updated healthcare professional advice.
- 6.2 Where practicable, staff who provide support to the pupil with the medical condition shall be included in any meetings where the pupil's condition is discussed.

## **7 Staff training**

- 7.1 The Principal, in conjunction with the named staff lead, are responsible for:
  - ensuring that all staff (including new staff) are aware of this policy for supporting pupils with medical conditions and understand their role in its implementation
  - working with relevant healthcare professionals and other external agencies to identify staff training requirements and commission training required
  - ensuring that there are sufficient numbers of trained staff available to implement the policy and deliver against all IHPs, including in contingency and emergency situations

- keeping a log of training which is up to date with review dates provided where required
- 7.2 All members of school staff will know what to do, or who to alert, when they become aware that a pupil with a medical condition needs help.
- 7.3 The school has in place appropriate levels of insurance regarding staff providing support to pupils with medical conditions, including the administration of medication. Copies of the school's insurance policies can be made accessible to staff as required.

## 8 Administering medication

Permission from parents/carers, authorised by the Principal, is required for prescription medication to be administered by a member of staff or self-administered by the pupil during school hours. For long term medication, this is detailed in an IHP (appendix 2) or in the parental agreement to administer medicine (appendix 3) if short term. The only exception to this is where the medicine has been prescribed to a pupil, over the age of 16, without the knowledge of the parents/carer. Medicines will only be administered at the school when it would be detrimental to a pupil's health or school attendance not to do so. Where clinically possible, medicines should be administered in dose frequencies which enable them to be taken outside of school hours.

If a non-prescribed medicine is required, the individual situation will be need to be authorised by the Principal, or suitable senior member of staff, with signed agreement from the parent that the medicine can be administered.

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

- 8.1 If a pupil requires medicines or medical devices, such as asthma inhalers, blood glucose testing meters or adrenaline pens, in school it is vital that the parent/carer advises the school accordingly, so that the process for storing and administering medication can be properly discussed. This will be detailed within an IHP or as part of a parental agreement to administer medicine.
- 8.2 All controlled medicines must be kept in suitable, locked storage.
- 8.3 The school will only accept medicines that are **in-date, labelled, provided in the original container 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 inside an insulin pen or a pump, rather than its original container.
- 8.4 The medication must be accompanied by a complete written instruction form signed by the pupil's parent/carer. The school will not make changes to dosages labelled on the medicine or device on parental instructions.
- 8.5 The pupil and staff supporting the pupil with their medical condition should know where their medicines are at all times and be able to access them when needed. The most appropriate method for storing medicines and medical devices will be discussed with



the pupil's parent/carer but the school will ultimately decide the approach to be taken.

- 8.6 Where pupils are able to self-medicate, they will be able to access their medicines for prompt and easy use. Where it is appropriate to do so, pupils will be encouraged to administer their own medication, under staff supervision if necessary. Staff administering medication should do so in accordance with the labelled instructions. Staff who volunteer to assist in the administration of medication will receive appropriate training and guidance before administering medication.
- 8.7 The school will keep a record of all medicines administered to individual pupils (appendix 4). This will state the date and time, name of the medication, dosage and the name and signature of the **two** members of staff (administering and witnessing). Any side effects of the medication will be noted.
- 8.8 If a pupil refuses to take their medication, staff will not force them to do so, and will inform the parent/carer of the refusal as a matter of urgency. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- 8.9 It is the parent/carers' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
- 8.10 A salbutamol inhaler can be held by the school which is not individual prescribed which can be used for pupils with a diagnosis of asthma. In order to administer this, there must be parental consent to use the emergency inhaler in the event that the pupils' inhaler is not available. It is the responsibility of the school to ensure this remains in date.
- 8.11 It is the responsibility of parents/carers to notify the school in writing, with supporting healthcare professional information where available, if the pupil's need for medication has changed or ceased. When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles.
- 8.12 If support staff regularly administer medicine, this duty to administer must be specifically stated in their working contract.
- 8.13 The 8 Rights of medication should always be followed when administering medication.
  - Right Individual – check the name on the medication matches the pupil
  - Right medication – check the medication label is the same as the care plan/ consent form
  - Right dose – check the dose to be given on the care plan/ consent form
  - Right route – check care plan. Is the medication the right next thing to do.
  - Right time – check when the medication is to be given and the frequency. Has enough time elapsed since the last dose?
  - Right documentation – check care plan to administer and then document when it has been given.
  - Right reason – What is the rationale for the medication? Is it needed?
  - Right response – has the expected response happened following having the medication?

## 8 Rights of medication.



## 9 Unacceptable practice

Although the Principal and other school staff should use their discretion and judge each case individually and with reference to the pupil's IHP, it is generally not acceptable practice to:

- prevent children 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/carers or ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP
- if the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children 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/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues; no parent/carer should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child

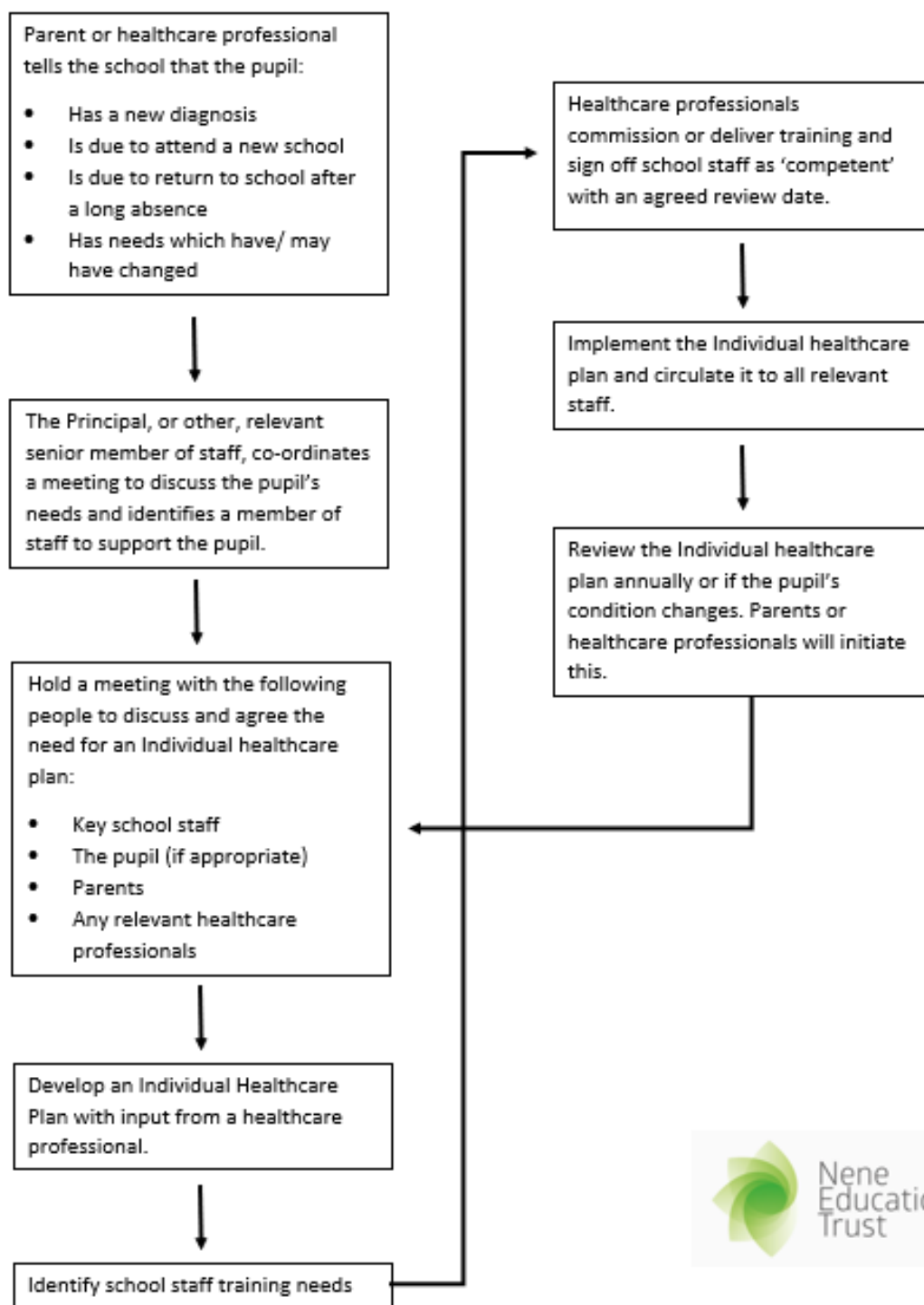
## 10 Complaints

Complaints regarding this policy or the support provided to pupils with medical conditions should be discussed directly with the Principal in the first instance. If they cannot resolve the matter, they will direct parents/ carers to the school's complaints procedure.

## **11 School Specific Procedures**

Individual schools are responsible for determining their over-arching administrative procedures, for example, how and where records are kept, medicine storage and disposal methods.

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



## Appendix 2:



### Individual Healthcare Plan



Date of plan:		Review Date:	
Name:		DoB:	
School:		Year group/ class:	
Contact 1:		Contact 2:	
School staff Involved:		Specialist Advice:	
Medical Diagnosis/ condition:			
Identification of needs (signs/ symptoms/ triggers):			
<ul style="list-style-type: none"> <li></li> </ul>			
Action Plan (care and treatment requirements including preventative strategies if appropriate):			
<ul style="list-style-type: none"> <li></li> </ul>			
Parents:			
<ul style="list-style-type: none"> <li></li> </ul>			
School:			
<ul style="list-style-type: none"> <li></li> </ul>			
Emergency Procedures (what constitutes an emergency, actions to be taken):			
Reasonable arrangements/ adjustments (e.g. absence, extra time for exams):			
Medication needed:			
Name of medication:			
Dosage:			
Frequency/ time needed:			
Equipment & facilities needed:		e.g. hygiene, disposal	
Medication storage:			
Possible side effects and management:			
Self-administered – With/ without supervision:		Self-administered: yes/no Supervised: yes/no	
Staff training required (use separate log to record training):			
Parental consent given to upload IHP to Arbor		Signed:	
Plan agreed:			
	Name:	Signature:	Date:
*Parent/ carer:			
School staff:			
School staff:			
Health professionals:			

### Appendix 3:



#### Parental agreement to administer medicine.

<b>Pupil name:</b>	<b>DoB:</b>
<b>School:</b>	<b>Year group/ class:</b>
<b>Medical/ health diagnosis/ condition:</b>	
<b>Start date of medication:</b>	
<b>End or review date of medication:</b>	

<b>Medicine:</b>	
Name/ type of medicine:	
Expiry Date:	
Dosage and method:	
Timing:	
Storage required:	
Special precautions/ other instructions:	
Known side effects:	
Self-administered – With/ without supervision:	Self-administered: yes/no Supervised: yes/no
Procedures to take in an emergency:	

*\*Medicines must be in the original container as dispensed by the pharmacy*

<b>Parent/ carer authorising:</b>	
Name:	
Relationship to the pupil:	
Contact number:	
Signed:	
Date:	

#### Appendix 4:



##### Record of Medicine administered to pupils

<b>Name of school:</b>					
<b>School Year:</b>		<b>Term:</b>			

Date:	Time:	Name of pupil:	Name of medicine:	Dose given:	Any reactions:
Staff administering name and signature:			Staff witness name and signature:		

Date:	Time:	Name of pupil:	Name of medicine:	Dose given:	Any reactions:
Staff administering name and signature:			Staff witness name and signature:		

Date:	Time:	Name of pupil:	Name of medicine:	Dose given:	Any reactions:
Staff administering name and signature:			Staff witness name and signature:		

Date:	Time:	Name of pupil:	Name of medicine:	Dose given:	Any reactions:
Staff administering name and signature:			Staff witness name and signature:		