



Supporting Pupils with Medical Needs 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
- To ensure that pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- To provide a summary of the roles and responsibilities for those involved in managing medical needs

The Headteacher 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 (IHCPs)

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](#).

This policy also complies with our funding agreement and articles of association.

3. Roles and Responsibilities

3.1 The Board of Trustees

The Board of Trustees has ultimate responsibility to make arrangements to support pupils with medical conditions.

This responsibility is delegated to the Headteacher by the Board of Trustees. The Headteacher 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/SENDCo

The Headteacher/SENDCo 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 (IHCPs), 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
- 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. Medicines that are located in the classroom fall under these parameters.

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. The School Office ensures that all children's medical records are up-to-date.

3.4 Parents

Parents and carers are responsible for:

- Keeping the school informed about any new medical condition or changes to their child/children's health.
- Participating in the development and regular reviews of their child's IHCP: Epipen, diabetes, epilepsy.
- Completing a parental consent form to administer medicine or treatment before bringing medication into school, e.g. Asthma.
- Providing the school with the medication their child requires and keeping it up to date; including collecting leftover medicine and/or the disposal of said medication.
- Carrying out actions assigned to them in the IHCP with particular emphasis on, they or a nominated adult, being contactable at all times.
- Completing the form so that emergency inhaler can be used.

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 asthma. They are also expected to comply with their IHCPs.

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, only for IHCP pupils.

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 IHCP.

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.

6. Individual Healthcare Plans (IHCPs)

The Headteacher has overall responsibility for ensuring a medical professional has completed an IHCP.

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 IHCP. It will be agreed with a healthcare professional and the parents when an IHCP would be inappropriate or disproportionate. This will be based on evidence.

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.

IHCPs will be linked to, or become part of, any education, health and care (EHCP) plan. If a pupil has SEN/D but does not have an EHCP plan, the SEN/D will be mentioned in the IHCP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The following will be considered to record on IHCPs:

- 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, moving around the school.
- 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

7. Managing medicines

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent (See appendix 1)

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 on a school journey) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed by telephone. Non-prescription/ over the counter medication (OTC) does not need a GP signature/ authorisation in order for it to be administered. To enable access to those medications without a prescription the Medicines and Healthcare products Regulatory Agency (MHRA) classify medication as over the counter (OTC), based on its safety profile. Non-prescription and OTC medication can be administered on a school journey, as long as parental written consent has been received.

The school will only accept 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.

Antibiotics

Staff will only administer one dose per day of an antibiotic medication which is prescribed to be taken four times each day. Staff will not administer a dose during the school day of any antibiotic medication which is prescribed three times per day.

Anyone giving a pupil any medication will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

Storage

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.

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.

Controlled drugs are kept in a locked cupboard in school office. 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 IHCPs.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHCP, 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 IHCPs
- 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 child, 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' IHCPs 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 IHCPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

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 IHCPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

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 school office will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if the pupil has been unwell at school. Parents are contacted if their child has had any medication administered (including asthma pumps) or if their child is unwell and consulted about next courses of action.

IHCPs will be readily accessible to all staff. In addition, these are held in the class information folder.

When children are moving to another class, for example at the end of the school year, a transition meeting will be held to ensure that the new teacher is aware of any medical needs in the class.

Copies of IHCPs will be shared with new teachers, adults covering classes (eg sports coaches and music teachers). It is the responsibility of the parents/carers to share this information with Extra-Curricular Activities Leads.

11. Liability and indemnity

All schools within the Compass Academy Trust are members of the Department for Education's risk protection arrangement (RPA), which provides employers and third party public liability cover.

12. 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.

13. Monitoring Arrangements

This policy will be reviewed by the Trust every 2 years, and adapted by schools to reflect local practise and procedures.

14. Links to other policies

This policy links to the following policies:

- Accessibility Plan
- Complaints policy
- Health and Safety
- Safeguarding
- The LBB procedures for supporting children and young people with medical/health needs in education settings in Bromley

Appendix 1 – Administration of Medication form



Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine

Name of School Oak Lodge Primary School

Name of Child: _____

Date of Birth: _____

Class: _____

Medical condition/illness: _____

Medicine

Name/Type of Medicine (as described on the container): _____

Date dispensed: _____

Expiry date: _____

Dosage and method: _____

When to be given: _____

Special Precautions/Any other instructions: _____

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

Self Administration: Yes/No (delete as appropriate)

Procedures to take in an Emergency: _____

Note: Medicines must be the original container as dispensed by the pharmacy

Contact Details

Name of parent or adult contact: _____

Daytime Telephone No: _____

Relationship to Child:

Name and telephone number of GP:

Agreed review date to be initiated by [name
of 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 staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature:

Print Name:

If more than one medicine is to be given a separate form should be completed for each one.

Confirmation of the Headteacher's agreement to administer medicine

It is agreed that _____ *[name of child]* will receive
_____ *[quantity and name of medicine]* every day at
_____ *[time medicine to be administered e.g. breaktime or lunchtime]*.

This arrangement will continue until _____ *[either end date of course of medicine
or until instructed by parents]*.

Date:

Signed:

Headteacher

