

# Supporting Pupils with Medical Conditions



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**DATE OF NEXT REVIEW:** Autumn 2025

**REVIEWED BY:** Executive Headteacher/ Head of School

**APPROVED BY:** Local Governing Body

## Principles

Many pupils will, at some time, have a medical (physical and mental health) condition which may affect their participation in school activities. For many, this will be a short-term condition. Other pupils have medical conditions which, if not properly managed, could limit their access to education (including school trips and PE). Such pupils are regarded as having 'medical needs'. Most pupils with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities, to make sure that these pupils and others are not put at risk.

This policy describes how Alveley Primary School supports the needs of pupils with medical needs and also safeguards staff by providing clear guidelines and parameters for the support they offer.

## Aims

- To ensure that pupils with medical needs receive proper care and support in school.
- To provide guidance for staff on the parameters within which they should operate when supporting pupils with medical needs.
- To reduce the medical conditions impact on academic progress, as well as improving pupils' self-confidence and self-care.
- To define the areas of responsibility of all parties involved: pupils, parents, staff etc.

## Practice

1. Parents/carers are responsible for ensuring that their child is well enough to attend school.
2. Parents/carers must provide the school with sufficient information about their child's medical condition and the support and care required.
3. The school will also listen to and value the views of the pupil.
4. Parents/carers and the school must reach an agreement on the school's role and responsibility for support for the pupil.
5. Accurate records will be kept and maintained by staff in supporting pupils with medical needs.
6. The school will ensure that staff who (volunteer and) are caring for pupils with medical needs will receive appropriate training.
7. The school will ensure that pupils with medical needs have a 'Healthcare Plan' (see Appendix 1) which outline the support needed and the roles of all involved. These plans will be agreed and written after consultation, including advice from specialist medical staff if required (including the school nursing service).
8. If necessary, the Healthcare Plan will also include any specific emergency procedures.
9. Pupils will not be given any medication without parental consent. However, if medicines are required in the school day, these medicines will only be sent into school with agreement between the school and parents. Safe storage, clear instruction and safe disposal of all medicines will be agreed. (N.B. It is parental responsibility to ensure that all medicines are 'in-date').
10. If pupils are given medicines, the type of medicine and time will always be recorded by the issuing staff.
11. The Governors will ensure that the school has clear systems in place to allow the school to support pupils with medical needs. Governors will check that systems are properly implemented.
12. If pupils require additional technology to support the management of their condition, appropriate risk assessments will be carried out.

## **Policy implementation**

- The Headteacher is responsible for ensuring policy implementation.
- School leaders will ensure that sufficient staff are suitably trained and aware of individual's conditions.
- Absent staff will be covered and supply staff suitably briefed.
- Risk assessments for school visits and other school activities outside of the normal timetable will be undertaken.
- All Healthcare Plans will be monitored and reviewed annually or as required.

## **Healthcare Plans**

- Plans will be written and agreed by the school, healthcare professional, parent and, if appropriate, the pupil and will be based on evidence.
- If a pupil has SEN but does not have a statement or an Education Health and Care Plan (EHCP) their special educational needs will be mentioned in the Healthcare Plan.
- The Healthcare Plan will be developed with the pupil's best interest in mind and will assess and manage risks to the pupil's education, health and social wellbeing while minimising disruption.
- Consideration should be given, for example, to how absences will be managed, requirements for extra time for exams, counselling, rest periods, or additional support in catching up in lessons.
- Written permission will be given from parents regarding whether pupils self medicate or require medication to be given and details will be agreed and recorded appropriately.

## **Parents**

- Parents play the key role in passing on information and training. They are best placed to understand their child and the best way to support the medical needs.
- They will have links to health care professionals and extra support bodies and these will normally already be known to the pupil.
- Parents therefore have a major role in setting out the support and hence training of school staff.
- Parents should be fully involved at all times and any support put in place must have their agreement.
- Any regular or emergency medication prescribed to a pupil should always be accompanied by a completed form or other written agreement.
- If pupils require additional technology to support the management of their condition, appropriate risk assessments will be carried out and both shared with and signed by parents. Co-operation is expected to ensure the safe use of such devices.

## **Insurance**

- School staff should be appropriately insured. The level of insurance should appropriately reflect the level of risk.

## **1) Key roles and responsibilities**

a) The Local Authority (LA) is responsible for:

- 1) Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- 2) Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
- 3) Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

b) The Governing Body of Alveley Primary School is responsible for:

- 1) Ensuring arrangements are in place to support pupils with medical conditions.
- 2) Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- 3) Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
- 4) Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- 5) Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.
- 6) Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Ensuring Staff have access to information, resources and materials.
- 7) Ensuring written records of any and all medicines administered to pupils are kept.
- 8) Ensuring the policy sets out procedures in place for emergency situations.
- 9) Ensuring the level of insurance in place reflects the level of risk.
- 10) Handling complaints regarding this policy as outlined in the school's Complaints Policy.

c) The Headteacher is responsible for:

- 1) Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- 2) The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures of Alveley Primary School.
- 3) Liaising with healthcare professionals regarding the training required for staff.
- 4) Identifying staff who need to be aware of a child's medical condition.
- 5) Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- 6) If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
- 7) Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- 8) Continuous two-way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- 9) Ensuring confidentiality and data protection
- 10) Assigning appropriate accommodation for medical treatment/ care
- 11) Considering the purchase of a defibrillator.
- 12) Voluntarily holding 'spare' salbutamol asthma inhalers for emergency use.

d) Staff members are responsible for:

- 1) Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. A first-aid certificate is not sufficient.
- 2) Knowing where controlled drugs are stored and where the key is held.
- 3) Taking account of the needs of pupils with medical conditions in lessons.
- 4) Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- 5) Allowing inhalers, adrenaline pens and blood glucose testers (including smart devices) to be held in an accessible location, following DfE guidance and appropriate risk assessments.

e) School nurses are responsible for:

- 1) Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
- 2) Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- 3) Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.
- 4) Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training.

f) Parents and carers are responsible for:

- 1) Keeping the school informed about any new medical condition or changes to their child/children's health.
- 2) Participating in the development and regular reviews of their child's IHP.
- 3) Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- 4) Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- 5) Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

g) Pupils are responsible for:

- 1) Providing information on how their medical condition affects them.
- 2) Contributing to their IHP
- 3) Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

## **2) Training of staff**

- a) Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction.
- b) The clinical lead for each training area/session will be named on each IHP.
- c) No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.
- d) School will keep a record of medical conditions supported, training undertaken, and a list of teachers qualified to undertake responsibilities under this policy. They will notify Health & Safety SCC, and Risk, Insurance & Governance Manager, SCC.

## **3) Medical conditions register /list**

- a) Schools' admissions forms should request information on pre-existing medical conditions. Parents must have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed.

Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.

b) A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. Each class teacher should have an overview of the list for the pupils in their care, within easy access.

c) Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.

d) For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

#### **4) Individual Healthcare Plans (IHPs)**

a) Where necessary (Headteachers will make the final decision) an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, Headteacher, Governors, Special Educational Needs Coordinator (SENCO) and medical professionals.

b) IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors /parent helpers etc. may enter. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage such as Intranet or locked file is more appropriate. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.

c) IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

d) Where a pupil has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.

e) Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

#### **5) Transport arrangements**

a) Where a pupil with an IHP is allocated school transport the school should invite a member of SCC Transport team who will arrange for the driver or escort to participate in the IHP meeting. A copy of the IHP will be copied to the Transport team and kept on the pupil record. The IHP must be passed to the current operator for use by the driver /escort and the Transport team will ensure that the information is supplied when a change of operator takes place.

b) For some medical conditions the driver/ escort will require adequate training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport.

c) When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc.

d) Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

#### **6) Education Health Needs (EHN) referrals**

a) All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils.

b) In order to provide the most appropriate provision for the condition the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.

## **7) Medicines**

a) Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.

b) If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form.

c) No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.

d) Where a pupil is prescribed medication by a healthcare professional without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.

e) No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.

f) Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.

g) A maximum of four weeks' supply of the medication may be provided to the school at one time.

h) A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise 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.

i) Medications will be stored in the School Office or if appropriate in the school fridge.

j) Any medications left over at the end of the course will be returned to the child's parents.

k) Written records will be kept of any medication administered to children.

l) Pupils will never be prevented from accessing their medication.

m) Emergency salbutamol inhaler kits may be kept voluntarily by school

n) General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the staff room

o) Alveley Primary School cannot be held responsible for side effects that occur when medication is taken correctly.

p) Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.

## **8) Emergencies**

a) Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms.

b) Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.

c) If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

## **9) Day trips, residential visits and sporting activities**

a) Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.

b) To comply with best practice risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with



parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.

**10) Avoiding unacceptable practice each case will be judged individually but in general the following is not considered acceptable.**

The following behaviour is unacceptable in Alveley Primary School:

- a) Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- b) Assuming that pupils with the same condition require the same treatment.
- c) Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
- d) Sending pupils home frequently or preventing them from taking part in activities at school.
- e) Sending the pupil to the medical room or school office alone or with an unsuitable escort if they become ill.
- f) Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- g) Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- h) Creating barriers to children participating in school life, including school trips.
- i) Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

**11) Insurance**

- a) Teachers who undertake responsibilities within this policy will be assured by the Headteacher that are covered by the LA/school's insurance.
- b) Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Head.

**12) Complaints**

- a) All complaints should be raised with the school in the first instance.
- b) The details of how to make a formal complaint can be found in the School Complaints Policy.

**13) Definitions**

- a) 'Parent(s)' is a wide reference not only to a pupil's birth parents but also to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.
- b) 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. Being 'unwell' and common childhood diseases are not covered.
- c) 'Medication' is defined as any prescribed or over the counter treatment.
- d) 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- e) A 'staff member' is defined as any member of staff employed at Alveley Primary School.



## Appendix 1 Parental agreement 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 the staff can administer medicine.

Date for review to be initiated by

Name of school

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

Timing

Special precautions / other instructions

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

Self-administration – Y / N

Procedures to take in an emergency

**NB: Medicines must be 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 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.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Print names(s) \_\_\_\_\_

## Appendix 2 Record of medicine administered to an individual child

Name of school  
 Name of child  
 Date medicine provided by parent  
 Group / class / form  
 Quantity received  
 Name and strength of medicine  
 Expiry date  
 Quantity returned  
 Dose and frequency of medicine


Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date  
 Time given  
 Dose given  
 Name of member of staff  
 Staff initials


Date  
 Time given  
 Dose given  
 Name of member of staff  
 Staff initials


Date  
 Time given  
 Dose given  
 Name of member of staff  
 Staff initials


**Appendix 3 Record of medicine administered to an individual child (continued)**

Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials
