



Supporting Pupils with Medical Conditions Policy

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Policy Adopted by the Governing Body

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Sean Pond
Chair of Governors

Springwater School is a space of sanctuary, which recognises and values the diversity of our school community as a rich source which supports the learning of all. We are an inclusive setting and promote tolerance, understanding and equality for all regardless of age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage, civil partnership and pregnancy or maternity.



What is included in this policy

Introduction: Purpose and aims

Policy detail

Additional information to support the policy

Policy definitions

Policy Reviewer

Policy review schedule



Introduction: Purpose and aims

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 pupil's condition, 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)

Policy detail

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](#) (December 2015).

This policy should also be read in conjunction with North Yorkshire County Council's [Guidance for Supporting Children and Young People with Medical Conditions in Schools](#) (February 2015).

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
- 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

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.

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.

Staff will stay at home if they are unwell with something that may be contagious (e.g. vomiting or diarrhea) to prevent the spread of infection amongst other members of staff and pupils. School policy is that a member of staff will not return within 48 hours from the last episode.

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 will 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
- Keep their child at home if they are unwell with something that may be contagious (e.g. vomiting or diarrhoea) to prevent the spread of infection amongst other pupils and staff. School policy is that a pupil will not return within 48 hours from the last episode.

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 IHPs (where appropriate). They are also expected to comply with their IHPs.

3.6 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 (usually at the pre-admissions meeting), wherever possible.

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.

If a pupil has been absent from school for a period of three weeks or more due to ill health or a medical condition, the school nurse will liaise with the family and coordinate a planned return to school, ensuring the appropriate support is in place for the pupil. If illness exceeds three weeks, the school will apply to the LA for support with home or hospital tuition.

3.7 Home to school transport providers (drivers and passenger assistants)

The LA have a duty to ensure pupils are safe during journeys to and from school. Medically trained passenger assistants may be provided to those pupils who require additional support or those who may require emergency treatment during a journey. IHPs should be carried in the vehicle and emergency procedures followed according to the plan. This may include calling an ambulance for support on a journey. All drivers and passenger assistants should have basic first aid training.



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. All medications which may be required by a pupil off site, will be taken by the visit leader, alongside any IHPs, epilepsy plans and emergency contact information.

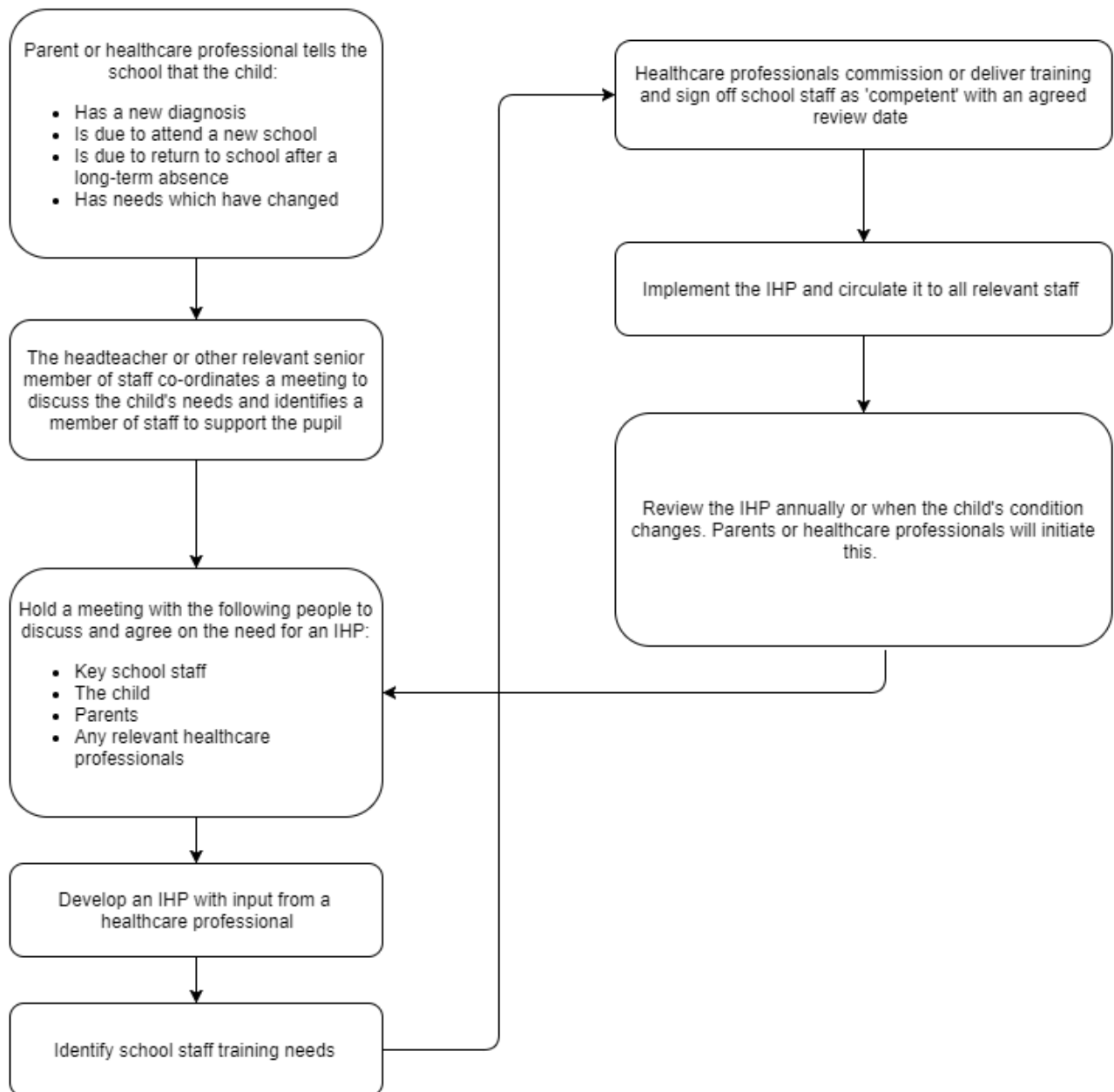
Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

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 on page 7 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. For pupils who are new to school, the parents are asked to complete a health questionnaire (this is usually given to them at a pre-admissions meeting). The responses from this questionnaire are then analysed by the nursing team who will decide whether or not a home visit is necessary prior to school admission. All pupils are entitled to a full health assessment on admission to school.

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.





6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

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

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.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or 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 the school nurse 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, 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 [and occasionally 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

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

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

All medications entering the school building will be 'signed in' by a school nurse, HLTA or ATA. Tablets will be counted and liquids measured to ensure that all medicines on the premises are accounted for. Parents will be informed when a medication is running low and they will be expected to send some more in, if this is still required by the pupil.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. At Springwater, school nurses, HLTAs and ATAs are covered to administer medications to pupils and in some circumstances (e.g. a pupil with a specific need such as diabetes) some teachers and one trained GTA (youth club leader) will administer.

All staff are trained in managing medications and to sign off on the administration of most medications. The exceptions to this are for very specific medical conditions such as diabetes, or the administration of an EpiPen or VNS magnet, where only named staff working with that individual are trained. We always insist on two people to sign off on the administration of medications for the protection of both the pupil and the member of staff administering.



Pupil Support Assistants are not trained to administer emergency medications such as Buccal Midazolam or Epinephrine (EpiPen).

All staff giving medication will have access to the appropriate protective equipment such as gloves, aprons and first aid kits where necessary.

Parents will always be informed if medication is given out of routine. Parents may not be informed daily if medication is routine (e.g. Gaviscon given every lunchtime), but they will have given signed consent at the start of the academic year for this to occur.

The school will only accept prescribed medicines that are:

- In-date
- Labelled with the pupil's details
- 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, pump or in its original container, but it must be in date. Insulin in its original container is stored separately in a locked medical bag in the office kitchen fridge.

All medicines will be stored safely in a locked medical bag inside a locked medical cabinet within the pupil's department. Medicines requiring refrigeration (e.g. some antibiotics, insulin etc.) will be stored securely in the school office kitchen fridge. Pupils will be informed about where their medicines are at all times (if appropriate) and be able to access them immediately. Medicines will be returned to parents to arrange for safe disposal when no longer required. All medicines will be sent home at the end of the academic year.

Medicines required for respite stay that are travelling with a pupil (to or from school) will be stored in a locked cupboard opposite the school office where only office staff have access. There is a book where passenger assistants and members of the office team are required to sign the pupil bags in and out at the start and end of the school day so that all possessions (including medications) are accounted for. Access to pupil bags is not required except rarely when a home school book or spare clothes have not been provided. The bag will not be removed from the locked cupboard (except in exceptional circumstances to retrieve such items, where it will be kept in the vicinity whilst the item is retrieved) and therefore all medications contained within, remain secure.

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, midazolam or methylphenidate (Ritalin).

All controlled drugs will be stored safely (as other medicines are), in a locked medical bag inside a locked medical cabinet within the pupil's department. 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
- 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. Some of the medical cabinets in school are located within changing areas. Therefore, staff administering medication to pupils will transfer it safely in their lockable bag to the pupil's classroom in order to administer it.

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. In the event of an ambulance being called, the Headteacher (or Deputy) must be informed.



If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or they will accompany the pupil to hospital by ambulance. Staff will take any medical information (e.g. IHP) about the child to hospital to share with the paramedics or health professionals on arrival. This information will be treated with confidentiality, but may need to be shared to inform any decision making made by the health professionals. Health professionals are responsible for any decisions on medical treatment in the absence of a parent and school staff will not take responsibility for this.

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. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with Kim Ayrton (CPD Coordinator). Training will be kept up to date with some procedures (e.g. administering emergency medication) requiring annual refreshers.

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:

Springwater is a North Yorkshire County Council (NYCC) maintained school, therefore we are covered by NYCC for both employee's liability insurance and product liability insurance.

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.



Additional information to support the policy

This policy links to the following policies:

- Accessibility
- Child Protection
- Complaints
- Equality
- First Aid
- Health and Safety
- Special Educational Needs

Policy definitions

Springwater, We, Us

- Refers to Springwater School staff; the policy author

Colleague(s)

- Refers to colleagues directly in the employ of Springwater School

Policy reviewer

- The Governing Body of Springwater School

Policy review schedule

Review Schedule (years)	1
Next Review Date	16/01/2023