



## Medical Policy

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| <i>Review period</i>          | Annual by SLT/Triennial by Trustees                   |
| <i>Next Review date</i>       | February 2025 & 2026 (SLT) / February 2027 (Trustees) |
| <i>Policy type</i>            | Non-legislative                                       |
| <i>Other related policies</i> | First Aid Policy                                      |

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## **1.0 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 named person with responsibility for implementing this policy is Alison Hine (Headteacher)**

## **2.0 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 on supporting pupils with medical conditions at school. This policy also complies with our funding agreement and articles of association.

## **3.0 Roles and Responsibilities**

### **3.1 The Trust Board**

The Trust Board has ultimate responsibility to ensure adequate arrangements are in place to support pupils with medical conditions. The Trust Board ensures 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 relevant 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
- ensure that all staff who need to know are aware of a child's condition
- take overall responsibility for the development of IHPs
- 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.

Staff will abide by the instructions provided on a medicine consent form and signed by parents. If there is any uncertainty about the administration of the medicine, parents will be contacted to confirm the instructions and this conversation will be noted on the bottom of the form.

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.

### **3.4 Parents**

Parents will:

- 3.4.1 provide the school with sufficient and up-to-date information about their child's medical needs ensuring emergency contact details are kept up to date
- 3.4.2 all parents /carers are asked to complete a medical form notifying the school of health problems and their treatment and are reminded to keep emergency contact numbers up to date. See Appendix A
- 3.4.3 data collection forms are re-issued at the beginning of each academic year
- 3.4.4 all new parents / carers are asked about and given the opportunity to discuss their son's specific health problems
- 3.4.5 be involved in the development and review of their child's IHP and may be involved in its drafting
- 3.4.6 carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

### **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. They are also expected to comply with their IHPs.

### **3.6 School Nurses and other Healthcare Professionals**

Our school nursing service, Connect for Health, 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, wherever possible. They may also support staff to implement a child's IHP.

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. They may also provide advice on developing IHPs.

## **4.0 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 to endeavour to remove barriers that might prevent this.

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.

## **5.0 Being Notified that a Child has a Medical Condition**

When the school is notified that a pupil has a medical condition, the process outlined in Appendix B 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.

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

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This can be delegated to a member of staff.

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:

- a. what needs to be done
- b. when
- c. by whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents whether an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision.

Plans will be drawn up 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 education, health and care (EHC) plan. If a pupil has Special Educational Needs (SEN) but does not have an 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 following factors will be considered when deciding what information to record on IHPs:

- a. the medical condition, its triggers, signs, symptoms and treatments.
- b. 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.
- c. 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.
- d. The level of support needed, including in emergencies. If an older pupil (Year 5 or 6) is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- e. 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.
- f. Who in the school needs to be aware of the pupil's condition and the support required.
- g. Arrangements for written permission from parents for medication to be administered by a member of staff, or self-administered by the pupil (Year 5 or 6) during school hours.
- h. 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.
- i. Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- j. What to do in an emergency, including who to contact, and contingency arrangements.

## **7.0 Managing Medicines**

Prescription and non-prescription medicines will only be administered at school and must be supplied by a parent/ carer:

- when it would be detrimental to the pupil's health or school attendance not to do so **and**
- where we have parents' written consent

No medicine will be administered without a consent form being completed by parents.

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. Medication will only be administered in the case that parents / carers have given prior permission. In the instance that an EpiPen or insulin is administered during an emergency, then parents will always be informed directly afterwards.

The school will only accept prescribed 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.

All medicines will be stored safely. Year 5 and 6 pupils who have been permitted to self-administer their medicine (eg asthma inhalers) will be informed about where their medicines are at all times and be able to access them immediately. Medicines such as adrenaline pens will always be readily available to staff when required and all medicines will be stored in the classroom top cupboard closest to the emergency exit so that all staff know where it is. Medicines that need to be kept in a fridge will be stored in the staffroom fridge. Spare auto-injectors are stored in the main office.

Medicines will be disposed of or returned to parents 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 Pastoral Office for access by the Pastoral manager and SLT.

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**

Older pupils (Year 5 and 6) who are competent may be allowed 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 may be allowed to carry their own medicines and relevant devices if deemed appropriate. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse but will follow the process 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 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 unaccompanied or with someone unsuitable
- 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.
- 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

## **8.0 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, they will either be taken by a member of staff, the parents called to take them or an ambulance called. Staff will liaise with parents to judge how long they should stay with the pupil.

## **9.0 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 the Headteacher. Training will be kept up to date.

Training will:

- a. be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- b. fulfil the requirements in the IHPs
- c. 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.

## **10.0 Children and Young People who cannot Attend School due to Illness**

If a pupil is unable to attend school due to illness, then they are encouraged to take responsibility for ensuring that they catch up on any work missed by emailing members of staff. If it is anticipated that a pupil is likely to be absent for 2 weeks or more, due to illness, then the class teacher will liaise with the pupil's parent / carer to discuss the academic support required and ensure that appropriate work is sent home for the pupil to complete. Resources may be sent home via email, the Google Classroom or through worksheets / workbooks.

If a pupil is unable to attend school due to illness, for an extended period of time (e.g. 6 weeks or more), then support through external agencies will be considered. The school will work constructively with parents /carers and relevant health agencies and providers, such as the Flexible Learning Team, to ensure the best outcomes are achieved for the pupil by:

- sharing information with relevant health services and / or the local authority as required
- helping to ensure that the provision offered to the pupil is as effective as possible and that the pupil can be reintegrated back into school successfully.

When reintegration is anticipated, the school will work to:

- a. Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible.
- b. Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events).
- c. Create individually tailored reintegration approaches for each child returning to school.
- d. Consider whether any reasonable adjustments need to be made.

The school will review the support in place at regular intervals and ensure it remains appropriate and effective.

#### **11.0 Record Keeping**

The Trustees will ensure that records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

#### **12.0 Further sources of information**

[Supporting pupils with medical conditions at school - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/supporting-pupils-with-medical-conditions-at-school)

## Model process for developing individual health care plans

