

Supporting Pupils with a Medical Condition Policy

Well Lane Primary School

September 2021

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions, whether they involve physical or mental health.
- 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 the SENDCo, Mrs Fernandez.

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](#).

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 training and are competent before supporting children with medical conditions. This includes making suitable cover arrangements so that there is always somebody appropriately trained available. They will ensure that relevant staff are aware of a pupil's medical condition and that Individual Health Care Plans (IHCPs) are in place, if necessary.

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 (IHCPs), including in contingency and emergency situations.
- Take overall responsibility for the development of IHCPs.
- 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

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.

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 IHCP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHCP e.g. provide medicines and equipment.

3.5 Pupils

Pupils will be encouraged to talk 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 IHCP, where appropriate. They are also expected to comply with their IHCPs.

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, wherever possible.

Healthcare professionals, such as GPs and Paediatricians, will liaise with the school nurses and notify them of any pupils identified as having a medical condition.

4a. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate fully in school life, and not prevent them from doing so.

4b. School trips

A child's IHCP will clearly state what provision should be made to ensure they can participate fully and safely in school activities, trips and residentials (unless a professional such as a GP advises against this).

A risk assessment will be carried out so that planning arrangements take account of any steps needed to ensure that they are included safely. This will require consultation with parents and pupils and advice from the relevant healthcare professional.

Medication such as asthma pumps and epipens will be taken on school trips and included in the risk assessment, where appropriate.

5. Receiving notification that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined in Appendix 1 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

The headteacher has overall responsibility for the development of IHCPs for pupils with medical conditions. This has been delegated to Mrs. Stocker, SENDCo.

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:

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. 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 where appropriate, 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 Plan (EHCP). If a pupil has a Special Educational Need and/or disability (SEND) but does not have an EHCP, the SEND 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 governing board and headteacher/SENDCo will consider the following when deciding what information 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.
- 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.
- 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 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.

Pupils 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. Parents will always be informed.

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. Pupils will be informed about where their medicines are at all times and be able to access them immediately.

Staff check medication regularly and return it to parents to arrange for safe disposal when no longer required or out of date.

7.1 Adrenaline injectors

Pupils with severe allergies may be prescribed an adrenaline injector. Two prescribed injectors will be stored in the classroom in a clearly labelled, easily accessible location that is out of reach of pupils. Details of when and how to use this will be provided in the child's individual IHCP and Allergy Action Plan provided by the hospital.

The school also holds an emergency adrenaline injector. This is in addition to those already held by the pupil and are not a replacement for a pupil's devices. This can be used for pupils in an emergency:

- Who are known to be at risk of anaphylaxis
- Where medical authorisation and written parental consent has been provided
- Whose own device is not available or not working

This will be stored as part of an emergency anaphylaxis kit in a central, accessible location to all staff that is out of reach of pupils. It will be labelled and separate from pupils' own devices to avoid confusion. It will be

- Checked on a monthly basis, to ensure it is present and in date.
- Replaced when the expiry date is near.
- Disposed of according to manufacturer's instructions.
- Kept at room temperature and protected from direct sunlight.

Pupils at risk of anaphylaxis who take part in school activities off the premises, such as a school trip, should have their injector with them. All staff are trained to administer the injector.

The school will keep appropriate records. We will:

- Maintain a register of pupils who have been prescribed an injector.
- Obtain written parental consent for the use of spare injectors.
- Provide appropriate support and training for staff
- Log the use of spare injectors and inform parents that an injector has been administered to their child.

7.2 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.

Controlled drugs are kept in a secure cupboard and only named staff have access. Controlled drugs will be easily accessible in an emergency.

7.3 Pupils managing their own needs

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 IHCP and inform parents so that an alternative option can be considered, if necessary.

7.4 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 IHCP.
- 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 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.

8. Emergency procedures

The school will call 999 in the event of an emergency and staff will stay with the pupil until the parent/carer arrives. Staff have been trained to administer First Aid, including the delivery of CPR the use of a defibrillator.

All pupils' IHCPs clearly set out what constitutes an emergency and will explain what to do. All relevant staff will be aware of what constitutes an emergency and what signs/symptoms to look out for.

The school holds a defibrillator, an emergency adrenaline injector and an emergency inhaler. The procedure for administering the emergency inhaler is contained in the Asthma Policy. The procedure for using the emergency adrenaline injector is laid out in Section 7.1.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training, led by relevant health care professionals, who will confirm their proficiency in medical procedure or in providing medication.

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.

All staff will be made 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

All written records are kept of all medicine administered to pupils. They include what was administered, how, how much, when and by whom. Parents will be informed if their pupil has been unwell at school.

IHCPs 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 school's liability insurance arrangements cover the administration of medicines including the emergency inhaler and has been agreed in conjunction with Wirral Council.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the SENDCo or headteacher in the first instance. If they cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every year.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equalities Policy
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition