



Supporting children with medical conditions policy

**Alwyn Infant School and Courthouse
Junior School**

Approved by: Governing Board

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1. Aims

This policy aims to ensure that:

- Children, staff and parents/carers understand how our school will support children with medical conditions
- children with medical conditions, both physical and mental health, are properly supported to allow them to access the same education as other children, 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 child's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support children with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant children
- Developing and monitoring individual healthcare plans (IHPs)
- Making sure there are risk assessments for school visits and school activities outside normal timetable

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 children at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting children 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 children 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 Executive Headteacher

The Executive 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 children in this way
- Contact the school nursing service in the case of any child 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 children 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 children 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 children 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 children with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

3.4 Parents/Carers

Parents/Carers 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 may 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

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be 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 will notify the school when a child has been identified as having a medical condition that will require support in school. This will be before the child starts school, wherever possible.

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

4. Day trips, residential visits and sporting activities

Our school is clear about the need to actively support children with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

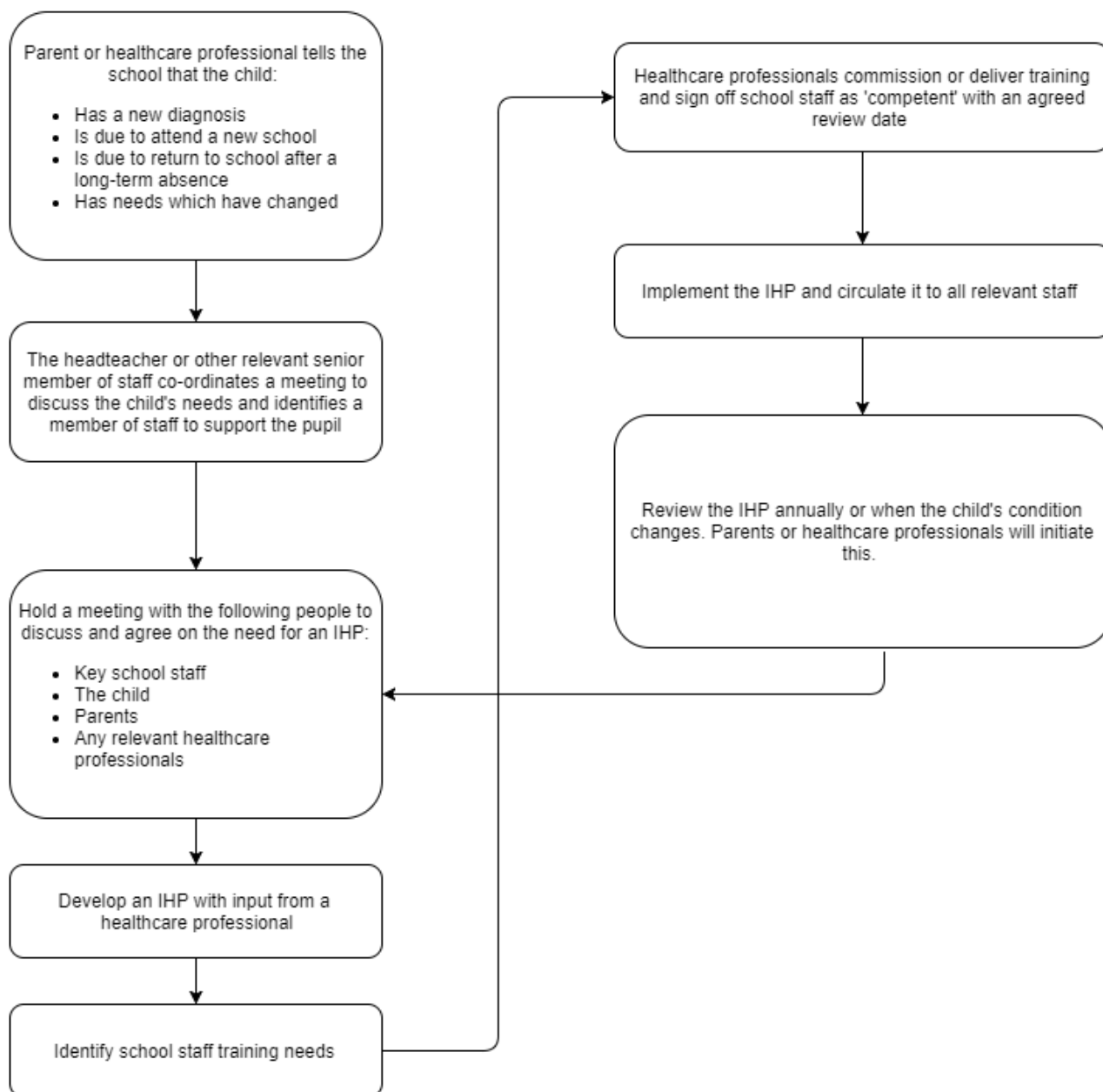
The school will consider what reasonable adjustments need to be made to enable these children to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. In doing so, children, their parents/carers 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 child has a medical condition, the process outlined below will be followed to decide whether the child 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 children who are new to our school.



6. Individual healthcare plans

The Executive Headteacher has overall responsibility for the development of IHPs for children with medical conditions. This may be delegated to the school SENDCo.

Plans will be reviewed at a period set by the SENDCo depending on the child's needs.

Plans will be developed with the child's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all children with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Executive Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the child's specific needs. The child will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a child 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 and Executive Headteacher/SENDCo, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The child'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 child's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a child 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 child'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 child's condition and the support required
- Arrangements for written permission from parents/carers and the Executive Headteacher for medication to be administered by a member of staff, or self-administered by the child 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 child can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Only prescription medicines will be administered at school:

- When it would be detrimental to the child's health or school attendance not to do so **and**
- Where we have parents'/carers' written consent

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. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children.

Medicines will be returned to parents/carers 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 or methadone.

All controlled drugs are kept in a secure cupboard in the school admin area and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Medicine should be administered to individual children, stating what, how and how much was administered, when and by whom. Side effects of the medication should be noted.

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.

7.3 Asthma inhalers

The emergency salbutamol inhaler can only be used by children:

- Who have been diagnosed with asthma, and prescribed a reliever inhaler
- OR who have been prescribed a reliever inhaler

AND for whom written parental consent for use of the emergency inhaler has been given.

This information should be recorded on a child's IHP.

The school will keep a register of children who have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which will be kept with the emergency inhaler.

7.4 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the child's IHP, but it is generally not acceptable to:

- Prevent children from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents/carers
- 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 child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, 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 children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child

8. Emergency medical procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All children's IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany the child to hospital by ambulance.

9. Training

Staff who are responsible for supporting children 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 children 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 Executive Headteacher/SENDCo. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the children
- 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.

Parents/Carers can provide specific advice but should not be the sole trainer.

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 children. Parents/carers will be informed if their child 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 held with the local authority.

12. Complaints

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

13. Monitoring arrangements

This policy will be reviewed and approved by the Governing Board every 2 years and more frequently if required.

14. Linked with other policies

This policy is linked to the

- [SEND Policy](#)
- First Aid policy
- Health and Safety policy
- Emergency Plan

Appendix 1

Do	Do not
<p>✓ Remember that any member of school staff may be asked to provide support to children with medical conditions, but they are not obliged to do so</p> <p>✓ Check the maximum dosage and when the previous dosage was taken before administering medicine</p> <p>✓ Keep a record of all medicines administered. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it</p> <p>✓ Inform parents/carers if their child has received medicine or been unwell at school</p> <p>✓ Store medicine safely</p> <p>✓ Ensure that the child knows where his or her medicine is kept, and can access it immediately</p>	<p>✗ Give prescription medicines or undertake healthcare procedures without appropriate training</p> <p>✗ Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions</p> <p>✗ Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances</p> <p>✗ Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor</p> <p>✗ Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers</p> <p>✗ Force a child to take their medicine. If the child refuses to take it, follow the procedure in the individual healthcare plan and inform their parents/carers</p>

Appendix 2: Individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the child's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 3: Parental Request for the Administration of Medicine

Courthouse Junior School staff will not give your child medicine unless you complete and sign this form. Please note that if your child requires antibiotics less than 4 times in a day, this can be administered at home.

Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
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	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to administer 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 _____