

# Supporting pupils with medical conditions policy

Heygarth Primary School



Approved by:

Date:

Last reviewed on:  
January 2023

Next review due by:

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# 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 pupils' conditions, 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)

**The named person with responsibility for implementing this policy is the headteacher.**

## 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 on [supporting pupils with medical conditions at school](#).

## 3. Roles and responsibilities

### 3.1 Governing body

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body 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
- Ensure that all staff who need to know are aware of a child's condition
- 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.

### 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 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, 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 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. 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.

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 below 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.

See Appendix 1.

## **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 no 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.

If appropriate, IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has 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 governing body and SENDCo 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, 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. 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 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 during the school day **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.

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. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents 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 office 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.

### 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

## 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.

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

### 8. Keeping Salbutamol Inhalers (Asthma Attack) for use in Emergencies

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. Children should have their own reliever inhaler and spacer at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

In order to use schools should:

- Have a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler
- Have written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan.
- Ensure that the emergency inhaler is only used by children with asthma with written parental consent for its use.
- Ensure that appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions
- Maintain records of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler.

With regard to care of the inhaler, two staff members should have responsibility for ensuring that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- That replacement inhalers are obtained when expiry dates approach;
- During an incident, spacers should be available for use for an individual child and must be replaced following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

## 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 the headteacher or 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 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 for as long as these pupils are at the school. 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:

Wirral Council's insurance scheme.

Where a member of staff acting in the course of employment supports pupils with medical conditions at schools, they will be indemnified by the Council's liability insurance for any claim for negligence relating to injury or loss through their action. The cover includes the administration or supervision of prescription and non-prescription medication orally, topically, by injection or by tube and the application of appliance or dressings, providing that the following criteria have been met.

## 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.

## 13. Monitoring arrangements

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

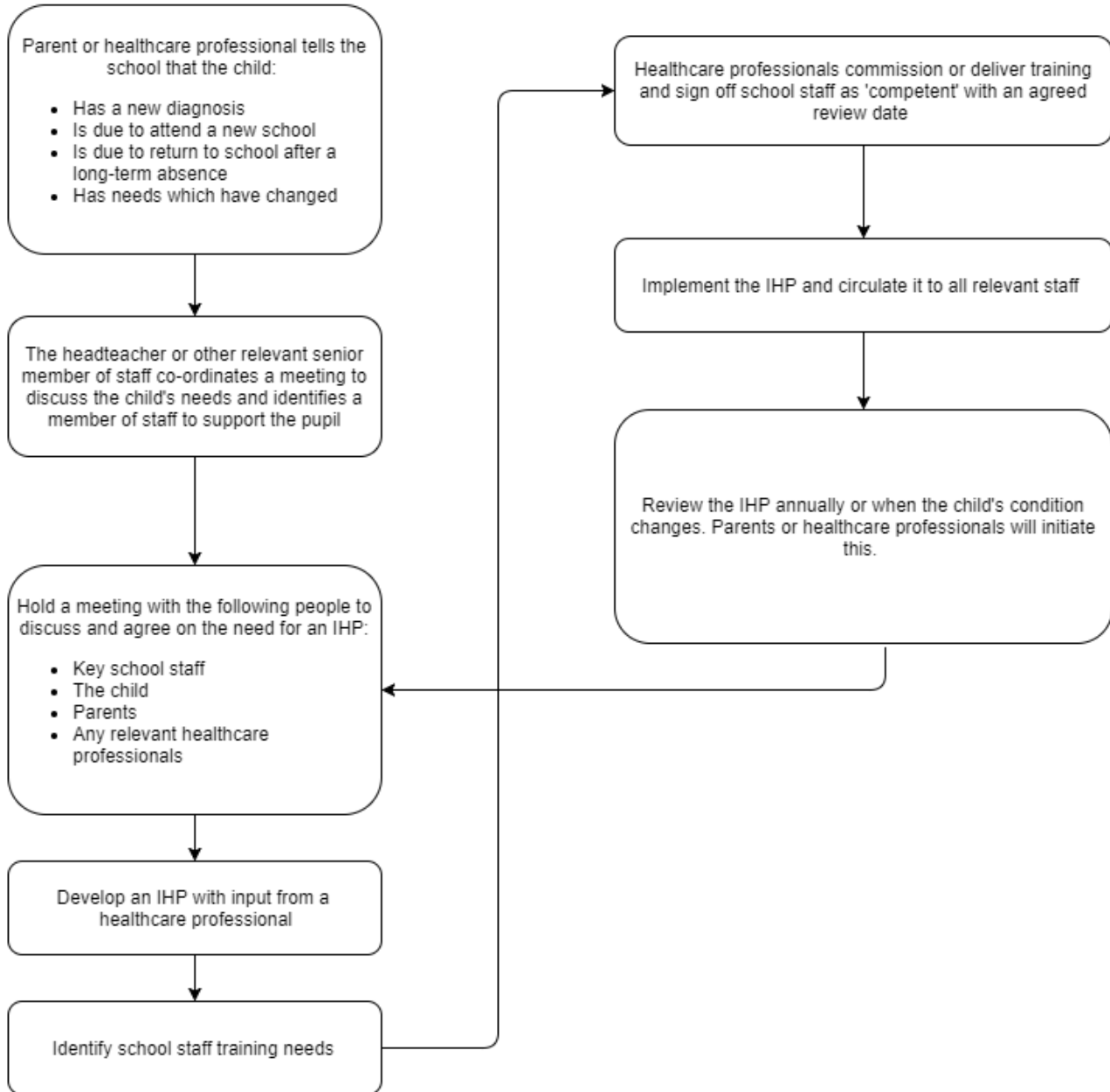
## 14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality action plan

- > First aid
- > Health and safety
- > Safeguarding
- > Special educational needs information report and policy

## Appendix 1: Being notified a child has a medical condition





## Parental Agreement for School to Administer Medicine

Heygarth Primary School will not give your child medicine unless you complete and sign this form, inline with our policy allowing staff to administer medicine.

Name of school/setting	
Full name of child	
Date of birth	/      /
Group/class/form	
Medical condition or illness	
Daily care requirements (e.g. before sport/lunchtime)	
Describe what constitutes an emergency for the child, and action taken if this occurs	

### Medicine

**Note: Medicines must be the original container as dispensed by the pharmacy**

Name/type of medicine <i>(as described on the container)</i>	
Date dispensed	/      /
Expiry date	/      /
Agreed review date to be initiated by:	Member of staff:
Dosage and method	
When to be given	
Any other instructions	
Timing	
Special precautions:	
Are there any side effects that the school/setting needs to know about?	
Self-administration	
Procedures to take in an emergency	

**Contact Details:**

Name	
Daytime telephone no.	
Mobile telephone no.	
Relationship to child	
Address	
Who is the person to be contacted in an emergency (state if different for offsite activities)	
Emergency telephone contact no.	
Name and phone no. Of GP	
I understand that I must deliver the medicine personally to	Agreed member of staff:

I accept that this is a service that Heygarth Primary School is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting staff (or my son/daughter) administering medicine in accordance with the school/setting policy. I understand that I must notify the school/setting in writing of any change in dosage or frequency of medication or if medication is stopped.

PRINT NAME OF CHILD: .....

PRINT NAME OF PARENT/CARER: .....

Signature(s): .....

Date: .....



## Headteacher Agreement to Administer Medicine

Name of school/setting

It is agreed that ..... (name of child) will  
receive ..... (quantity) of .....(name of medicine)  
every day at ..... (time medicine to be administered).

..... (name of child) will be given /  
supervised whilst he/she takes their medication by  
..... (name of member of staff)

This arrangement will continue until .....  
(either end date of course of medicine or until instructed by parents).

Date: .....

Signed: ..... (parent)

Signed: .....  
(Headteacher / Deputy Headteacher)



# Record of Medicine Administered to an Individual Child

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

Staff signature \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature of parent \_\_\_\_\_ Print Name \_\_\_\_\_

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Reducing quantity			
Staff initials			

Date	/ /	/ /	/ /
Time given			

Dose given

Name of member of staff

Reducing quantity

Staff initials


Date

Time given

Dose given

Name of member of staff

Reducing quantity

Staff initials

/	/	/	/

Date

Time given

Dose given

Name of member of staff

Reducing quantity

Staff initials

/	/	/	/

Date

Time given

Dose given

Name of member of staff

/	/	/	/

Reducing quantity


Staff initials

Date

/ /	/ /	/ /
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Time given

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Dose given

--	--	--

Name of member of staff

--	--	--

Reducing quantity

--	--	--

Staff initials

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# INDIVIDUAL HEALTH CARE PLAN

School must have regard to the following DFE Statutory Guidance Document:  
 'Supporting Pupils at School with Medical Conditions'.

Name of Pupil:	School:
Medical/Physical Condition or Diagnosis:	School Policy for Supporting Pupils with Medical Needs is Available Through:
D.O.B:	Named Person at School with Overall Responsibility for Policy Implementation:
Year Group:	Author of IHCP:
Date of IHCP:	Date for IHCP Review:

Contacts: Family and Professional		
Name	Contact Details: Telephone & E-mail	Attended IHCP Meeting

<b>Additional Support</b>			
Additional support provided through: (please circle)	<b>EHCP:</b> Education, Health	<b>PFA:</b> Pupil Funding	<b>School Provision</b>

Support Worker/s

Name:

Designation:

Hours:

Name:

Designation:

Hours:

**Back-up Support Worker**

Name:

Designation:

Name:

Designation:

Important Information about the Pupil's Medical/Physical Condition or Diagnosis

Pupil's View of their Health Needs and Support for those Needs (Likes and Dislikes)

***If the pupil currently has a Person Centred Plan, please attach it to this IHCP.***

Medication Administered in School

Medication:

Dose & Method:

Timing:

Side Effects:

Expiry Date:

Storage:

Administered By:

Other Instructions:

Medication:

Dose & Method:

Timing:

Side Effects:

Expiry Date:

Storage:

Administered By:

Other Instructions:



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**Parental Agreement for School to Administer Medication to the Child Named in this IHCP**

The information contained in the above section 'Medication Administered in School' is, to the best of my knowledge, accurate at the time of writing. I give consent to school staff to administer the medication detailed above in accordance with 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 medication is stopped.

I understand that I must deliver the medication personally to:

Parental Signature:

Print:

Date:

***Governing bodies should ensure that written records are kept of all medicines administered to children.***

**Health Related Emergency Situations and Intervention**

**Fire – Personal Emergency Evacuation Plan (PEEP)**

NO

YES

**If 'YES' has been ticked please attach PEEP to this IHCP.**

Wirral's Personal Emergency Evacuation Plan format can be found on Wescom.

Daily Management Issues/Summary of Additional Support

Specific Moving/Handling Advice

*School should make reference to Wirral Local Authority's Health & Safety Policy & Guidance Document HS/ECS/014 - 'Safer Lifting & Handling Techniques'.*

*School should consider, in liaison with the pupil's occupational therapist and physiotherapist, the need to draw up a Manual Handling Plan to supplement this IHCP.*

Equipment Used in School

New equipment may need to be set up by the occupational therapist who ordered it. School should liaise with the Occupational Therapy Department once the equipment has been delivered.

**Wheelchairs** – staff involved in moving children in wheelchairs should have access to the wheelchair's

user manual to familiarise themselves with the wheelchair's operation. This will be available from parents.

Educational Needs

Yes No

Is the pupil on the school's SEN Register?		
Has advice been sought from external agencies to support learning?		
If advice has been sought please detail:		
Detail any identified barriers to learning and Advice to Subject Areas:		
Exam Dispensation or Special Considerations:		

<u>Off Site Activities (School Trips, Residential and Work Experience)</u>
<i>For advice about accessible transport contact Wirral Local Authority's Transport Department</i>

<u>Social and Emotional Needs</u>
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Identified Training Implications for School Staff

*Wirral Training Directory*

Transition Planning

Any Other Issues

Risk Assessment

**A risk assessment/s may need to be carried out in support of this plan – for guidance and advice, School should contact Wirral Local Authority Health & Safety Department.**

Parents Declaration

I agree to provide school with sufficient and up-to-date information about my child's medical needs. I will, where possible, attend IHCP meetings and reviews for my child. I agree to the support outlined in this IHCP and will carry out any action I have agreed to as part of its implementation.

Parental Signature: .....

Date: .....

Child or Young Person's Signature: .....  
(where appropriate)