

# Supporting Pupils with Medical Conditions Policy



## Our School Vision

At Brackenhill, success is for everyone. Whether you are a mighty Oak or a tiny acorn, you can achieve and become anything you want to be. No matter what part of the journey you join us on, we will support you every step of the way and nurture your growth to help you reach your full potential. By providing you with opportunities that inspire and ignite your curiosity, we will water your thirst for knowledge to instil within you a love for learning so that you may flourish.

No matter what the weather, rest assured you will never be left alone and there will always be somebody to shelter you. Whether you are a creative rose, a curious daffodil, a content sunflower or a cheeky dandelion, at Brackenhill Primary, you will be able to blossom within our colourful and vibrant garden. You will grow with others around you on fertile ground to create a better world for everyone rooted in respect and kindness. No matter where you disperse, you will take your seeds of knowledge with you, offering them to gardens all around the world, knowing you will always have a place at Brackenhill.

<b>Approved by:</b>	Julie Hields	<b>Date:</b> July 2024
<b>Last reviewed on:</b>	July 2024	
<b>Next review due by:</b>	July 2025	

## Contents

1. Aims	3
2. Legislation and statutory responsibilities	3
3. Roles and responsibilities	4
4. Equal opportunities	5
5. Being notified that a child has a medical condition	5
6. Individual healthcare plans	5
7. Managing medicines	6
8. Emergency procedures	7
9. Training	7
10. Record keeping	8
11. Liability and indemnity	8
12. Complaints	8
13. Monitoring arrangements	8
14. Links to other policies	8

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## 1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers 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 Mrs N Ishtiaq.**

## 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 (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

## 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
- 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 1 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. An email to staff will be sent from the School Office when plans or records have been updated so that staff are aware of any changes.

### **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, and ensure they or another nominated adult are contactable at all times
- To notify the school of changes in a child's medical needs, e.g. when medicine is no longer required or when a child develops a new need, e.g. asthma
- To follow the school's procedure for bringing medicines into school
- To only request medicines to be administered in school when essential
- To ensure that medicines are in date and that asthma inhalers are not empty.

### 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 pediatricians, 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.

### 3.7 ROLE OF THE SCHOOL NURSE (local authority)

The role of the school nurse is critical. The school nurse is responsible for notifying the school when a child has been identified as having a medical condition, who will require support at school. The School Nurse will work with Headteacher/SENCo to determine the training needs of school staff. The school nurse will confirm that school staff are proficient to undertake healthcare procedures and administer medicines.

- We have clear guidance on providing care and support and administering medication at school.
- We understand the importance of medication being taken and care received as detailed in the pupil's care plan.
- We will make sure that there is more than one member of staff who have been trained to administer the medication and meet the care needs of an individual child. School will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. The Governing Body has made sure that there is the appropriate level of insurance and liability cover in place.
- This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's/carer's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.
- A child who requires an Epi-Pen will have their medication kept in a box with the child's name and picture. Written permission must be given from parents/carers for the school's spare emergency Epi-Pen to be administered if there is a failure of administering their own.
- In the event of a possible severe allergic reaction in a child who does not have a registered allergy, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency Epi-Pen is appropriate.
- We will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off- site visit, including overnight stays
- Parents/carers at school understand that they should let the school know immediately if their child's needs change.

## 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/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 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 A.

## 6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENDCo, Tom Parker.

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/carers 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/carers 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 governing board and the headteacher, 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, 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/carers 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/carer or 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 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/carers' written consent
  - Wherever possible, a parent or carer may be required to visit school to administer routine medicines such as paracetamol or antibiotic doses.
  - Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
  - No child under 16 should be given prescription or non-prescription medicines without their parents/carers written consent.
  - A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- Medication
- e.g. for pain relief should never be administered without first checking maximum dosages and when the previous dose was taken.
  - Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours, for example school will administer antibiotics that are to be taken four times a day, however three times a day should be administered at home (the start of the day, at collection/pick up time and then before bed).
  - School should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to school inside an insulin pen or a pump, rather than its original container.
  - All medicines should be stored safely. Children should know 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 adrenalin pens should be always readily available to children and not locked away. These should be taken on school trips and returned to the red medical box immediately after the trip.
  - The adult is required to complete a parental agreement form (Appendix B) at the school office for the medicine to be administered by school staff.
  - We will keep controlled drugs that have been prescribed for a pupil securely stored in the locked medicine cabinet in the School office. For those medicines that need to be kept in a fridge they will be kept in a locked box inside the fridge. A member of staff may administer a controlled drug to a child for whom it has been prescribed, providing they have received specialist training/instruction and there will always be another member of staff there to check dosages and that the correct medication has been given (Appendix C). Records should be kept showing dosage, when administered and by whom and who witnessed the administration (Appendix C). At the end of the day the parent or carer will collect the medication from the office and sign to say they have been passed on the information about the last dose and time of its administration (Appendix C). For those medicines that are given daily as part of a child's need the medication will be kept in school and parents will not need to sign and check information daily. Staff are made aware of Administering Medical Procedures (Appendix D)
  - Medicines will not be accepted in school that require medical expertise or intimate contact.
  - All medicines must be brought to the school office by an adult. Medicines must NEVER be brought to school in a child's possession. This includes cough medicines/sore throat sweets. If teachers notice these then they must send the child to the office to hand them in. Sore throat/cough sweets should not be given at break times as they can pose as a choking hazard if the child is playing/running around. If needed, sore throat/cough sweets should be taken in the classroom whilst seated before break time.

- Medicines should be returned to parents for disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- Parents/carers may come to the school office to administer medicines if necessary at the discretion of the Headteacher.
- If a child refuses to take medicine, staff must not force them to do so. The refusal should be recorded and parents informed.
- Variation in dosage cannot be made on parental instruction alone. Staff will follow instructions from the pharmacist and will query any discrepancies.
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**The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.**

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/carers 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/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.

A pupil who has been prescribed a controlled drug will follow the same procedures as the managing medicines sections and this will be stored in a locked cupboard in the School Office. All other 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/carers 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/carers 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/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 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/carers, 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/carer 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/carers 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/carer arrives, or accompany the pupil to hospital by ambulance.

## 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. 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/carers will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place that 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:

The school has Liability cover from Bradford Council.

### Medical/first aid cover

The liability insurances extend to provide cover for incidental medical treatment such as first aid and the administration of medicines, including use of EpiPens, defibrillators, injections, dispensing prescribed and non-prescribed medicines, application of appliances such as splints and oral and topical medication.

Cover only applies to employees/volunteers who have received appropriate medical training and kept up to date with refresher course. Untrained staff should not provide any treatment /first aid.

## 12. Complaints

Parents/carers with a complaint about the school's actions in regard to 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/carers 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
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

## Appendix A: Individual Healthcare Plan

### Appendix A

#### Individual Healthcare Plan

Photo
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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~~

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

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Daily care requirements

--

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

--

Arrangements for school/trust 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

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## Appendix B: Parental Agreement to Administer Medicine Forms

**Parental Agreement to Administer Medicine Form**

Name of Child	
Date of Birth	
Year	
Medical Condition/Illness	
Name/type of medicine (as described on the container)	
Dosage and Method	
Timing	
Special Precautions/Other Instructions	
Are there any side effects that the school/trust needs to be aware of?	
Self-administration	Yes                      No
Procedures to take in an emergency	

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

I understand that I must deliver and collect the medicine personally from the main school office.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/trust staff administering medicine in accordance with the school/trust policy. I will inform the school/trust immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed ..... Dated .....

Name (printed).....Relationship to child .....

**Appendix C: Medicine Administration:**

Date	Childs name	Time	Name of medicine	Dose	Signature of staff	Verified by	Parent/ <del>CARER</del> check

## Appendix D: Administering Medical procedures

### **Administering Medication Procedure**

All medication should be administered in the assigned medical room with the exception of inhalers, Epi-Pens and emergency allergy medication

1. Sit the child down in a chair.
  2. Take out the child's consent form.
  3. Unlock the cupboard.
  4. Ask the child their name.
  5. Take the medication with their name on out of the cupboard.
  6. Read out name of medication and check the expiry date.
  7. Verifying adult to check the name read out with the name on the consent form.
  8. Record child's name, date, time and name of medication on the administering form.
  9. Administer medication with verifying adult observing at all times.
  10. Place medication back in the secure cupboard.
  11. Record on administering form dose given your own signature and ask the verifying adult to sign.
  12. At the end of the day hand over medication and administering sheet to parent/carer and ask them to sign the form.
- Appendix C.