

includEd Learning

Independent Specialist Education Provider



SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

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1. Policy Aims

This policy aims to ensure that:

- Pupils, staff and parent/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 Advisory Panel will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, 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 Head of Centre, Noreen Khan.

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 the Advisory Panel 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 Advisory Panel

The Advisory Panel has ultimate responsibility to make arrangements to support pupils with medical conditions. The Advisory Panel 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 Head of Centre

The Head of Centre 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 First Aid qualified and these qualifications are updated on a regular basis.
- 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 system.
- 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 Parent/carers

Parent/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 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.

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

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

The Head of Centre has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Ann Hardy (SENco).

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 parent/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Head of Centre will make the final decision.

Plans will be drawn up in partnership with the school, parent/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 SEND but does not have an EHC plan, the SEND 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 Advisory Panel, Headteacher, SENCo, Centre Lead and PSO, with support from the School Nurse, 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 parent/carers and the Head of Centre 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/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

Only staff who have been completed the 'administration of medicine course' can administer medicine. A written log (Appendix 2) must be kept at all times and also must be recorded electronically for any short- term administration of medicine (e.g. Pain relief medication) via sims 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 parent/carers' written consent (for paracetamol this may be written in a text)

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. Contact with parents/carers is essential and it must be noted and monitored how many times a pupil may be asking for pain relief. If the pupil is regularly (every week or more than two times a week) asking for pain relief this needs to be followed up with parent/carer and a referral to the school nurse if appropriate.

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 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 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 parent/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 parent/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 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 and Pastoral Manager. 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 understand 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 Advisory Panel will ensure that written records are kept of all medicine administered to pupils. Parent/carers 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 Advisory Panel 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:

Hiscox - 0161 245 3350

IncludEd's insurance policy provides liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures.

12. Complaints

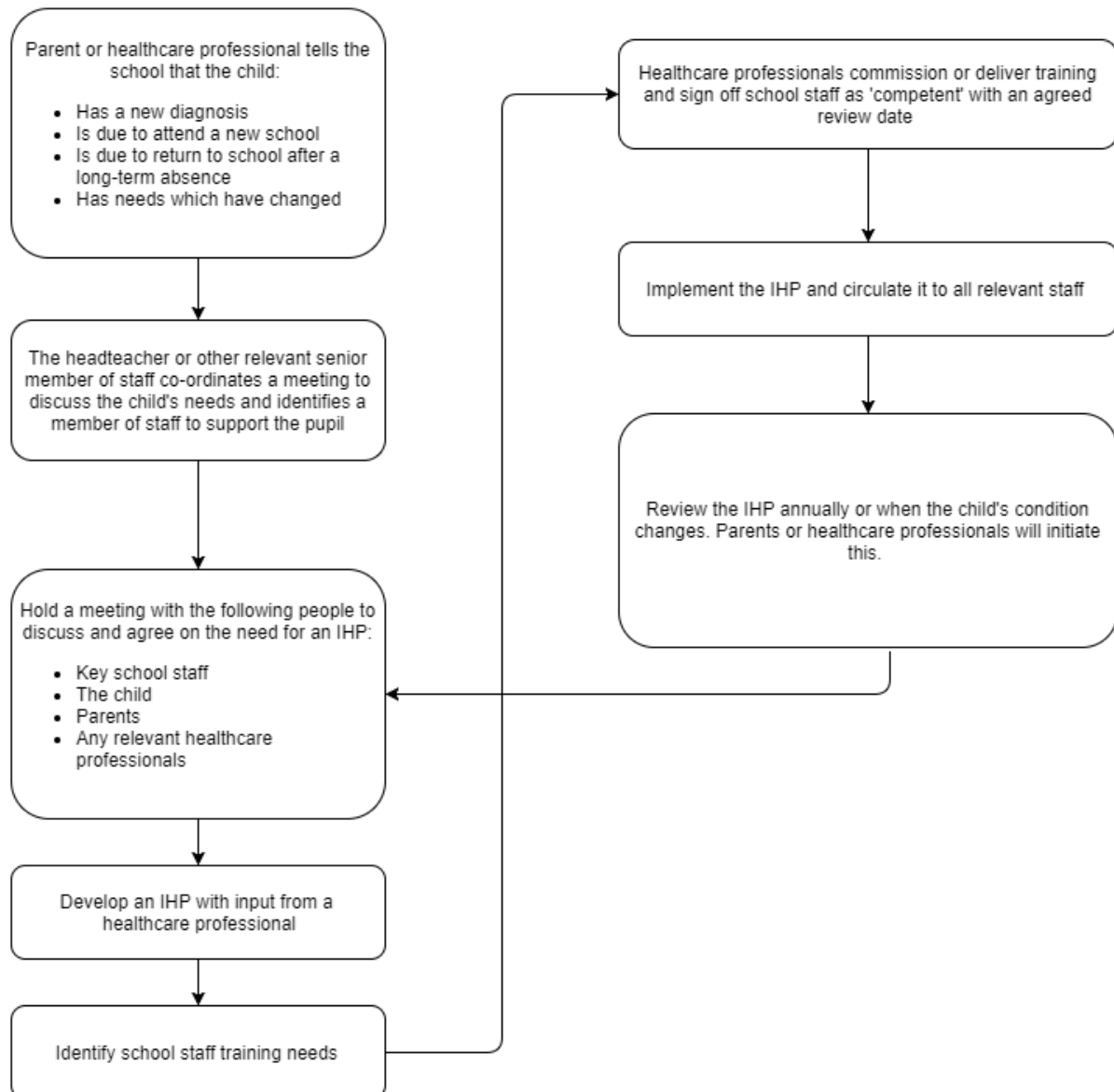
Parent/carers with a complaint about their child's medical condition should discuss these directly with the Learning Centre Manager in the first instance. If the Learning Centre Manager cannot resolve the matter, they will direct parent/carers to the school's complaints procedure and notify the Headteacher and Pastoral Manager.

13. Monitoring arrangements

This policy will be reviewed and approved by the Advisory Panel every year.

APPENDIX A:

Being Notified a Child Has a Medical Condition



APPENDIX B: Model Letter Inviting Parents to Contribute to Individual Health Care Development Plan



Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

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

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 pupil'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 D: Parental Agreement for a Setting to Administer Medicine

Full Name of Pupil:		Gender:	M/F	DOB:	
Address:					
Reason for Medication					
Name of Medication <i>(as described on container)</i>		Prescribed	YES / NO		
		Non-prescribed, over-the counter	YES / NO		
Dosage & Method		Quantity Provided			
Frequency / Timings		Date/time/given			
Reason for Medication	<input type="checkbox"/> Prescribed ongoing medication <input type="checkbox"/> Prescribed temporary medication				
Self-Administration <i>(tick as applicable)</i>	<input type="checkbox"/> My child will be responsible for self-administering this medication with supervision from staff <input type="checkbox"/> I agree to members of staff administering medication to my child as directed above				
Special precautions / other instructions					
Are there any side effects the school needs to know about?					
FOR NON-PRESCRIBED, OVER-THE-COUNTER MEDICATION ONLY: <input type="checkbox"/> I confirm my child has taken this over-the-counter medicine without ill effect. <input type="checkbox"/> I confirm this over-the-counter medicine does not interact with the other medicines my child is taking and is not contraindicated with my child's medical condition.					
- I confirm that the information I have provided is accurate at the time of writing and I agree to inform the school immediately, in writing, if there is any change to my child's medical needs and/or medicines. - I confirm that the medicine provided is in its original packaging and has not exceeded the expiry date. - I agree to update information about my child's medical needs and/or medication and that this information will be verified by GP and/or medical practitioner. - I have read the guidelines on the back of this form.					
Parent/Carer Name:Signature:.....					
Date:					

GUIDELINES FOR PARENTS/CARERS

Please read these guidelines and procedures carefully before completing the form.

- Medicines will only be administered if written parental consent is provided.
- The term 'medication' applies to all prescribed medicines and drugs, over the counter medicines and drugs obtained from a chemist, over the counter creams, ointments and lotions, homely remedies such as pain relief or cold remedies, homeopathic or herbal medicines.
- A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of medication.
- Where possible the need for medicines to be administered at school should be avoided. Parents/Carers are therefore requested to try to arrange the timing of doses accordingly. Parents are asked to notify the school before sending any medication in for their child.
- Prescription medication must be prescribed by a UK Medical Practitioner and provided in their original container and packaging with the pharmacy label intact.
- Prescription medication must clearly state the dosage, frequency and/or time that the medication is to be administered, cautionary advice and instructions for administration.
- Prescription medication will be only administered according to the pharmacy label instructions.
- IncludEd Learning will not administer non-prescribed medicines for longer than 48 hours without authorisation from a medical practitioner.
- A child/young person under 16 will only be given paracetamol or medicines containing ibuprofen (e.g. Nurofen) if prescribed.
- Medication will be stored in a locked Medication Cabinet at the school at all times when not being administered. The exception to this would be the storage of asthma inhalers, which will be stored in a readily accessible place within the building.
- Unused/expired medication will be returned to parents either directly or via the child's transport provider or passenger assistant.
- Parents/carers have the responsibility to dispose of any unused or expired medication.
- Parents/carers will be notified if a child has refused to take the medication recorded on this form or if medication has not been administered.
- Staff administer medication on a voluntary basis and IncludEd Learning will ensure that they receive the appropriate training for the administration of basic medication.
- Parents/carers should bear in mind that additional training will need to be organised for specialist medication or treatment which includes: eye drops, ear drops, nebulisers, pessaries, suppositories, auto-injectors, injections, emergency medication. Therefore, the school will not be able to administer these medications until such training has been carried out and alternative arrangements for the administration of these medications will need to be put in place.
- Any requests for pupils to self-administer medication will require the prior completion of a medication risk assessment by the school to identify the level of support the pupil requires.

APPENDIX E:

Record of Medicine Administered to an Individual Child

Name of school/setting

Name of child

Date medicine provided by
parent

Group/class/form

Quantity received

Name and strength of
medicine

Expiry date

Quantity returned

Dose and frequency of
medicine

Staff signature:

Signature of parent:

Date:

Time given

Dose given

Name of member of
staff

Staff initials

Staff signature:

Record of medicine administered to an individual child (Continued)

Date

Time given

Dose given

Name of member of
staff

Staff initials

Staff signature:

Date

Time given

Dose given

Name of member of
staff

Staff initials

Staff signature:

Date

Time given

Dose given

Name of member of
staff

Staff initials

Staff signature:

Date

Time given

Dose given

Name of member of
staff

Staff initials

Staff signature

APPENDIX F: Record of Medication Returned to Pharmacy for Disposal



This form must always be completed when returning unwanted or discontinued medicines to a Pharmacy for destruction.

Name of pupil		DOB:	
Address:			

Complete Table 1 or 2 whichever is appropriate:

TABLE 1		
DATE	MIXTURE OF REFUSED MEDICATION	REASON FOR RETURN
	YES NO	

TABLE 2			
DATE	MEDICATION (Name and Strength)	QUANTITY (if known)	REASON FOR RETURN (e.g. out of date)

I understand that the medicines are out of date or are no longer needed by the pupil named above. IncludEd Learning will remove these medicines and understand that they will be disposed of at a Pharmacy.

Signature of Staff Member: _____ Date: _____

For completion by the Pharmacy:

We confirm receipt of the medicines listed above, which have been returned to the pharmacy for safe destruction.

Signature of Pharmacist/Technician: _____ Date: _____

Pharmacy Stamp

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APPENDIX G: Record of Medicine Administered to All Pupils

[illegible]