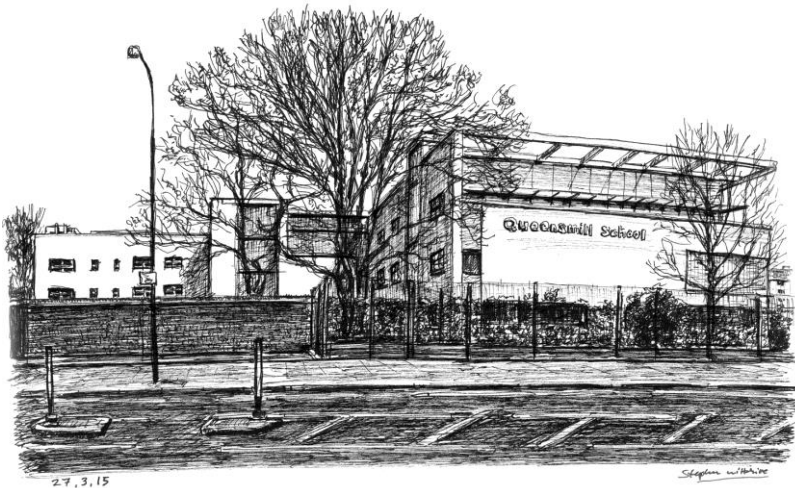




Supporting pupils with medical conditions policy



Approved by:	Aymeline Bel	Date: 04/09/23
Last reviewed on:	August 2023	
Next review due by:	August 2024	

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 all staff (including those temporarily covering in a class) with appropriate information about the policy and relevant pupils – the expectation of staff members who are covering in a class is that they are aware of the type of medical conditions within the class. They are not expected to know the ins and outs of medical conditions and medication needs.
- › Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Aymeline Bel, Head of School.

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](#).

This policy also complies with our funding agreement and articles of association.

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 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

If possible, pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of 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.

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.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan.

IHPs will be kept in the class file in the classroom, Queensmill Medical File in reception and saved in Medical Tracker.

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 and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- › Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments

- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent
 - Consent for ongoing use of over the counter medication form (Annex 1)
 - Consent for short term over the counter medication form (Annex 2)
 - Consent for ongoing use of prescribed medication (Annex 3)
 - Consent for short term use of prescribed medication (Annex 4)

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. 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.

Medication that is carried on transport is to be placed in the "Transport Medication Cabinet" in reception. The staff member handling the medication is to sign the medication in and out using the log sheet inside the cabinet.

Emergency medication for individual pupils will be locked away in a specific cupboard when those identified students are not in school.

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 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 should be involved as much as possible in decisions and plans affecting them. They will be encouraged to self-administer medication (with support) where appropriate to develop independence.

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, leaving them 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.

9. Training

All staff will receive training in anaphylaxis, epilepsy, and asthma.

Specific staff will receive training in diabetes. See Annex 5 for trained staff.

Staff who are responsible for supporting pupils with specific 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 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 a copy of this policy during their induction.

10. Record keeping

The governing board will ensure that records are kept of all medicine administered to pupils for as long as these pupils are at the school – Medical Tracker. 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 – Medical Tracker, class folders, Queensmill Medical File.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The school is a member of the DfE Risk Protection Arrangement (RPA).

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 by the Headteacher annually.

At every review, the policy will be approved by Aymeline Bel, Head of School and Lisha Rooney, Chair of Governors.

14. Links to other policies

This policy links to the following policies:

- First aid
- Health and safety
- Safeguarding
- Children with health needs that cannot attend school

Annex 1 – Consent for ongoing use of over the counter medication

Consent for ongoing use of over the counter Medication

I the parent of _____ give consent for my son/daughter to

be administered _____ by Queensmill School.

My son/daughter is to be given _____ ml/mg of this medication whenever it is required after a phone call with myself to clarify.

I understand that I must supply the school with the medicine in the original unopened container clearly labelled with the child's name.

Parent Name _____

Parent Signature _____

Date _____

Annex 2: Consent for short term over the counter medication

Consent for short term over the counter medication

I parent of _____, give consent for my son/daughter to

be administered _____ by Queensmill School.

This consent will last until _____ .

My son/daughter is to be given _____ ml/mg of this medication whenever it is required after a phone call with myself to clarify.

I understand that I must supply the school with the medicine in the original container clearly labelled with the child's name.

Parent Name _____

Parent Signature _____

Date _____

Annex 3 – Consent for short term prescribed medication

Consent for short term prescribed medication

I parent of _____, give consent for my son/daughter to

be administered _____ by Queensmill School.

This consent will last until _____ .

My son/daughter has this medication at _____ each morning.

The next dose of _____ mls/mgs is to be given at _____

I understand that I must supply the school with the medicine in the original container clearly labelled with the child's prescription.

Parent Name _____

Parent Signature _____

Date _____

Annex 4 – Consent for ongoing prescribed medication

Consent for ongoing prescribed medication

I, parent of _____, give consent for my son/daughter to
be administered _____ by Queensmill School.

My son/daughter is to be given _____ ml/mg of this medication whenever it is required.

I understand that I must supply the school with the medicine in the original container clearly labelled with the child's prescription.

Parent Name _____

Parent Signature _____

Date _____

Annex 5: Staff trained in the management of Diabetes

Staff	Training Date
Jorge Hernando Garijo	11/03/21
Andrea Utiel Granero	09/09/21
Andreea Morosan	09/09/21
Nicola Anderton	09/09/21
Christina Kelesidou	09/09/21
Aleksandra Gryniewicz	01/09/22
Jeanette Shackel-Rogers	01/09/22
Jean Wilson	01/09/22
Farzana Nasar	01/09/22
Youssef Moustafa	01/09/22
Polyxeni Zacharia	19/06/23
Silvia Bortolotti	22/06/23
Clinton Peprah	22/06/23
Kader Bachmar	06/07/23
Camillo Echeverri	06/07/23
Tia Best-Copeland	06/07/23
Virginia Orellana Montero	06/07/23
Xiang Liu	06/07/23