

Supporting pupils with medical conditions policy

Marish Academy Trust



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Contents

1. Aims	2
2. Legislation and statutory responsibilities	2
3. Roles and responsibilities	3
4. Equal opportunities	4
5. Being notified that a child has a medical condition	4
6. Individual healthcare plans.....	4
7. Managing medicines	5
8. Emergency procedures	6
9. Training	6
10. Record keeping	6
11. Liability and indemnity.....	6
12. Complaints	6
13. Monitoring arrangements	7
14. Links to other policies.....	7
15. Appendix 1 - Being notified a child has a medical condition	8
16. Appendix 2 - Individual Healthcare Plan	9
17. Appendix 3 - Parental agreement for setting to administer medication	11
18. Appendix 4 - Record of medicine administered to an individual child	12
19. Appendix 5 - Record of medicine administered to all children	14
20. Appendix 6 - Staff training record - administration of medicines	15
21. Appendix 7 - Contacting emergency services	16
22. Appendix A - Support for children who have asthma policy	17

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 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 Natasha Gentles.

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: [Supporting pupils at school with medical conditions](#).

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
- 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 consider 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

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's nurses 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 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. This has been delegated to the medical conditions lead, Valerie Collier.

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 not a 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. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and 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

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.

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 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.

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. 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:

Marish Academy Trust's insurance arrangements cover staff providing support to pupils with medical conditions. Insurance policies are available to all staff providing such support. Please consult the finance director.

Our insurance policy provides liability cover relating to the administration of medication and personal care, but individual cover may need to be arranged separately for any specific health care procedures.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the Trust.

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with Shelley Adams in the first instance. If she 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

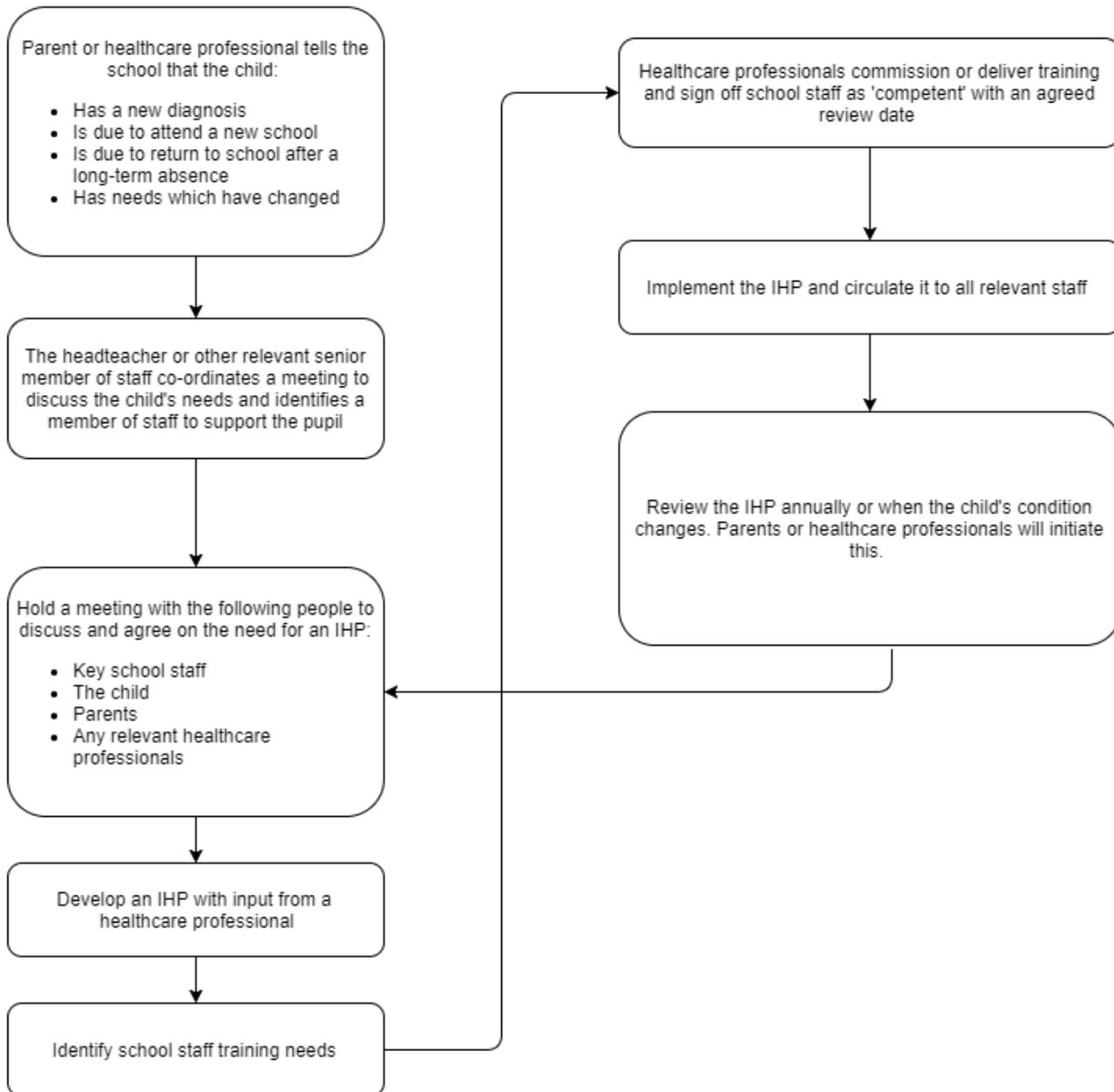
This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Approval History

Version	Approved	Comments
1.0	July 2014	By Governing Body
2.0	June 2016	
3.0	September 2018	
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5.0	September 2022	
6.0	September 2024	

Appendix 1: Being notified a child has a medical condition



Appendix 2 Template A: Individual Healthcare Plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

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

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

Daily care requirements

Specific support for the 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 3 Template B: Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

Signature(s) _____

Date _____

Appendix 4 Template C: Record of medicine administered to a 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			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Appendix 6 Template E: Staff training record – Administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date

Appendix 7 Template F: Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Appendix A: Support for children who have asthma policy

The Principles and aims of our school asthma policy

Marish Academy Trust recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma. This policy aims to ensure that:

- children with asthma participate fully in all aspects of school life including PE
- all staff understand that immediate access to reliever inhalers is vital
- all staff maintain records of children with asthma and the medication they take
 - the school environment is supportive and inclusive towards children with asthma
- that all children understand what asthma is and how it affects others
- all staff who come into contact with children with asthma know what to do in the event of an asthma attack
 - all staff work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure the policy is implemented in practice

Context

This policy has been written with advice from the Department for Education and National Asthma Campaign. Marish Academy Trust endeavours to ensure that children with asthma to achieve their potential in all aspects of school life by having a clear policy and procedure for their support that is understood by school staff, volunteers and pupils.

Supply teachers and new staff are made aware of the policy as part of the Safeguarding Induction process and all staff receive annual updates to their asthma support training each year on Inset Day in September. Those with first aid training across the school are expected to maintain their asthma training more frequently, usually with a external or online course delivered annually. These courses also cover Severe Allergic Reactions and seizures.

Medication

Immediate access to a reliever inhaler is vital. Children are encouraged to carry their inhaler as soon as their parents, carer, doctor, nurse or class teacher agree they are mature enough to manage their own medication.

Children should always tell their class teacher or first aider when they have had occasion to use their inhaler. Records are kept each time an inhaler is used. The reliever inhalers of younger children are kept in their individual classroom in a cupboard or drawer. All inhalers must be labelled with the child's name by the parent.

Under the law, school staff are not required to administer medication to children except in an emergency, however the vast majority of our staff have agreed to do this. School staff who agree to do this are insured by the local education authority/DFE when acting in accordance with this policy. All school staff have been instructed to allow children to take their own medication when needed.

Record Keeping

At the beginning of each school year, or when a child joins the school, parents are asked to inform the school if their child is asthmatic. All parents of children with asthma (or any other health condition), are required to complete a School record form and return it to the school. Marish Academy Trust uses this to compile its medical needs register which is displayed in the staff rooms and for the individual children in each year group, in the classrooms.

If any changes are made to a child's medication it is the responsibility of the parents or carer to inform the school. It is also parents' responsibility to ensure the inhalers held in school are in date and replaced as necessary.

Emergency inhalers

Marish and Willow Primary Schools do hold an emergency inhaler and spacer as permitted under the DFE bulletin, 'Guidance on the use of Emergency Salbutamol inhalers in schools' March 2015.

However, both schools are based on relatively large sites and it is imperative that parents/teachers not do rely on this and fail to ensure two up to date inhalers are in school and one is carried with their child wherever they go, if they need it. The second inhaler is held in the medical room in each school.

Emergency inhaler medication can only be administered to children on the Asthma Register. Specific staff have been trained to administer the emergency inhaler and there are pictorial and written instructions around the school. Parents of children with Asthma are sent a letter asking permission for the emergency inhaler to be used in the event that their own inhaler is not available

General practice to support children with asthma at Marish Academy Trust

Each child's inhaler is kept in their own classroom in a named wallet containing their individual medication and asthma record in their classroom cupboard or teacher's desk drawer. All staff members are responsible for acquainting themselves with the triggers of a possible attack (allergies, colds, cough, cold weather) for each individual child in their care. This information can be found in each child's medication wallet along with their medication.

Teachers and learning support assistants must ensure that any child with asthma has their asthma pack with them as they move around school, including outside in the grounds. If they discover an inhaler is out of date, they must contact a parent immediately and request a replacement, also informing the first aid team.

PE staff must ensure they remind the class/club/team to collect their inhalers when they take them to a PE lesson/club/match or practice session. Children must not be sent to the medical room without an adult to fetch their spare inhaler for obvious reasons.

At the end of each academic year all inhalers and spacers will be sent home with the child. This is to prevent loss and confusion regarding expiry dates.

Parents must ensure that they check the dates on inhalers and set reminders for themselves to replace these, as these are only checked by first aid staff once annually in September and sporadically if a child goes on an external trip.

PE and Physical activity such as the daily mile or swimming

Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE and other physical activities.

Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson. Each child's inhalers will be labelled and kept in a box at the site of the lesson. If a child needs to use their inhaler during the lesson, they will be encouraged to do so. Records are kept every time a child uses their inhaler and parents are informed if a child uses the emergency inhaler.

School Trips and Outside Activities

When a child is away from the school classroom on a school trip, club, outside sport or PE, their inhaler should accompany them and be available to them at all times.

The School Environment

Marish Academy Trust does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep furry and feathery pets and has a non-smoking policy. On occasion, the Nursery classes do take part in the egg/chick scheme. We also have a reading dog who visits school on a weekly basis to provide pet therapy to specific children.

However, teachers will be aware of any child who has a fur or feather allergy and will ensure these children are kept away or observe from a safe distance as appropriate. As far as possible, our schools do not use chemicals in science and art lessons that are potential triggers for children with asthma. Children are will be removed from the room to another area, if particular fumes trigger their asthma.

Making the School Asthma Friendly

Marish Academy Trust school ensures that all children understand asthma. Asthma can be included in Key Stages 1 and 2 in science, design and technology, geography, history and PE of the national curriculum. Children with asthma and their friends are encouraged to learn about asthma; information for children and teens can be accessed from the following website www.asthma.org.uk.

What to do if asthma is a barrier to learning

If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and falling behind in class, the class teacher will initially talk to the parents. If appropriate the teacher will then talk to the inclusion team and special educational needs coordinator about the situation.

Marish Academy Trust recognises that it is possible for children with asthma to have special education needs.

Asthma Attacks

All staff who come into contact with children with asthma know what to do in the event of an asthma attack.

Our schools follow the following procedure, which is clearly displayed in all classrooms:

1. Ensure that the reliever inhaler is taken immediately.
2. Stay calm and reassure the child.
3. Help the child to breathe by ensuring tight clothing is loosened.

After the attack

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities. The child's parents must be informed about the attack.

Emergency procedure

If the pupil does not feel better or you are worried at any time before reaching 10 puffs from the inhaler, call 999 for an ambulance.

If the ambulance has not arrived after 10 minutes, give an additional 10 puffs as detailed above.

In the event of an ambulance being called, the pupil's parents or carers should always be contacted.

In the event of a pupil being taken to hospital by ambulance, they should always be accompanied by a member of staff until a parent or carer is present.