

# SUPPORTING PUPILS AT SCHOOL WITH MEDICAL NEEDS POLICY

‘Together we unlock potential and learn for life’



# Moor First School

This policy was approved by the Governing Body of Moor First School at their meeting on:

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**Chair of Governors**

**Print:** ..... **Sign:** .....

**Co-Head Teachers:**

**Print:** ..... **Sign:** .....

**Print:** ..... **Sign:** .....

Review Frequency  
Every 3 years

Next review: May 2025

Revision updates (between Oct 2022 and Oct 2025)	
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V.Atherton Oct 2022

# SUPPORTING PUPILS AT SCHOOL WITH MEDICAL NEEDS POLICY

## Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers/new staff with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

## 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](#).

## Roles and responsibilities

### **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.

### **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

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- 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

## **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.

## **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

## **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 (age appropriate). They are also expected to comply with their IHPs.

## **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.

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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.

## **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.

## **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.

## **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, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

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

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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
- 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 for medication to be administered by a member of staff 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

## **Managing medicines**

### **Non Prescription medicines:**

School will not administer non-prescription medicines (including pain killers) to a pupil.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours. Residential trips have their own risk assessments regarding non-prescription medicines and require parental signature.

### **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 will first check maximum dosages and the parents will inform school of the time the medicine is to be administered.

The school will only accept prescribed medicines that are:

- In-date
- Labelled

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- 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. Some medicines need to be kept in a dedicated medicines' refrigerator where the temperature should be 2° C – 8° C. This will be checked weekly by the Office Staff who will complete a written record including date; time; temperature and signed. The record will be kept in the office.

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

Medicines will be returned to parents to arrange for safe disposal when no longer required.

## **Controlled drugs**

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

All controlled drugs are kept in a secure cupboard in the school office/classroom and only 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.

During school trips, medicines must be transported in a lockable case or box and appropriately trained members of staff will be in charge of and carry all medical devices and medicines required for any pupil attending that trip. (Unless a parent is voluntarily in attendance and undertakes that role – it is not a requirement that a parent accompany any pupil to facilitate their attendance). Medicines must be kept out of public vision at all times

## **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:

- 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

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- 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 prescribed 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

## **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.

## **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.

## **Record keeping**

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The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in the medical folder in the office cupboard.

## **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.

## **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.

## **Monitoring arrangements**

This policy will be reviewed and approved by the governing board every 3 years but will also be checked annually by the headteacher as part of the safeguarding standard.

## **Links to other policies**

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality and Equal Opportunities
- First aid
- Health and safety
- Safeguarding
- SEND policy and information report
- Educational Visits Policy

## **Allergic Reactions**

Some children and young people are at risk of severe allergic reactions. School must plan to reduce the likelihood of the risk of allergic reactions by ensuring that service users/children do not come into contact with the material or foodstuffs which may cause a reaction.

Where it is necessary, escorts should have basic first aid training and should be trained in the use of an adrenaline pen for emergencies where appropriate. These pens must only be used for those children for whom they are prescribed. (Staff training will be updated annually.)



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Asthma: If a pupil requires an asthma inhaler, it is very important that there is an inhaler in the school at all times. In order to comply with this the school will ensure that we are in possession of two school emergency inhalers. This is to ensure coverage when a class is out on an educational visit. Parents will be required to sign a consent form which enables them to have access to the emergency inhaler. Asthma plans will be devised for all children requiring them. Refer to full asthma policy appendix within the Health and Safety Policy.

## **Cultural and Religious requirements**

Britain is a multi-cultural and multi-faith society. Care must be taken to respond sensitively to individuals and not to make assumptions because of their ethnicity or religion. It is important that young people and their carers are asked about any cultural or religious needs relating to the taking of medication or any prohibitions that apply.

All information on relating to the cultural or religious requirements of a child or young person must be accurate and up to date as this may have an impact on how they wish to receive care. This information must be recorded as part of an individual healthcare plan (if one is required) or in the child's personal records.

## **In an emergency**

In a medical emergency, please note the details of members of staff who have been appropriately trained – please see notices situated in the Medical Room; Staff Room and Main Office.

If an ambulance needs to be called, staff will:

Outline the full condition and how it occurred

Give details regarding the child's date of birth, address, parents' names and any known medical conditions.

## **Management of Errors/Incidents in Administration of Medicines**

In the event that medication has been administered incorrectly or the procedures have not been correctly followed, then the following procedure is to be implemented: -

Ensure the safety of the young person. Normal first aid procedures must be followed which will include checking pulse and respiration.

Telephone for an ambulance if the child's condition is a cause for concern.

Notify the headteacher.

Contact the child's Parents/Carers as soon as practicable.

Contact the child's GP/Pharmacist for advice if necessary. (Out of hours contact NHS Direct).

Document any immediate adverse reactions and record the incident in the child's file/Care Plan using the Medication Incident Report Form HSF36.

The headteacher must complete the Medication Incident Report Form HSF 36 and, if injury results, the County Council Accident Investigation Report HSF40.

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The headteacher must commence an immediate investigation about the incident, inform the the Health, Safety and Wellbeing Service and, where applicable inform any relevant regulatory body. Statements should be taken from both staff and young persons if they are self-medicating.

The medication administration record sheet should reflect the error.

Child's parent/carer should be informed formally in writing.

It is recognised that despite the high standards of good practice and care, mistakes may occasionally happen for various reasons. Every employee has a duty and responsibility to report any errors to the headteacher. The headteacher should encourage staff to report any errors or incidents in an open and honest way in order to prevent any potential harm or detriment to the child. The headteacher must handle such reporting of errors in a sensitive manner with a comprehensive assessment of the circumstances. A thorough and careful investigation taking full account of the position of staff and circumstances should be conducted before any managerial or professional action is taken. Any investigation must observe the conventions as set out in the County Council's Disciplinary Policy.

## **Staff Training**

A health care plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies.

The headteacher should arrange appropriate training in collaboration with local health services if necessary. All such training must be recorded.

When staff agree to assist a child with medical needs, or to assist or administer Medication they should receive appropriate instruction and/or training.

Staff must:

Understand the healthcare plan

Understand the safe procedures for handling medications/ understand their responsibilities in the administration of medication/ Be able to administer medications

Ensure knowledge of emergency procedures in the event of an incident i.e. overdose, administration of wrong medication etc.

Ensure that accurate records are maintained for administration.

Ensure that all medication is clearly identified in an original container with recipient's name on.

Complete any records as required.

Be aware of needs of children/young people with disabilities, and the effects of such factors as sight, hearing or physical dexterity in relation to medication and supporting clinical interventions.

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Appreciate the role of other professionals in relation to medication and clinical interventions  
Have a good understanding of their role and responsibilities in relation to the safe storage, administration, and disposal etc. of medication.

## **Information**

School will only give information as required by medical professionals / appropriate persons, whilst at all times the school will maintain confidentiality.

There is a requirement that all medicines administered should be recorded on the appropriate log with two staff signatures – member of staff administering the medicine and a second one witnessing it.

## **This Policy also links to:**

First Aid Policy

Safeguarding Policy

Health and Safety Policy – inclusive of Asthma Policy

SEND Policy and information Report

Intimate Care Policy