



St Francis Church of England Voluntary Aided Primary School

Supporting Pupils with Medical Conditions Policy

Policy drawn up by Headteacher with Parent support

ratified by Governors

Date 17/03/15

Version No	Date	Change/Review
V1.0	March 2015	Policy Adopted
V1.1	March 2017	Ratified
V1.2	March 2019	
V1.3		

St Francis Church of England Maintained Primary School (hereafter referred to as “the School”) has a legal duty to make arrangements for supporting pupils in our school with medical conditions. The School has adopted this policy to set out the arrangements it has put in place for its pupils with medical conditions.

Overriding principles

Children and young people with medical conditions are entitled to a full education. The School is committed to ensuring that pupils with medical conditions are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. We want all pupils, as far as possible, to access and enjoy the same opportunities at school as any other child.

1. Definition of “medical condition”:

- 1.1. For the purposes of this policy, a medical condition is any physical or mental illness or disability which a pupil has. It can be:
 - physical or mental
 - a single episode or be recurrent
 - short-term or long-term
 - relatively straightforward (e.g. the pupil can manage the condition themselves without support or monitoring) or be complex and require on-going support, medicines or care whilst at school to help the pupil manage their condition and keep them well
 - involve medication or medical equipment
 - affect participation in school activities or limit their access to education
- 1.2. Medical conditions may change over time, in ways that cannot always be predicted.

2. Policy implementation

- 2.1. The person with overall responsibility for the successful administering and implementation of this policy is the Head.
- 2.2. The Head has overall responsibility for ensuring:
 - that sufficient staff are suitably trained to meet the known medical conditions of pupils at the School
 - all relevant staff are made aware of the pupil’s medical condition and supply teachers are properly briefed
 - cover arrangements are in place to cover staff absences/turnover to ensure that someone is always available and on site
 - risk assessments for school visits, holidays and other school activities outside of the normal timetable are completed
 - individual healthcare plans are prepared where appropriate and monitored

3. Notification that a pupil has a medical condition

- 3.1. Ordinarily, the pupil's parent/carer will notify the School that their child has a medical condition. Parents/carers should ideally provide this information in writing addressed to the Head. However, they may sometimes pass this information on to a class teacher or another member of staff. Any staff member receiving notification that a pupil has a medical condition should notify the Head as soon as practicable.
- 3.2. A pupil themselves may disclose that they have a medical condition. The staff member to whom the disclosure is made should notify the Head as soon as practicable.
- 3.3. Notification may also be received direct from the pupil's healthcare provider or from a school from which a child may be joining the School. The School may also instigate the procedure themselves where the pupil is returning to the School after a long-term absence.

4. Procedure following notification that a pupil has a medical condition

- 4.1. In all cases, the pupil's parents/carers will be contacted by the Head, or someone designated by him/her, as soon as practicable to discuss what, if any, arrangements need to be put into place to support the pupil.
- 4.2. Unless the medical condition is short-term and relatively straightforward (e.g. the pupil can manage the condition themselves without any support or monitoring), a meeting will normally be held to:
 - discuss the pupil's medical support needs
 - identify a member of school staff who will provide support to the pupil where appropriate
 - to determine whether an individual health care plan (IHCP) is needed and, if so, what information it should contain
- 4.3. Where possible, the pupil will be enabled and encouraged to attend the meeting and speak on his/her own behalf, taking into account the pupil's age and understanding. Where this is not appropriate, the pupil will be given the opportunity to feed in his/ her views by other means such as setting their views out in writing.
- 4.4. The healthcare professional(s) with responsibility for the pupil may be invited to the meeting or be asked to prepare written evidence about the pupil's medical condition for consideration. Where possible, their advice will be sought on the need for, and the contents of, an IHCP.
- 4.5. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, the Head will exercise his/her professional judgement based on the available evidence to determine whether an IHCP is needed and/or what support to provide.
- 4.6. For children joining the School at the start of the school year school, any support arrangements will be made in time for the start of the school term. In other cases, such as a new diagnosis or children moving to the School mid-term, every effort will be made to ensure that any support arrangements are put in place within two weeks.

- 4.7. In line with our safeguarding duties, the School will ensure that pupil's health is not put at unnecessary risk from, for example infectious diseases. The School will not accept a pupil into the school at times where it will be detrimental to the health of that child or others.

5. Individual Healthcare Plans (IHCP) – see Annex A

- 5.1. Where it is decided that an IHCP should be developed for the pupil, this shall be developed in partnership between the School, the pupil's parents/carers, the pupil and the relevant healthcare professional who can best advise on the particular needs of the pupil. This may include the school nursing service. The local authority will also be asked to contribute where the pupil accesses home-to-school transport to ensure that the authority's own transport healthcare plans are consistent with the IHCP.
- 5.2. The aim of the IHCP is to capture the steps which the School needs to take to help the pupil manage their condition and overcome any potential barriers to getting the most from their education. It should be developed with the pupil's best interests in mind. In preparing the IHCP, the School will need to assess and manage the risk to the pupil's education, health and social well-being and minimise disruption.
- 5.3. IHCP's may include:
- details of 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 or 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 or counselling sessions
 - the level of support needed (some children will be able to take responsibility for their own health needs), including in emergencies; if a pupil is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
 - who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional and cover arrangements for when they are unavailable
 - who in the School needs to be aware of the pupil's condition and the support required
 - arrangements for written permission from parents/carers and the Head 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 whom to contact, and contingency arrangements; some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan
- 5.4. The IHCP should also clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the School should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a pupil (regardless of whether they have

an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the pupil until the parent/carer arrives, or accompany a pupil taken to hospital by ambulance.

- 5.5. Except in exceptional circumstances, or where the healthcare provider deems that they are better placed to do so, the School will take the lead in writing the plan and ensuring that it is finalised and implemented.
- 5.6. Where a pupil is returning to the School following a period of hospital education or alternative provision (including home tuition), the School will work with the local authority and education provider to ensure that the IHCP identifies the support the pupil will need to reintegrate effectively.
- 5.7. Where the pupil has a special education need identified in a statement or Education Health and Care Plan (EHCP), the IHCP should be linked to or become part of that statement or EHCP.

6. Reviewing Individual Healthcare Plans (IHCP)

- 6.1. Every ICHP shall be reviewed at least annually. The Head (or someone designated by him/her) shall, as soon as practicable, contact the pupil's parents/carers and the relevant healthcare provider to ascertain whether the current ICHP is still needed or needs to be changed. If the School receives notification that the pupil's need have changed, a review of the IHCP should be undertaken as soon as practicable, ideally within two school weeks.
- 6.2. Where practicable, staff who provide support to the pupil with the medical condition shall be included in any meetings where the pupil's condition is discussed.

7. Staff Training

The Head is responsible for:

- 7.1. ensuring that all staff (including new staff) are aware of this policy for supporting pupils with medical conditions and understand their role in its implementation
- 7.2. working with relevant healthcare professionals and other external agencies to identify staff training requirements and commission training required
- 7.3. ensuring that there are sufficient numbers of trained staff available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations

In addition, all members of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The School has in place appropriate levels of insurance regarding staff providing support to pupils with medical conditions, including the administration of medication. Copies of the School's insurance policies will be made accessible to staff as required.

8. Administering Medication

- 8.1. Medicines will only be administered at the School when it would be detrimental to a pupil's health or school attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours.
- 8.2. If a pupil requires prescribed medicines or medical devices, such as asthma inhalers, blood glucose testing meters or adrenaline pens, in school it is vital that the parent/carer advise the School accordingly, so that the process for storing and administering medication can be properly discussed.
- 8.3. The School will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than its original container.
- 8.4. The prescribed medication must be accompanied by a complete written instruction form signed by the pupil's parent/carer. The School will not make changes to dosages on parental instructions.
- 8.5. The Pupil, and staff supporting the pupil with their medical condition, should know where their medicines are at all times and be able to access them when needed. The most appropriate method for storing medicines and medical devices will be discussed with the pupil's parent/carer but the School will ultimately decide the approach to be taken.
- 8.6. Wherever possible, pupils will be allowed to carry their own medicines and relevant devices or be able to access their medicines for self-medication quickly and easily. Where it is appropriate to do so, pupils will be encouraged to administer their own medication, under staff supervision if necessary. Staff administering medication should do so in accordance with the prescriber's instructions. Staff who volunteer to assist in the administration of medication must receive appropriate training and guidance before administering medication.
- 8.7. The School will keep a record of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom. Any side effects of the medication should be noted.
- 8.8. If a pupil refuses to take their medication, staff will not force them to do so, and will inform the parent/carer of the refusal as a matter of urgency. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- 8.9. It is the parent/carers' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
- 8.10. It is the responsibility of parents/carers to notify the School in writing if the pupil's need for medication has ceased. When no longer required, medicines will be returned to the

parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles.

- 8.11 Any staff member bringing medication for personal use, including over-the-counter medications and medical devices, will remain responsible for them and will ensure that they are kept away from the reach of children, ideally locked away where practicable.

9. Unacceptable practice

Although the Head and other school staff should use their discretion and judge each case on its merits with reference to the pupil's IHCP, it will not generally be acceptable practice to:

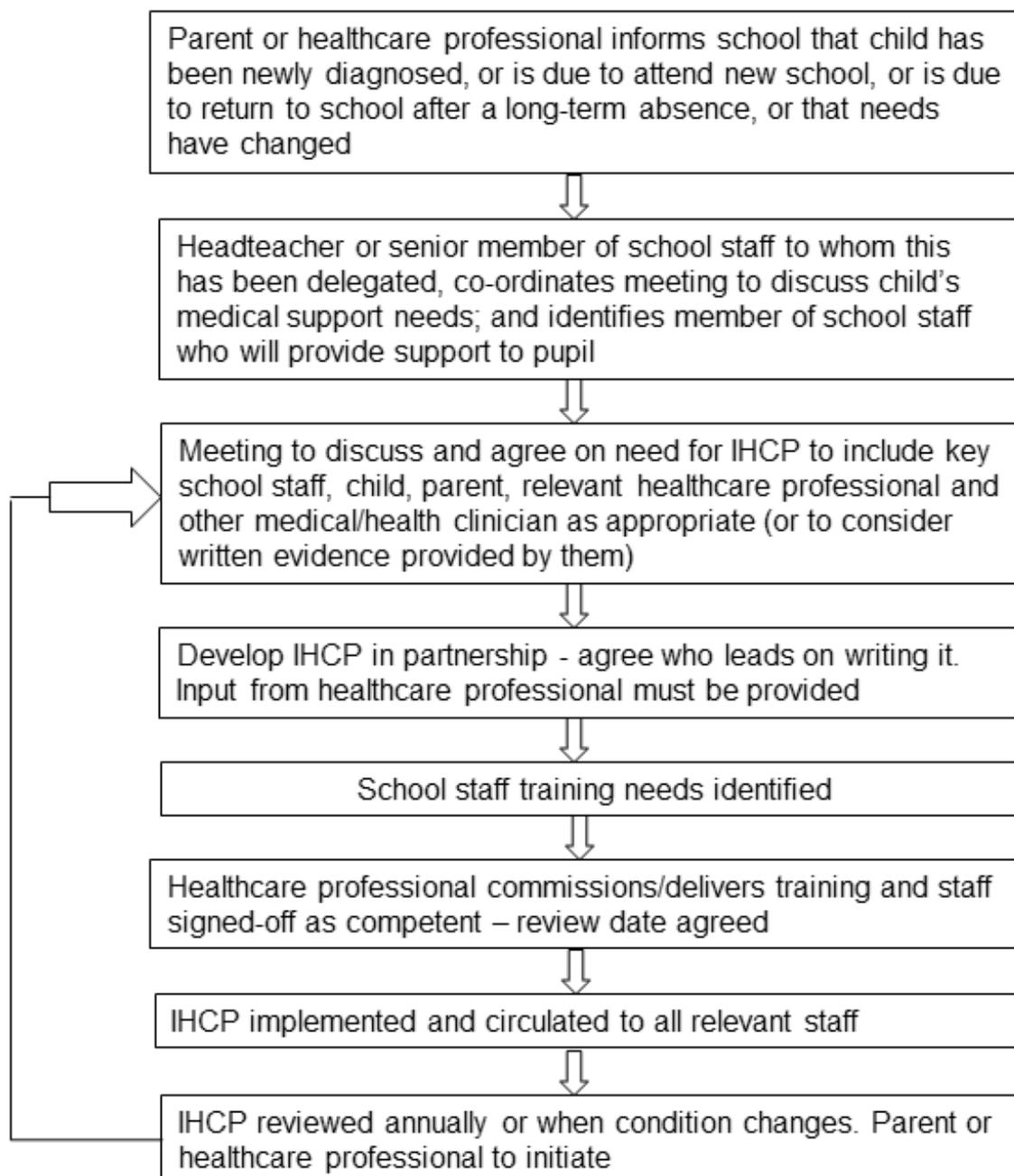
- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every pupil with the same condition requires the same treatment
- ignore the views of the pupil or their parents/carers, or ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCP
- if the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children 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 child, 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; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child

10. Complaints

Complaints regarding this policy or the support provided to pupils with medical conditions should be raised under the School's usual complaints procedure.

Supporting Children with Medical Needs – Appendix A

Process for developing individual healthcare plans



Supporting Children with Medical Needs – Appendix B

Template A: individual healthcare plan

Template B: parental agreement for School to administer medicine

Template C: record of medicine administered to an individual child

Template D: record of medicine administered to all children

Template E: staff training record – administration of medicines

Template F: contacting emergency services

Template G: model letter inviting parents to contribute to individual healthcare plan development

1 Template A: individual healthcare plan

Name of School	
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	
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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

2 Template B: parental agreement for School to administer medicine

The School will not give your child medicine unless you complete and sign this form, and an appropriate member of staff has received training to administer medicines.

Date for review to be initiated by	
Name of School	
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 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 staff administering medicine in accordance with the School policy. I will inform the School immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

3 Template C: record of medicine administered to an individual child

Name of School	
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			

5 Template E: staff training record – administration of medicines

Name of School	
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 _____

6 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 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

7 Template G: model letter inviting parents to contribute to individual healthcare plan development

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 each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and relevant healthcare professionals 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