



# **Supporting Pupils with Medical Conditions**

**Review Date: February 2027**

## Our Mission

*“With Christ as our guide, we let our light shine.”*

### **Supporting Pupils with Medical Needs in School**

*This policy sets out the duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions under Section 100 of the Children and Families Act 2014. In meeting the duty, the governing body, proprietor or management committee **must** have regard to guidance issued by the Secretary of State under this section (Supporting pupils at school with medical needs (DfE, April 2014)). Section 100 came into force on 1 September 2014.*

The directors, staff and governors of all schools within Our Lady Immaculate Catholic Academies Trust are committed to providing pupils with a high-quality education whatever their health need, disability or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEN are not discriminated against or treated less favourably than other pupils.

### **Principles**

This policy and any ensuing procedures and practice are based on the following principles.

- All children and young people are entitled to a high-quality education;
- Disruption to the education of children with health needs should be minimised;
- If children can be in school they should be in school. Children’s diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all children to attend school;
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child. Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires. Children and young people with health needs should be treated as individuals, and offered the level and type of support that is most appropriate for their circumstances;
- Staff should strive to be responsive to the needs of individuals.

### **Definition of health needs**

For the purpose of this policy, pupils with health needs may be:

- pupils with **chronic or short term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- **sick children**, including those who are physically ill or injured or are recovering from medical interventions, or
- children with **mental or emotional health problems**.

This policy does not cover infectious diseases of childhood, e.g. measles.

*Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.*

### **Roles and Responsibilities**

All staff have a responsibility to ensure that all pupils at St. Mary's Catholic Primary School have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as additional support and training needs.

### **Named person in school with responsibility for medical policy implementation**

The member of staff responsible for ensuring that pupils with health needs have proper access to education is Ms White. She will be the person with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be her responsibility to pass on information to the relevant members of staff within the school. This person will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance pupils' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement.

It is appropriate for the Headteacher to delegate functions of their designated role to appropriately trained members of staff whilst maintaining overall responsibility.

### **Parents/carers**

Parents have a crucial role to play, they hold key information and knowledge. Parents are expected to keep the school informed about any changes in their children's condition or in the treatment their children are receiving, including changes in medication. Parents will be kept informed about arrangements in school and about contacts made with outside agencies.

### **Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be involved in discussions about their medical support needs, when appropriate and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

### **School staff**

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. Staff must familiarise themselves with this policy and the medical needs of the pupils they work with. Training will be provided in connection with specific medical needs so staff know how to meet individual needs, what precautions to take and how to react in an emergency.

### **The Headteacher**

The headteacher has overall responsibility for:

- ensuring that all staff are aware of this policy and understand their role in its implementation.
- ensuring all staff who need to know are aware of a child's condition.
- ensuring that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- overall responsibility for the development of individual healthcare plans and making the decision whether to proceed with one.
- Making sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- contacting the school nursing service in the case of any child who has a medical condition that may require support at school who has not yet been brought to their attention.

### **The Governing body**

The governing body is responsible for:

- making arrangements to support pupils with medical conditions in school
- ensuring that this policy is developed and implemented.
- ensuring that all pupils with medical conditions at this school are supported to enable the fullest participation possible in all aspects of school life.
- ensuring that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- ensuring that school staff who provide support to pupils with medical conditions are able to access the information and teaching support materials they need.

### **School health teams**

School health teams are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They may support staff on implementing a child's individual healthcare plan and provide advice and liaison.

### **Other healthcare professionals**

GPs and Paediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

Hospital and Outreach Education works with schools to support pupils with medical conditions to attend full time.

### **Staff training and support**

In carrying out their role to support pupils with medical conditions, school staff will receive appropriate training and support. Training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

Staff will not give prescription medicines or undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting pupils with medical conditions, and to make all staff aware of their role in implementing this policy. Information on how this school supports children with health needs is included in our induction procedure for all new staff.

### **Procedures**

#### **Notification**

Information about medical needs or SEN is requested on admission to the school. The school asks Parents / Carers to update the child's personal details on an annual basis and this includes a question about medical conditions requiring support at school. Furthermore, parents and carers are asked to keep the school informed of any changes to their child's condition or treatment.

Whenever possible, meetings with the parents/carers and other professionals are held before the pupil attends school to ensure a smooth transition into the class. When pupils enter the school, parents/carers are offered the opportunity of attending a personal interview with the school nurse. At this meeting parents can seek advice on the health of their child.

Information supplied by parents/carers is transferred to the Medical Needs Register which lists the children class by class. A summary of the class Medical Needs Register is kept inside the class teachers file so that it can be referred to easily. Support staff have summarised copies of the Medical Needs Register as they may be working with children from several different classes. A medical needs board is kept up to date in the staffroom with individual care plans. Fuller details are given on a 'need to know' basis. Confidentiality is assured by all members of staff.

On receiving notification that a pupil has a medical condition the member of staff notified will ask the parent / carer to provide written information regarding their child's medical condition. The information shared will allow the headteacher or appropriately delegated person to make an assessment of what next steps are required and whether urgent advice from the school nurse is needed.

Any medical concerns the school has about a pupil will be raised with the parents/carers and discussed with the school nurse. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances, the school, after consultation with the parent/carer, may write a letter to the GP (with a copy to the parents) suggesting a referral to a specialist consultant where a full paediatric assessment can be carried out.

### **Individual Healthcare Plans**

Not all children with medical needs will require an individual healthcare plan. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will take a final view. *A model letter inviting parents to contribute to individual healthcare plan development is provided at Appendix 1.*

Individual healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom. *A flow chart for identifying and agreeing the support a child needs, and developing an individual healthcare plan is provided at Appendix 2.*

Individual healthcare plans should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. *A template for individual healthcare plans is provided at appendix 3.*

Individual healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. Plans are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be referred to in their individual healthcare plan. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education, the school will work with the appropriate hospital school or the Hospital and Outreach Education to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

### **Pupils too ill to attend school**

When pupils are too ill to attend, the school will establish, where possible, the amount of time a pupil may be absent and identify ways in which the school can support the pupil in the short term (e.g. providing work to be done at home in the first instance). The school should make a referral to the Hospital and Outreach Education as soon as they become aware that a child is likely to be or has been absent for 15 school days. Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, Hospital and Outreach Education and the relevant medical professionals.

### **Medicines in school**

This school understands the importance of medication being taken and care received as detailed in the pupil's IHP. This school will make sure that there are several members of staff who have been trained to administer the medication and meet the care needs of an individual child. This school will not give medication to a child without a parent's written consent except in exceptional circumstances.

Medication may only be administered if prescribed by a healthcare professional. Medicines bought 'over the counter' may not be administered, except for a single dose of travel sickness medication required for the return journey of an educational visit and then only upon the explicit written consent of the parent.

Parents may be permitted to come into school during school hours to administer a single dose of analgesic and/or antipyretic medicine such as paracetamol or ibuprofen if they feel it is necessary. Medicines will only be administered at school when it would be detrimental to the pupil's health not to do so and where it is not clinically possible to arrange doses to be taken solely outside of school hours. When administering medication, for example prescribed pain relief or antibiotics, this school will check the maximum dosage and when the previous dose was given.

Children at this school will not administer their own medication, unless they have received appropriate training and it is the wish of the pupil and their parent. This will be recorded on their IHP. A member of staff must be present to supervise and be prepared to intervene if necessary to ensure the child's health and safety are not compromised.

Whilst pupils will be encouraged to keep themselves healthy, and self-care is to be promoted, this school recognises that some pupil's needs may be complex and some medical conditions can be fatal if not managed well.

If a pupil refuses to take their medication or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHP. Parents will be informed.

This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site educational visit and the needs of the pupil, associated risks and how these are to be managed will be included in the risk assessment for the visit.

The school only accepts **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 in its original container.

All medicines are stored safely. Children are informed of where their medicines are at all times and are able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away.

The school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container to which only named staff have access. Controlled drugs will be easily accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held in school. *A template for recording medicine administered to an individual child is provided at Appendix 5.*

School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. The school keeps a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. *A template for recording staff training on the administration of medicines is provided at Appendix 6.*

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

At St. Mary's Catholic Primary School, the majority of the medicines are kept in the office in a locked area with keys available with a number of staff. Any medicine that would be required in an emergency such as asthma inhalers are kept safely in the pupil's classroom (or in hall or outside during PE) with appropriate staff trained and administration documented appropriately.

### **Day trips, Residential and Sporting Activities**

Pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will consider how a child's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests. Adjustments may include ensuring that appropriately trained staff accompany the child and that any necessary medications are taken in the bag that contains the First Aid Kit and is kept with staff at all times (i.e. Not left on the coach).

### **Complaints**

If parents or pupils are dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

## **Appendix 1: Model letter inviting parents to contribute to individual healthcare plans**

Dear Parent/Carer,

### 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 pupil at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, which will set out what support your child needs, and how this will be provided. The plan will be developed in partnership between yourselves, your child, the school and the relevant healthcare professional, who will be able to advise us on your child's case. The aim of this partnership is that the school are aware of how to support your child effectively, and provide clarity about what needs to be done, when and by whom. The level of detail within the plan will depend on the complexity of your child's medical condition and the degree of support needed.

It may be that decision is made that your child will not need an individual healthcare plan, but we will need to make judgements about how your child's medical condition will impact on their ability to participate fully in school life, and whether an individual healthcare plan is required to facilitate this.

A meeting to discuss the development of your child's individual healthcare plan has been arranged for \_\_\_\_\_. I hope that this is convenient for you, and would be grateful if you could confirm if you are able to attend. The meeting will involve the following people: \_\_\_\_\_. Please let me know if you would like is to invite any other medical practitioners, healthcare professional or specialist that would be able to provide us with any other evidence which would need to be considered when developing the plan.

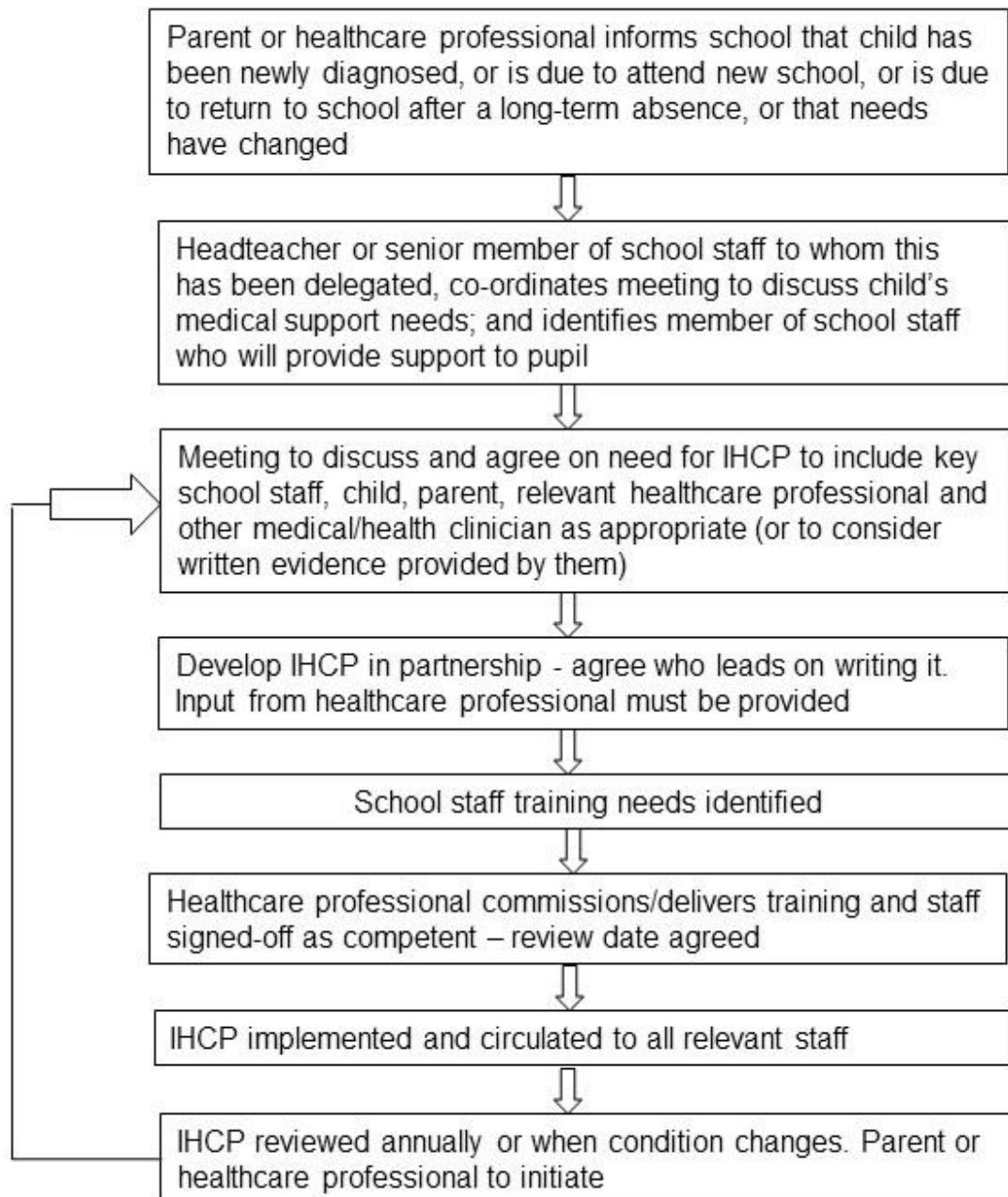
If you are unable to attend, please could you complete the attached individual healthcare template and return it, with any relevant evidence, for consideration at the meeting.

If you would like to discuss this further, or would like to speak to me directly, please feel free to contact me on the number below.

Yours sincerely,

Named person with responsibility for medical policy implementation

**Appendix 2: Flow chart for developing an individual healthcare plan**



## Individual Healthcare Plan Template

Individual Healthcare Plan	
Pupil's name:	
Address:	
Date of birth:	
Class teacher:	
Details of medical condition:	
Date plan drawn up: __/__/____	Review Date: __/__/____
Contact information	
Family Contact 1:	<p>Name:</p> <p>Relationship to pupil:</p> <p>Address:</p> <p>Phone number: (work): (home): (mobile):</p>
Family Contact 2:	<p>Name:</p> <p>Relationship to pupil:</p> <p>Address:</p> <p>Phone number: (work): (home): (mobile):</p>
GP:	<p>Name:</p> <p>Address:</p>

	Phone number:
Clinic/hospital contact:	Name: Phone number:

**Plan details**

Describe the medical condition and give details of the pupil's individual symptoms:

---

---

---

---

---

---

---

---

---

---

Describe daily care requirements, e.g. before sport or at lunchtime:

---

---

---

---

---

---

---

---

---

---

Describe what constitutes an emergency for the pupil, and the action to be taken if an emergency occurs:

---

---

---

---

---

---

---

Follow up care:

---

---

---

---

---

---

---



<b>Appendix 4: Parental agreement for school to administer medication</b>
---

The school will not give your child medication unless you complete and sign this form. The school has a policy where staff can administer medication.

Name of pupil	
Date of birth	
Group/class/form	
Medical condition or illness	

**Details of medication**

Name/type of medication (as described on container)	
Expiry date	
Dosage and method of administration	
Timing of administration	
Any special precautions or other instructions	
Can pupil self administer medication?	YES/NO
Procedures to take in an emergency	

**Note: medication must be stored in the original container as dispensed by the pharmacy**

**Contact details**

Name	
Relationship to pupil	
Daytime phone no	
I understand I must deliver the medication personally to the school office.	

Date of review \_\_\_\_\_

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

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix 5: Record of medication administered to an individual child**

Name of pupil	
Group/class/form	
Date medication provided by parent	
Quantity received	
Name and strength of medication	
Expiry date	
Dose and frequency of medication	
Quantity returned	

Staff signature: \_\_\_\_\_

Parent/carer signature: \_\_\_\_\_

Date						
Time given						
Dose given						
Name of staff members	Administer	Witness	Administer	Witness	Administer	Witness
Staff signature	Administer	Witness	Administer	Witness	Administer	Witness

Date						
Time given						
Dose given						
Name of staff members	Administer	Witness	Administer	Witness	Administer	Witness
Staff signature	Administer	Witness	Administer	Witness	Administer	Witness

Date						
Time given						
Dose given						
Name of staff members	Administer	Witness	Administer	Witness	Administer	Witness
Staff signature	Administer	Witness	Administer	Witness	Administer	Witness

Date						
Time given						

Dose given						
Name of staff members	Administer	Witness	Administer	Witness	Administer	Witness
Staff signature	Administer	Witness	Administer	Witness	Administer	Witness

Date						
Time given						
Dose given						
Name of staff members	Administer	Witness	Administer	Witness	Administer	Witness
Staff signature	Administer	Witness	Administer	Witness	Administer	Witness

Date						
Time given						
Dose given						
Name of staff members	Administer	Witness	Administer	Witness	Administer	Witness
Staff signature	Administer	Witness	Administer	Witness	Administer	Witness

Date						
Time given						
Dose given						
Name of staff members	Administer	Witness	Administer	Witness	Administer	Witness
Staff signature	Administer	Witness	Administer	Witness	Administer	Witness

Date						
Time given						
Dose given						
Name of staff members	Administer	Witness	Administer	Witness	Administer	Witness
Staff signature	Administer	Witness	Administer	Witness	Administer	Witness

**Appendix 6: Staff training record**

Name of staff member	
Type of training received	
Training provided by	
Profession and title	
Date training completed	

I confirm that \_\_\_\_\_ (*insert staff members name*) has received the training detailed above and is competent to carry out any necessary treatment/to administer medication.

I recommend that this training is updated \_\_\_\_\_

Trainer signature: \_\_\_\_\_

Date: \_\_\_\_\_

I confirm that I have received the training detailed above:

Staff signature: \_\_\_\_\_

Date: \_\_\_\_\_