



Supporting Pupils with Medical Conditions Policy

April 2021

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DOCUMENT CONTROL

Who is this policy for?

This policy applies to all Delta staff, students and AAB members.

This Policy Statement

The aim of this policy statement is to provide an overview of requirements around supporting children and young adults with medical conditions.

This policy statement and the supporting policy have been approved by ELT.

Protective marking

Not protectively marked.

Review date

This policy will next be reviewed before April 2024.

Revision History

REVISION	DATE	DESCRIPTION	AUTHOR
1	Apr 2021	Review of policy.	Sarah Gill
2			

1. DELTA STATEMENT OF INTENT

1.1 Delta is committed to ensuring that all children with medical conditions, in terms of both physical and mental health, 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.

2. KEY POINTS

2.1 Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

2.2 Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

2.3 AABs must ensure that arrangements are in place in schools to support pupils at school with medical conditions.

2.4 AABs should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

2.5 Some children with medical conditions may be disabled. Where this is the case AABs 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.

2.6 The focus should be on the needs of each individual child and how their medical condition impacts on their school life.

2.7 DELTA is responsible for ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.

3. DEFINITIONS

“Medication” is defined as any prescribed or over the counter medicine.

“Prescription medication” is defined as any drug or device prescribed by a doctor.

“**Staff member**” is defined as any member of staff employed at a DELTA Academy, including teachers.

For further information on the matters contained in this policy please see the DfE statutory guidance <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

4. KEY ROLES AND RESPONSIBILITIES

4.1 The AAB is responsible for:

- overseeing the overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures at the Academy;
- ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation;
- handling complaints regarding this policy as outlined in the DELTA Complaints Policy;
- ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life;
- ensuring that staff members who take on responsibility to support children with medical conditions receive appropriate and up to date training.

4.2 The Principal is responsible for:

- the day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures in the academy;
- ensuring implementation of the policy is developed effectively with partner agencies;
- ensuring that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy;
- ensuring that written records of any and all medicines administered to **individual pupils** and **across the school population**;
- making staff aware of this policy;
- liaising with healthcare professionals regarding the training required for staff;
- making staff, who need to know, aware of a child's medical condition;
- ensuring Individual Healthcare Plans (IHCPs) are developed;
- ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations;

- ensuring the school nursing service is contacted in the case of any child who has a medical condition;
- ensuring a named staff member, who has received appropriate training, is responsible for administering injections.

4.3 Staff members are responsible for:

- taking appropriate steps to support children with medical conditions;
- where necessary, making reasonable adjustments to include pupils with medical conditions in lessons;
- administering medication, if they have agreed to undertake that responsibility;
- undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility;
- familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.

4.4 School nurses are responsible for:

- notifying the school when a child has been identified as requiring support in school due to a medical condition;
- liaising locally with lead clinicians on appropriate support.

4.5 Parents and carers are responsible for:

- keeping the school informed about any changes to their child/children's health;
- completing a parental agreement for school to administer medicine form before bringing medication into school;
- providing the school with the medication their child requires in the original packaging which is labelled with the child's name and details and keeping it up to date;
- collecting any leftover medicine at the end of the course or year;
- discussing medications with their child/children prior to requesting that a staff member administers the medication;
- where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the Headteacher, other staff members and healthcare professionals.

5. TRAINING OF STAFF

5.1 Teachers and support staff will receive the Supporting Pupils with Medical Conditions Policy as part of their new starter induction.

5.2 Teachers and support staff will receive regular and on-going training as part of their CPD.

5.3 There must be a named clinical lead for this training.

5.4 No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility.

5.5 No staff member may administer drugs by injection unless they have received training in this responsibility.

5.6 The Principal will ensure a record of training undertaken and a list of teachers and support staff qualified to undertake responsibilities under this policy is maintained.

6. THE ROLE OF THE CHILD

6.1 Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.

6.2 Where possible, pupils will be allowed to carry their own medicines and devices (inhalers). Where this is not possible, their medicines will be located in an easily accessible location and they will be made aware of which staff can access this.

6.3 If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.

6.4 Where appropriate, pupils will be encouraged to take their own medication under the supervision of a teacher or allocated member of support staff.

7. INDIVIDUAL HEALTHCARE PLANS (IHCPs)

7.1 Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil, parents/carers, Headteacher, Special Educational Needs Coordinator (SENCO) and medical professionals.

7.2 IHCPs will be easily accessible whilst preserving confidentiality.

7.3 IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

7.4 Where a pupil has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.

7.5 Where a child is returning from a period of hospital education, alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate into the Academy.

8. MANAGING MEDICINES ON SCHOOL PREMISES

8.1 Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.

8.2 If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a consent form.

8.3 No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.

8.4 Where a pupil is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.

8.5 No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.

8.6 Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.

8.7 A maximum of four weeks supply of the medication may be provided to the school at one time.

8.8 Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under the DELTA Drug and Alcohol Policy.

8.9 Medications will be stored safely and securely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.

8.10 Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside school premises e.g. on school trips.

8.11 Any medications left over at the end of the course will be returned to the child's parents.

8.12 The Academy cannot be held responsible for side effects that occur when medication is taken correctly.

9. RECORD KEEPING

9.1 Written records must be kept of any medication administered to children. Recommended templates are provided in the appendices supporting this document.

9.2 Parents should be informed if their child has been unwell at school.

10. DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

10.1 The Academy will actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

10.2 The Academy will make arrangements for the inclusion of pupils in such activities with any reasonable adjustments unless evidence from a clinician such as a GP states that this is not possible.

10.3 For detailed procedures to be followed, please refer to the Inclusion section in DELTA's Learning Outside the classroom policy. Please note that DELTA requires a risk assessment to be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included in planned learning outside the classroom. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

11. EMERGENCIES

11.1 Medical emergencies will be dealt with under the school's emergency procedures.

11.2 Where an Individual Healthcare Plan (IHCP) is in place, it should detail:

- What constitutes an emergency;
- What to do in an emergency.

11.3 Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.

11.4 If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

12. AVOIDING UNACCEPTABLE PRACTICE

12.1 The Academy understands that the following behaviour is unacceptable:

- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents.
- Ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school
- Sending the pupil to the medical room or school office alone if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support.
- Creating barriers to children with medical conditions participating in school life, including in school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

13. INSURANCE

13.1 Teachers who undertake responsibilities within this policy are covered by DELTA's public liability insurance.

13.2 Full written insurance policy documents are available to be viewed at The Academy.

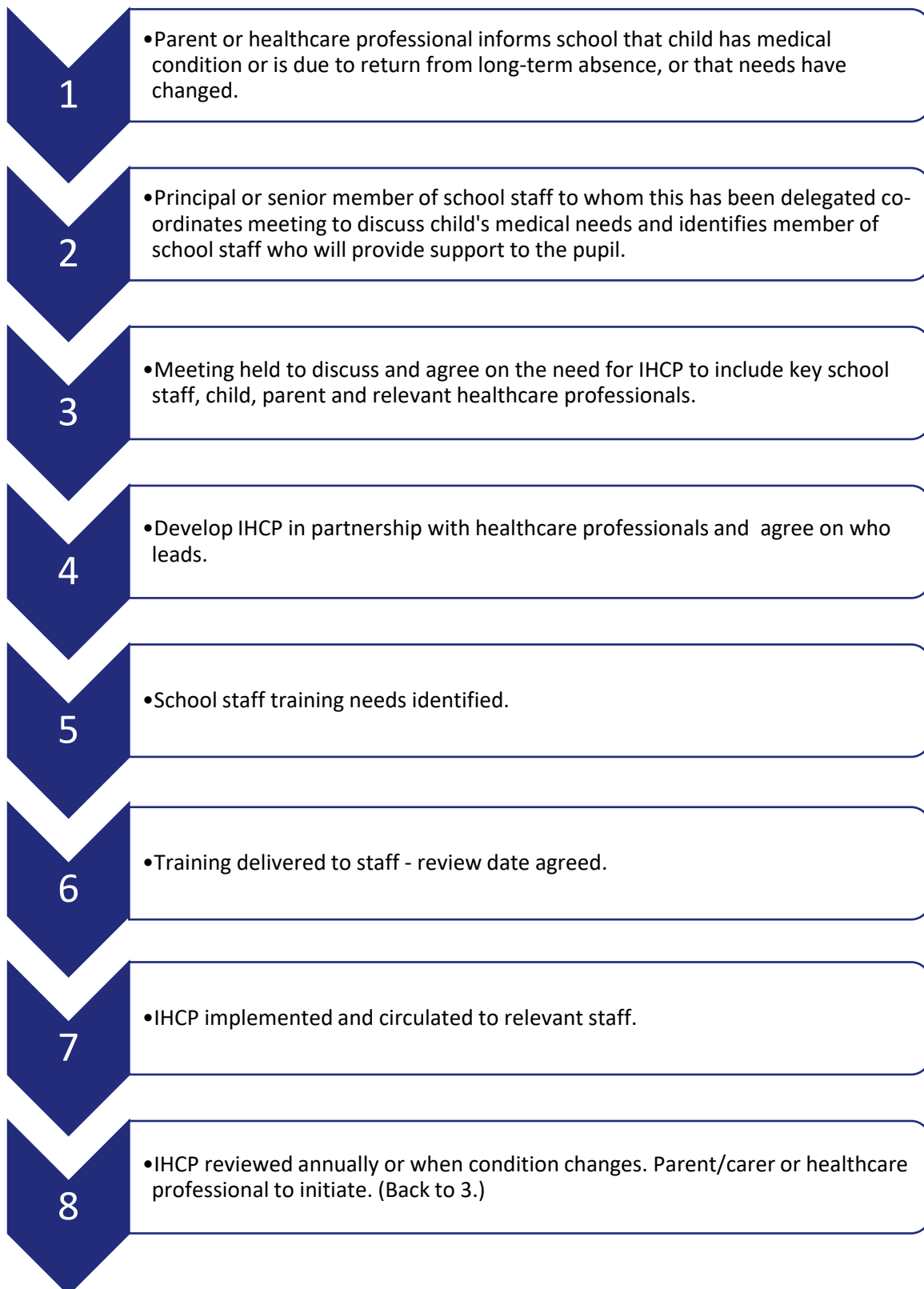
14. COMPLAINTS

14.1 Any complaints about the operation of this policy will be dealt with in accordance with the DELTA Complaints Policy. This can be found on the Academy website.

15. MONITORING AND REVIEW

15.1 This policy will be reviewed every three years or more frequently, if the relevant legislation changes.

APPENDIX 1 – INDIVIDUAL HEALTHCARE PLAN IMPLEMENTATION PROCEDURE



APPENDIX 2 – INDIVIDUAL HEALTHCARE PLAN TEMPLATE

Name of Academy Individual Health Care Plan	
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.

Location of where the medication is stored.

Name of staff members with access to the medication store.

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information.

Is a Personal Emergency Evacuation Plan required? PEEP

Date completed

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 – PARENTAL AGREEMENT FOR A SCHOOL TO ADMINISTER MEDICINE TEMPLATE

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

Name of Academy Medicine Administering Form

Date for review to be initiated by

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

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

Add name of 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 _____

(Parent)

Signature(s) _____

Date _____

(Academy)

APPENDIX 4 – RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD TEMPLATE

Name of Academy Record of Medicine Administered to an Individual Child

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	
Where medication is stored and who has access.	

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

Date

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Staff initials

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APPENDIX 6 – 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 [add 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 by [add 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 – 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.

- Your telephone number - **add phone number**
- Your name
- Your location as follows: **add full address**
- The satnav postcode (if different from the postal code). **Add postcode**
- The exact location of the patient within the school
- The name of the child and a brief description of their symptoms / details of any medication given (e.g. EPI Pen)
- The best entrance to use and state that the crew will be met and taken to the patient

Put a completed copy of this form by the phone.

APPENDIX 8 – MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO INDIVIDUAL HEALTHCARE PLAN DEVELOPMENT

Dear Parent

Re: 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 with the school, parents/carers, pupils, and the relevant healthcare professional 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 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 [INSERT]. 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 include [add details of team]. 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 add name of other staff lead] would be happy for you contact me/them [DELETE AS NECESSARY] by email or to speak by phone if this would be helpful.

Yours sincerely

Name of Principal

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