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SUPPORTING CHILDREN WITH MEDICAL CONDITIONS IN SCHOOL

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*Date:* March 2023  
*Policy Review Cycle:* Annually  
*Review Assigned to:* Conyers School

## **Introduction**

This policy framework describes the essential criteria for how a school can meet the needs of children and young people with long-term conditions. It is in line with DfE statutory guidance on Supporting Pupils with Medical Conditions (December 2015) for governing bodies of maintained schools and proprietors of academies in England.

The Governing Body have a statutory duty to ensure that arrangements are in place to support students with medical conditions. To ensure this, the Governors delegate the day-to-day responsibility for the implementation of this policy to the Chair of the Governing Body.

Children with medical conditions are provided with the same opportunities and access to activities (both school based and out of-school) as other students. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

As a Rights Respecting School, this policy indicates our commitment to the UNCRC and, for this policy in particular, Article 24 which states that children have the right to the best health care possible.

## **Aims**

We aim to ensure that all children with medical conditions, including physical and mental health, are supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.

We recognise our duties as detailed in Section 100 of the Children and Families Act 2014. Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, we comply with our duties under this Act. Some children may also have special educational needs or disabilities (SEND) 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. For children with SEND, this policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

School is committed to ensuring that:

- the views of students, parents/carers are listened to;
- children and parents/carers/ feel confident in the care they receive from this school and the level of that care meets their needs;
- staff understand the medical conditions of students at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence;
- all staff understand their duty of care to children and young people and know what to do in the event of an emergency;
- the whole school & local health community understand and support the medical conditions policy;
- staff understand that all children with the same medical condition will not have the same needs, our school will focus on the needs of each individual child.

## **Principles**

Parents/carers are required to complete an admissions form advising of any medical conditions for which their child may require support whilst at school. It is the responsibility of parents/carers to advise school of any changes to their child's condition.

Relevant staff are aware of individual children's medical conditions and the plan that is in place to support them, including what to do in an emergency.

Staff providing support to a student receive suitable training, which is refreshed as necessary, and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the student's individual healthcare plan (IHP). This is provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer who must confirm their competence. School nurses provide training for common conditions e.g. asthma, allergies, epilepsy and diabetes. A record of all training undertaken and by whom is maintained by the school.

### **Individual Healthcare Plans**

Individual Healthcare Plans (IHPs) 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.

IHP's will be drawn up in partnership between the school, parents and a relevant healthcare professional e.g. school, specialist or community nurse who can best advise on the particular needs of the child. Input from paediatricians or other specialist medical agencies may need to be sought, depending on the level and/or complexity of need. Dialogue between all relevant parties should enable a decision to be made as to whether an IHP is required, based on all available evidence, or whether such an approach would be inappropriate or disproportionate.

Students may also be involved where appropriate. The aim is to capture the steps which need to be taken in order to help the child manage their condition and overcome any potential barriers to getting the most from their education.

Partners should agree who will take the lead in writing the IHP, but responsibility for ensuring it is finalised and implemented rests with the school.

On receipt of a new diagnosis of a medical condition, every effort should be made to ensure that suitable arrangements are put in place as soon as possible. Schools do not need to wait for a formal diagnosis before providing support to students. In cases where information about a medical condition is unclear, or where there is a difference of opinion, judgements would be needed about what support to provide based on the available evidence. This would usually involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support is put in place.

Relevant staff will be made aware of IHPs. A copy of the current IHP will be held by the school/parent/carer and, where relevant, a healthcare professional. The IHPs will accompany the child on any out-of-school activities.

IHPs are regularly reviewed, at least every year or whenever the student's needs change.

### **Emergency Procedures**

Despite the best planning and assessment of risk, emergencies can happen in a school. In terms of managing chronic medical conditions and/or acute medical needs, the school has an obligation to set out procedures for an emergency situation.

School should be aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school actively works towards reducing or eliminating health and safety risks.

Where the child is subject to an IHP, the plan will clearly define what constitutes an emergency and explain what needs to be done to safeguard the child's wellbeing, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students and staff in the school should know what to do in general terms, such as informing relevant persons immediately if they think help is needed.

If any child needs hospital treatment and a 999 call is warranted, the call will be made to the emergency services and then to parents. A member of staff will stay with the child until parents arrive or will accompany a child taken to hospital by ambulance. Staff will not take students to hospital in their own car. The IHP will accompany a student should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP with emergency care settings.

We are committed to identifying and reducing risks both at school and on out-of-school visits. Staff should be given training and information on medical conditions which includes avoiding/reducing exposure to common triggers.

The IHP details an individual student's triggers and details how to make sure the student remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking account of students with medical needs.

School should review all medical emergencies and incidents to see how they could have been avoided, and changes made to school policy according to these reviews.

### **Administering and Storage of Medication in School**

School should ensure that children with medical conditions receive proper care and support at school. Whilst any member of staff could be asked to provide support to students with medical conditions (including the administration of medication), a member of staff cannot be compelled to do so. Whilst the administration of medication is not part of a teacher's professional duties, staff should consider the needs of students with medical conditions that they teach.

Medication should only be administered in school where it would be detrimental to the child's health or school attendance not to do so.

- Medication will only be accepted into school if it has been prescribed by a Doctor. Exceptions to this rule do apply – contact the Headteacher to discuss this.
- Medication will NOT be accepted if it is not in the original pharmacy packaging. An exception to this requirement is insulin where an insulin pen might be provided to the school – this might not be in its original packaging but must still be within its expiry date.
- Medication will NOT be accepted without parent/ carer consent (see Appendix 3).
- Only reasonable quantities of medication will be accepted into school (for example, a maximum of one weeks' supply at any one time. The Headteacher has discretion over what constitutes a reasonable quantity and will assess this on a case-by-case basis.
- Where clinically possible, medicines should be prescribed in dose frequencies which allow them to be taken outside of school hours (see below).
- Where a course of antibiotics or similar medicine has been prescribed in three doses to be spaced over the course of a day, the Governing Body has determined that this can reasonably be accommodated by parents in the home environment and, as a result, any request to administer such medication will be refused. Where a course of medication requires four doses spaced across the day, school will agree to administer such medicines, subject to the provisos contained in this policy.
- Each item of medication must be received by the Medication Lead person and NOT sent in with children in their bags.
- Each item of medication should have the original pharmacy label affixed which should state the following:
  - o Name of student
  - o Name of medication
  - o Dosage
  - o Dosage frequency
  - o Date of dispensing
  - o Storage requirements (where applicable)

o Expiry date

- The school will NOT accept items of medication in unlabelled containers.
- Unless otherwise indicated, all medication to be administered in school will be kept in a locked fridge, cabinet or cupboard. There are exceptions to this rule: for example, salbutamol inhalers should be readily available for asthmatics and midazolam (although a controlled drug) should be readily available for the treatment of epilepsy as stated in an Individual Healthcare Plan.
- The school will keep a record of when medication has been administered to a child (date/time): this record will be signed by the person administering the medication and also by a witness who has observed the process.
- Where indicated on the IHP or medication permissions form (Appendix 2 or 3), a child may self-administer their medication where they are capable of doing so, under staff supervision.
- It remains the responsibility of the parent/carer to inform the school if there is a change in the medication, a change in dosage amount/frequency or the medication is to be discontinued.
- When a course of medication is completed, the packaging and any left-over medication will be returned to the parent/carer and signed off by the parent/carer and a member of staff.
- If for any reason medication remains uncollected within 14 days of a parent being requested to do so, the medicine will be returned by school to a pharmacy for destruction.
- Staff who have agreed to assist in the administering of medication will receive appropriate training/guidance. Staff are indemnified through the school's insurance policy (arranged via The 1590 Trust) for all authorised administration of medication.
- Where non-prescription medicine is requested to be administered during school time, this remains the responsibility of the parent/carer and they should make arrangements to come into school to administer the medicine. No member of school staff will agree to administer non-prescription medicine.
- School disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

### **Unacceptable Practice**

In line with DfE non-statutory guidance, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents (or ignore medical advice or opinion) – this may, however, 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 IHCPs;
- Prevent children 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 for their child, including toileting issues.;
- Prevent children from participating, or create unnecessary barriers to children participating, in any aspect of school life, including school trips.

### **Complaints Procedures**

Should parents or students be dissatisfied with the support provided they should discuss these concerns with the Headteacher.

If a parent/carer is dissatisfied with the outcomes of any meeting with the Headteacher, they should follow the school's established Complaints procedure and outline the details of their complaint to the Chair of Governors.

### **Inclusion**

We ensure that the whole school environment is inclusive and favourable to students with medical conditions. This includes the physical environment, as well as social, sporting and educational activities. We are committed to providing a physical environment accessible to students with medical conditions and students are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.

School makes sure the needs of students with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities. Staff are aware of the potential social problems that students with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.

School makes sure that students with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

### **Out of School Activities/Extended School Day/Residential Visits**

We understand the importance of all students taking part in off site visits and physical activity and make reasonable and appropriate adjustments to such activities in order they are accessible to all students. This includes out-of-school clubs and team sports.

Staff meet with parents, students and relevant healthcare professionals prior to any overnight or extended day visits to discuss and make alterations to any plans that are in place to support that child. This is recorded on the child's IHP which should accompany them on the trip.

Risk assessments are carried out for all school activities, taking into account the needs of students with medical conditions. These are conducted as part of the planning process to take account of any additional controls required for individual student needs. School will ensure that a trained member of staff is available to accompany a student with a medical condition on an off-site visit.

Staff are aware that students should not be forced to take part in activities if they are unwell. They should also be aware of students who have been advised to avoid/take special precautions during activity, and the potential triggers for a student's medical condition when exercising and how to minimise these.

Where advice from a GP or other clinician states that a child's participation in a specific activity, trip or residential visit would be detrimental to the child's health or that the child should not take part for another specified reason, the school cannot reasonably be expected to adjust the planned activity to include the student and therefore the student would not be able to participate.

Staff should make sure that students have the appropriate medication/equipment/food with them during physical activity and offsite visits.

### **Attendance**

All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a student's medical condition.

School will not penalise students for their attendance if their absences relate to their medical condition.

### **Special Educational needs**

School will refer students with medical conditions who are finding it difficult to keep up educationally to the SENCO who will liaise with the student (where appropriate), parent/carer and the student's healthcare professional.

### **Partnerships**

School works in partnership with all relevant parties including the student (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

Key roles and responsibilities are outlined in Appendix 1.

How this policy will be monitored: Monitoring of the effectiveness of IHPs.

## Appendix 1

### Roles and responsibilities

**Governing body** – must make arrangements to support students with medical conditions in school, including making sure that a policy for supporting students with medical conditions in school is developed and implemented. They should ensure that students with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to students with medical conditions are able to access information and other teaching support materials as needed.

**Headteacher** – should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support students in this way. They should contact the school nursing service in the case of any child 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.

**School staff** – any member of school staff may be asked to provide support to students with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of students with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

**School nurse** – every school has access to school nursing services. They 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 will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

**Other healthcare professionals** - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school nurse and work jointly 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. Anyone dealing with the medical care of a student in school should contact the named school nurse for that school to ensure a coordinated approach.

Students – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other students will often be sensitive to the needs of those with medical conditions.

**Parents/carers** – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

## Appendix 2

### Individual healthcare plan

Name of school/setting	
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Child's Name	
Tutor Group	
Date of Birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

### Family Contact Information

Name	
Relationship to child	
Telephone No. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Telephone No. (work)	
(home)	
(mobile)	

**Clinic/Hospital Contact**

Name	
Telephone No.	

**G.P.**

Name	
Telephone No.	

Person 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**

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

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**Daily care requirements**

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

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**Arrangements for school visits/trips etc**

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**Other information**

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**Describe what constitutes as an emergency and the action to take if this occurs**

**Who is responsible in an emergency (state if different for offsite activities)**

**Plan developed with**

**Staff training needed/undertaken – who, what, when**

## **Contacting emergency services**

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

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