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**Supporting pupils with Medical Conditions**

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| **Approved by:** | [Name] | **Date:** [Date] |
| **Last reviewed on:** | 02.09.24 | |
| **Next review due by:** | [Date] | |

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**1.Aims**

This policy aims to ensure that:

* Student, staff, and parents understand how our school will support students with medical conditions.
* Students with medical conditions are properly supported to allow them to access the same education as other students, including trips and sporting activities.

The governing body will implement this policy by:

* Making sure sufficient staff are suitably trained.
* Making staff aware of student’s conditions, where appropriate.
* Making sure there are cover arrangements to ensure someone is always available to support students.
* Providing supply teacher with appropriate information about the policy and relevant students
* Developing and monitoring individual health care plans. (IHP’s)

The Named person for implementing this policy is Jackie Henderson

**2. Legislation and statutory responsibilities**

This policy meets the requirement under section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting students at their school with medical conditions.

It is also based on the Department of Education (DfE) ‘s statutory guidance on supporting students with medical conditions at school.

**3. Roles and responsibilities**

**3.1 The governing body**

The governing body has the ultimate responsibility to make arrangements to support students with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting students with medical conditions.

**3.2 The head teacher**

**The head teacher will:**

* Make sure all staff are aware of this policy and understand their role in its implementation.
* Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual health care plans (IHP)’s, including contingency and emergency situations.
* Ensure that all staff who need to know are aware of a child’s condition.
* Take overall responsibility for the development of IHPs.
* Make sure all school staff are appropriately insured and aware that they are insured to support students in this way.
* Contact the school nursing service in case of any student who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
* Ensure that systems are in place for obtaining information about a child’s medical needs and that this information is kept up to date.

**3.3 Staff**

Supporting students with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to students with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support students with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will consider the needs of student with medical conditions they teach. All staff will know need to do and respond accordingly when they become aware that a student with medical conditions needs help.

**3.4 Parents**

**Parents will:**

* Provide school with sufficient and up-to date information about how their condition affects them. Students should be fully involved in discussions about their medical needs.
* Be involved in the development and review of their child’s IHP and may be involved in its drafting.
* Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

**3.5 Students**

Students with medical conditions will often be best place to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

**3.6 School Nurses and other health care professionals.**

Our school nursing service will notify the school when a student has been identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible IHP.

Health care professionals, such as GP’s and paediatricians, will liase with the schools’ nurses and notify them of any students identified as having a medical condition. They may also provide advice on developing IHPs.

**4 Equal Opportunities**

our school is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

Music Stuff will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits, and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents and any relevant health professionals will be consulted.

**5 Being notified that a child has a medical condition.**

When the school is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for students who are new to Music Stuff.

**6. Individual Healthcare Plans (IHPs)**

The headteacher has overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to the Deputy Headteacher.

Plans will be reviewed at least annually or earlier if there is evidence that the students need have changed.

Plans will be developed with the student’s best interests in mind and will set out:

* What needs to be done.
* When.
* By whom

Not all students with medical conditions will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the head teacher will make the final decision.

Plans will be drawn up in partnership with the school, parents, and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on student’s specific needs. The student will be involved whenever appropriate.

IHP’s will be linked to or become part of any education health care (EHC) plan. If a student has SEN but does not have an EHC plan the information will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child’s condition and how much support is needed. The governing body and the head teacher and staff member with responsibility for developing IHP’s, will consider the following when deciding what information to record on the IHPs.

* The medical condition, its triggers, signs, symptoms, and treatments.
* Students 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, travel time between lessons.
* Specific support for students with educational, social and emotional needs. For example, how absence will be managed.
* The level of support needed, including in emergencies. If a student is self-managing their medication, this will 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 student’s medical condition forma healthcare professions, and cover arrangements for when they are unavailable.
* Who within the school needs to be aware of the student’s medical condition and support required.
* Arrangements for written permission from parents and the headteacher for medication administered by a member of staff or self-administered by the student during school hours.
* Separate arrangements or procedures required for school trips and other school activities outside of the normal working timetable that will ensure the student can participate e.g., Risk assessments.
* Where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student’s condition.
* What to do in an emergency, including who to contact, and contingency arrangements.

**7 Managing Medicines**

Prescription and non-prescription medicines will only be administered at school:

* When it would be detrimental to the student’s health or school attendance not to do so.
* Where we have parents written consent.

**The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parents.**

Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a student any medication (for example, for pain relief) will first check the maximum dosages and when the previous dose was taken. Parents will **always** be informed.

The school will only accept prescribed medicines that are:

* In-date
* Labelled
* Provided in the original container as dispensed by the pharmacist and include instruction for administration, dosage, and storage.

The school will accept insulin that is inside the insulin pen or pump rather than its original container however it must be in date.

All medicines will be stored safely. Students will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing metres and adrenaline pens will always be available to students but not locked away.

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

**7.1 controlled drugs**

Controlled drugs are prescription medicines that are controlled under the **Misuse of Drugs Regulations 2001** and subsequent amendments such as morphine or methadone.

A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it on to another student to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff to have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

**7.2 student managing their own needs.**

Students who are competent will be encouraged to take for managing responsibility for managing their own medicines and procedures. This will be discussed with parents and will be reflected in their IHPs.

Students will be able to carry their own medicines and relevant devices wherever possible. Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered if necessary.

**7.3 Unacceptable practice**

School staff should use their discretion and judge each case individually with reference to the students IHP, but it is generally not acceptable to :

* Prevent students from easily accessing their inhalers and medications and administering their medication when and where necessary.
* Assume that every student with the same condition requires the same treatment.
* Ignore the views of the student or their parents.
* Ignore medical evidence or opinion (although this may be challenged)
* Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs.
* If the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
* Penalise students for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
* Prevent students from drinking, eating, or taking toilet or other breaks whenever they need to in order manage their medical condition effectively.
* Require parents, 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 should have to give up working because the school is failing to support their child’s medical needs.
* Prevent students from participating, or create unnecessary barriers to students participating in any aspect of the school life including school trips, e.g. by requiring parents to accompany their child.
* Administer or ask students to administer medicine in the school toilets.

**8 Emergency procedures**

Staff will follow the school’s normal emergency procedures (for example calling 999). All students IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a student needs to be taken to hospital, staff will stay with the student until the parent arrives or accompany the student to hospital by ambulance.

**9 Training**

Staff who are responsible to for supporting students with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to students will be included in meetings where this is discussed.

The relevant health care professionals will lead on identifying the type of level of training required and will agree this with the headteacher, training will be kept up to date.

Training will:

* Be sufficient to ensure that staff are competent and have confidence in their ability to support the students.
* Fulfil the requirements in the IHPs.
* Help staff to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Heath care professional will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10 Record keeping

The governing body will ensure that written records are kept of all medicine administered to students for as long as these students are in school. Parents will be informed if their child is unwell in at school.

**11 Liability and indemnity**

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school level of risk.

**12 Complaints**

Parents with a complaint about the school’s actions regarding their child’s medical condition should discuss these directly with the head teacher in the first instance. If the head teacher cannot resolve the matter, they will direct parents to the school’s complaints procedure.

**13 Monitoring arrangements**

This policy will be reviewed an approved by the governing board every 2 years.

**14 links to other policies**

This policy links to the following polices:

* Accessibility plan
* Complaints
* Equality information and objectives
* First aid
* Health and safety
* Safeguarding
* Special education needs policy.

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Individual health care plan

|  |  |
| --- | --- |
| Centre Name |  |
| Students name |  |
| Year group |  |
| Date of birth |  |
| Students address |  |
| Medical diagnosis |  |
| Date |  |
| Review date |  |

Family contact information

|  |  |
| --- | --- |
| Name |  |
| Phone number (work) |  |
| Home |  |
| Mobile |  |
| Address if different from student |  |
| Name |  |
| Phone number work |  |
| Home |  |
| Mobile |  |
| Address if different from student |  |

Clinic/hospital contact

|  |  |
| --- | --- |
| Name |  |
| Phone no. |  |

GP

|  |  |
| --- | --- |
| Name |  |
| Phone number |  |

Describe medical needs and give details of childs symptoms, triggers, signs, treatment, 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 with/without supervision

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Daily care requirements

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Specific support for students with educational needs, 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 and emergency, and action to take if this occurs.

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Who is responsible in an emergency *(state if different for off-site activities)*

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Plan developed with

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Staff training needed/undertaken – who, what, when

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**Appendix 2**

**Parental agreement for school to administer medicine.**

Music stuff will not give your child medicines unless you complete and sign this form. Music stuff has a policy that the staff can administer medicine.

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| --- | --- |
| Date for review to be initiated by |  |
| Centre name |  |
| Name of child |  |
| Date of birth |  |
| Year group |  |
| Medical condition/illness |  |

Medicine

|  |  |
| --- | --- |
| Name/type of medicine  (as described on the container) |  |
| Expiry date |  |
| Dosage and method |  |
| Timing |  |
| Special instructions/precautions |  |
| Are there any side effects that school need to be aware of? |  |
| Self-administration Y/N |  |
| Procedures to be taken in and 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 medicine personally to ……………………………  (*student name)* | Agreed member of staff name : |

The above information is, to the best of my knowledge, accurate at the time of writing, I give my consent to Music Stuff staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing if there are any changes in dosage, frequency of the medication or if the medicine is stopped.

Signature(s) ………………………………………………… Date…………………………………………………….

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**Record of medicine administered to an individual child**

|  |  |
| --- | --- |
| **Centre** |  |
| **Name of child** |  |
| **Date medicine provided by parent/carer** |  |
| **Year group** |  |
| **Quantity received** |  |
| **Name and strength of medicine** |  |
| **Expiry date** |  |
| **Quantity returned** |  |
| **Dose and frequency of medicine** |  |

**Staff signature ……………………………………………..**

**Parent signature …………………………………………**

**Appendix 4**

**Name: Medication: A blue and white logo

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| **Date:** | **Time:** | **Administered By:** | **Witnessed By:** |
| --- | --- | --- | --- |
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**Appendix 5**

**Record of medicine administered to all students**

**Centre ……………………………………………..**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Name of child** | **Time** | **Name of medicine** | **Dose given** | **Any reactions** | **Sig of staff** | **Print name** |
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**Staff training record – administration of medicines**

|  |  |
| --- | --- |
| **Centre** |  |
| **Name** |  |
| **Type of training received** |  |
| **Date of training completed** |  |
| **Training provided by** |  |
| **Profession and title** |  |

I confirm that (name of staff member) has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training updated (date)

Trainers signature ……………………………………..

Date ………………………………………

I confirm that I have received the training detailed above.

Staff signature…………………………………..

Date …………………………………………………

Suggested review date ………………………