



Policy for Supporting Pupils at School with Medical Conditions



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1. Purpose

This school is an inclusive community that welcomes and supports pupils with medical conditions. This school provides all pupils with any medical condition the same opportunities as others at school. We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing once they leave school.

The school makes sure all staff understand their duty of care to children and young people in the event of an emergency. All staff feel confident in knowing what to do in an emergency. This school understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood. This school understands the importance of medication and care being taken as directed by healthcare professionals and parents. All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils. The named member of school staff responsible for this medical conditions policy and its implementation is

The Trustees and Academy Trust will implement the policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

This policy meets the school's statutory requirements under section 100 of the [Children and Families Act 2014](#) which places a 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.

This Policy pays due regard to the Department for Education's statutory guidance [Supporting pupils at school with medical conditions](#).

2. Roles & Responsibilities

2.1 The Trustees and Academy Trust

The Trustees and Academy Trust must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure

that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

2.2 Parents

Parents will provide the school with sufficient and up-to-date information about their child's medical needs. A parent will be asked to give consent separately to each individual requirement of meeting a pupil's needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents 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. Where a child is identified as having complex health needs which may require additional staff funding, or the management of more specialised equipment please consult the NCC Guidance for managing Children and Young People with complex medical care needs in educational settings. Parents will also be responsible for the safe disposal of any medications and sharp boxes.

2.3 The Headteacher

The Headteacher will 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 pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child's condition, 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. When employing staff the Headteacher will include the management and administration of medicines and associated tasks within their job descriptions to ensure a sufficient number of staff are employed to carry out this role.

The Head Teacher will ensure that staff who help pupils with their medicines are competent

The Headteacher has overall responsibility for the individual healthcare plans and will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Headteacher will ensure that contact is made with Norfolk health care professionals (HCP) in cases where further guidance to support the management of the pupil's health need is required. This may include signposting to other HCP or organisations.

2.4 Pupils

Pupils 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. If a pupil refuses to take a medicine, staff should not force them to do so. The child has the right to say 'no'. This should be noted in the records and staff should follow procedures to inform parents or carers.

2.5 School Staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering 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 pupils 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 pupil with a medical condition needs help. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).

All school staff are responsible for ensuring that pupils with epilepsy are monitored, 'eyes on' (in sight of an adult at all times), during the school day. It is the teacher's responsibility to nominate a named member of the team to have this responsibility.

2.6 Norfolk HCP team

The school has access to school nurses and other health practitioners via the Just One Number (0300 300 0123) Single Point of Access: www.justonenorfolk.nhs.uk. Schools can contact the service for advice and support when a young person has a health condition and needs additional support and advice. Where a health condition is impacting on school attendance, schools can also refer young people for a Health assessment to help explore the impact of their health needs. Where a child is already open to more specialist/community nursing or medical services, the HCP team may recommend liaison with the specialist service in the first instance. School/community/specialist nursing services may be able to provide advice on developing individual healthcare plans and support associated staff training needs. The Children & Young People's Health Services (Norfolk HCP) website also offers a range of online information and resources for children, young people, families and professionals: www.justonenorfolk.nhs.uk/our-services

2.7 Other Healthcare Professionals

Other healthcare professionals, including GPs, paediatricians and mental health professionals, may communicate with schools when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

3. Staff Training & Support

Any member of school staff providing support to a pupil with medical needs should have received suitable training. Therefore, any staff e.g. supply staff, that have not

received the required training will not be expected to administer medication. The Headteacher will ensure training is updated regularly for staff that administer medicines to students.

The school offers comprehensive training in the following medical conditions:

- Gastrostomy Care
- Jejunostomy Care
- Epilepsy Awareness and supporting children that may require Buccal
- Diabetes
- First Aid
- EpiPen training
- Nasogastric Tube Care
- Transdermal Patches
- General admin on meds
- Stoma Bags
- Pupil specific training
- Staff are made aware of other relevant policies including those with complex medical care needs and intimate care needs.

It is the responsibility of the school nurse to facilitate the appropriate training for school staff on the administration of medications, and to oversee the general procedures for administering medication. Where specific training is needed to administer a medicine or carry out a procedure, only staff who have been given appropriate training *and* have demonstrated their competence, will be permitted to do this. Evidence of competence needs to be confirmed by a health professional.

Any complementary therapies desired by the parent/carer should be discussed and a proper and reasonable decision made by the Head teacher in consultation with the medical and nursing staff.

4. Managing Medicine on School Premises

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

- no child under 16 will be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality
- the school has clear arrangements in which non-prescription medicines may be administered
- children under 16 will never be given medicine containing aspirin unless prescribed by a doctor
- medication, e.g. for pain relief, will not be administered without first checking maximum dosages and when the previous dose was taken or without first informing parents
- where clinically possible, the school will seek to ensure that parents request that medicines are prescribed in dose frequencies which enable them to be taken outside school hours schools will only accept prescribed medicines if

these 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 to schools inside an insulin pen or a pump, rather than in its original container.

These ensure the “six rights” are upheld - ***the right pupil, the right drug, the right dose, the right route, the right time, the right date and day.***

- all medicines should be stored safely. Children will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. 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 of school premises, e.g. on school trips
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
- a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held
- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber’s instructions. Schools should keep 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 in school
- self-management by pupils; wherever possible, students are allowed to carry their own medicines and relevant devices or are able to access their medicines for self-medication quickly and easily. Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, then relevant staff will help to administer medicines

4.1 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 pupil 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 to another pupil to use. All other controlled drugs are kept in secure LOCKED cupboards and only staff will 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.

5. Record Keeping

The Trustees and Academy Trust will ensure that written records are kept of all medicines administered to children – including medication refusals or errors. Please see the Administration of Medication Policy.

6. Individual Healthcare Plans

The headteacher has overall responsibility for the IHPs for pupils with medical conditions. This has been delegated to the Assistant headteacher.

IHP will be reviewed as care needs change and it is the parents responsibility to inform the school and Norfolk HCP team of the changes so amendments can be made. Buccal IHP need to be reviewed annually and if this IHP is out of date staff must not administer any emergency medications, but should call 999 and the parents immediately.

Special consideration needs to be given to reviewing the plan when a young person is transitioning to a different setting or reintegrating back into school after a period of absence.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition 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 not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school and parents/carers with advice from a relevant healthcare professional, such as a member of the HCP team, a specialist nurse, allied health professional or paediatrician who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. If healthcare professionals cannot offer advice in person they may provide written guidance or information.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Trustees and Academy Trust, the headteacher and the Assistant Headteacher, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil 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 pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Who outside the school needs to be aware of the pupil's condition and the support required (with appropriate consent from the young person and family) – for example school transport provided by local authority
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments. Please consider large or split school sites
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency (including medication administration errors), including who to contact, and contingency arrangements

7. Emergency Procedures

As part of our general risk management process the school has procedures in place for dealing with emergencies for all school activities wherever they take place, including on school trips.

Where a child has an individual healthcare plan, this will define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

If a child needs to be taken to hospital, staff should not normally take the child in their own car but wait for an ambulance or parent/carer to arrive. If a member of staff does take a child to hospital they should stay with the child until the parent arrives. Staff need to ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems. It is important to ensure emergency treatments (for example asthma inhalers/adrenaline auto injectors) are always available.

8. Equal Opportunities

The Trustees and Academy Trust will ensure that the school enables pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils 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 pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.



The school acknowledges the [Equalities Act 2010 and schools](#) and works proactively to support all its pupils.

9. Unacceptable Practice:

Although school staff are encouraged to use their professional discretion and judge each case on its merits with reference to the child's individual healthcare plan, 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 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 individual healthcare plans
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, 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 children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

10. Attendance

A child or young person with a medical condition may have difficulties attending school at certain times. This could be due to planned appointments or surgery, or as a result of an increase in symptoms or deterioration of their overall health condition. Parents have a responsibility to advise schools of any planned appointments or predicted absence due to surgery/therapeutic intervention. Schools have a responsibility to [code this absence appropriately](#). If a school does not have sufficient information regarding a young persons' health condition, and it is impacting on school attendance, they may contact the Just One Number (0300 300 0123) Single Point of Access: www.justonenorfolk.nhs.uk to request a school nurse attendance health check. If this process does not identify sufficient information schools can also contact GP's with parental consent, utilising the NCC [Joint Protocol between Health Services and Schools](#). If absence due to a medical condition is noted to be for more than 15 days, schools should consult the [NCC Medical Needs Service](#) for advice and support.

11. Liability & Indemnity

The Trustees and Academy Trust will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. Proprietors of academies will



ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangement (RPA).

12. Complaints

The Trustees and Academy Trust will ensure that the school's complaints policy sets out how complaints concerning the support provided to pupils with medical conditions may be made and will be handled.

Medication between and School

Any medication coming into school or leaving school must be handed over from adult to adult. Medications are **NOT** to travel via school bags.

Any medication that travels to and from school on a daily basis (for any given period of time), a transportation of medication form must be completed for that period of time.

At the end of the school year ALL medications must be sent home via an adult. (Buccal please see below)

Buccal Medication for those pupils with Epilepsy

When Buccal is expired it is to go home via an adult and a new one to be bought in. If the pupil travels by bus then contact parents to come into school, pick up the Buccal and replace it with a new one.

BUCCAL IS NOT TO TRAVEL ON THE BUS.

At the end of the year, Buccal is to go home via an adult. If the pupil is on the bus, class team is to organise a parent to collect the buccal.

When medication has been returned to an adult (when it is expired or at the end of the year), record this on the Parent Consent Form.

Please write on the form Returned to Parent /Date /Signature and Signature of Adult that receives it.

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Reviewed by:



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