

**Inspire Partnership Academy Trust**  
**Supporting pupils with medical conditions in school and**  
**pupils with health needs who cannot attend school policy**

**Delce Academy**

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<b>Approved by:</b>	Trust Board
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## 1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- Suitable education is arranged for pupils on roll who cannot attend school due to health needs
- Pupils, staff and parents understand what the school is responsible for when this education is being provided by the local authority

The headteacher will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, 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)

The named person with responsibility for implementing this policy is Hannah Chandler.

## 2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on [supporting pupils with medical conditions at school](#).

This policy also reflects the requirements of the [Education Act 1996](#).

It is also based on guidance provided by our local authority for supporting children with health needs who cannot attend school.

## 3. Roles and responsibilities

### 3.1. The Board of Trustees

The board of Trustees has ultimate responsibility to make arrangements to support pupils with medical conditions.

### 3.2. The Local Governing Board

The governors will adopt the Trust policy and monitor the implementation of the policy.

### 3.3. The Headteacher

The headteacher 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 healthcare plans (IHPs), including in 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 that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil 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

### 3.4. Staff

Supporting pupils 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 pupils with medical conditions. This includes the administration of medicines.

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

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### 3.5. Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's 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

### 3.6. Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils 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, taking into account they age and stage of development.

School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

#### 4. Responsibilities for pupils with health needs who cannot attend school

##### 4.1. If the school are making arrangements:

Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school.

- The headteacher will be responsible for coordinating the provision of work for children with health needs who cannot attend school.
- Where possible, work will be provided electronically. If not possible, then paper copies of the work will be made available and sent home.
- Once a child is able to return to school, the child and their parent will meet with a member of the school leadership team, prior to their first day of return, to agree a personalised reintegration package.

##### 4.2. If the Local Authority makes arrangements:

If the school cannot make suitable arrangements, Medway Council will become responsible for arranging suitable education for the child.

In cases where the local authority makes arrangements, the school will:

- Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the pupil
- Share information with the local authority and relevant health services as required
- Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully
- When reintegration is anticipated, work with the local authority to:
  - Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible
  - Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school)
  - Create individually tailored reintegration plans for each child returning to school

- Consider whether any reasonable adjustments need to be made

## 5. Equal opportunities

Our school is clear about the need to actively support 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.

## 6. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil 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 pupils who are new to our school.

See [Appendix 1](#).

## 7. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Hannah Chandler. The school will use the IHP template ([Appendix 2](#)) or one provided by a healthcare professional as long as it covers the required information below.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

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 no consensus, the headteacher will make the final decision.

Where possible, 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 the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any Education, Health and Care (EHC) plan, if the pupil has one. If a pupil has SEN but does not have an EHC plan, the SEN 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 role of the individual with responsibility for developing IHPs, 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
- Arrangements for written permission from parents 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
- 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 who to contact, and contingency arrangements

## 8. Managing medicines

Prescription medicines will only be administered at school and the school will follow the procedures set out in the Administering Medication Policy. Parents/carers will need to complete the parental agreement to administer medication ([Appendix 3](#)) before staff will administer medication.

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

### 8.1. Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as methylphenidate (type of ADHD medication).

A pupil who has been prescribed a controlled drug will not have it in their possession. Controlled drugs are kept in a secure cupboard in the school office and only named staff 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 ([Appendix 4](#)).

## 8.2. Unacceptable practice

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil 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 pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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 pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

## 9. Emergency procedures

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

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

## 10. Training

Staff who are responsible for supporting pupils 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 pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and 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 pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals 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 and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

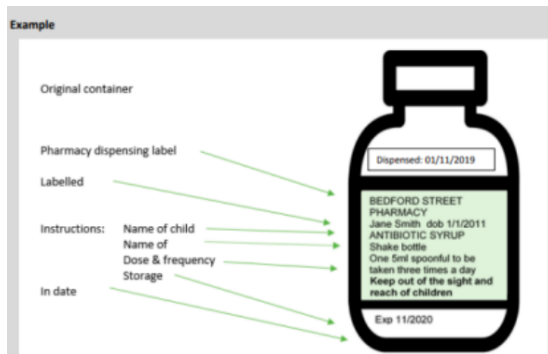
#### 11. Record keeping

Medicines coming into school MUST be brought to the School Office and handed to a member of office staff. On handing over the medicine, parents must complete the relevant medicine form, Parental Agreement for Administering Medicine (Appendix 3). This includes information about the best time of day the medicine should be administered. Completion of the form may not be necessary if parents are delivering further medication for a current condition. The following information must be completed by the parent or carer:

- The name and date of birth of the child.
- The name and address of the parent or carer and contact telephone number.
- The name, address and contact number of the child's GP.
- The name of the medication.
- The dosage.
- Expiry date of the medication.
- Storage details.
- Date and time last dose given.
- Consent by the parent or carer for the member of staff to administer the medication.

The parent/carer must also complete the top half of the Record of Medicine Administered to an Individual Child (Appendix 4). The bottom half of this sheet will be completed by the member of staff administering the dose each time and reviewed by the parent/carer at the end of each day.

Parents are responsible for collection of their child's medicine from a member of school staff at the end of each school day, unless otherwise arranged with the school and/or in an Individual Healthcare Plan (IHP).



- a. Medication should only be administered from its original container. (The only exception to this is Insulin which must still be in date but will usually be in an Insulin pen or pump, rather than its original container.)
- b. It should be clearly and properly labelled.
- c. It should be in date.
- d. It should also indicate whether the medication is on-going or has a finish date.
- e. Possible side effects should be listed, or the manufacturer's information leaflet usually supplied with the medication should be available.
- f. The storage of medications should comply with the manufacturer's instructions and COSHH regulations.
- g. Some emergency medications such as epi-pens (epinephrine) and asthma inhalers should not be locked away, but kept safe and where they can be accessed quickly.
- h. Other medications should be kept in a safe, secure place, out of the reach of children.
- i. Appropriate arrangements must be made for medication requiring refrigeration. These medications should not be placed in a refrigerator that is used for food or other items.
- j. A sharps container should be provided, and adequate arrangements made for the appropriate disposal of needles and body fluids, such as blood etc.

The school leaders will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their child has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

Electronic records will also be kept on our central information system (Arbor and CPOMs).

## 12. Liability and indemnity

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

We are a member of the Department for Education's risk protection arrangement (RPA), this is a mechanism through which the cost of risks that materialise from 1 September 2014 will be covered by government funds.

13. Complaints

Parents with a complaint about their child's medical condition should follow the school's complaints procedure.

14. Monitoring arrangements

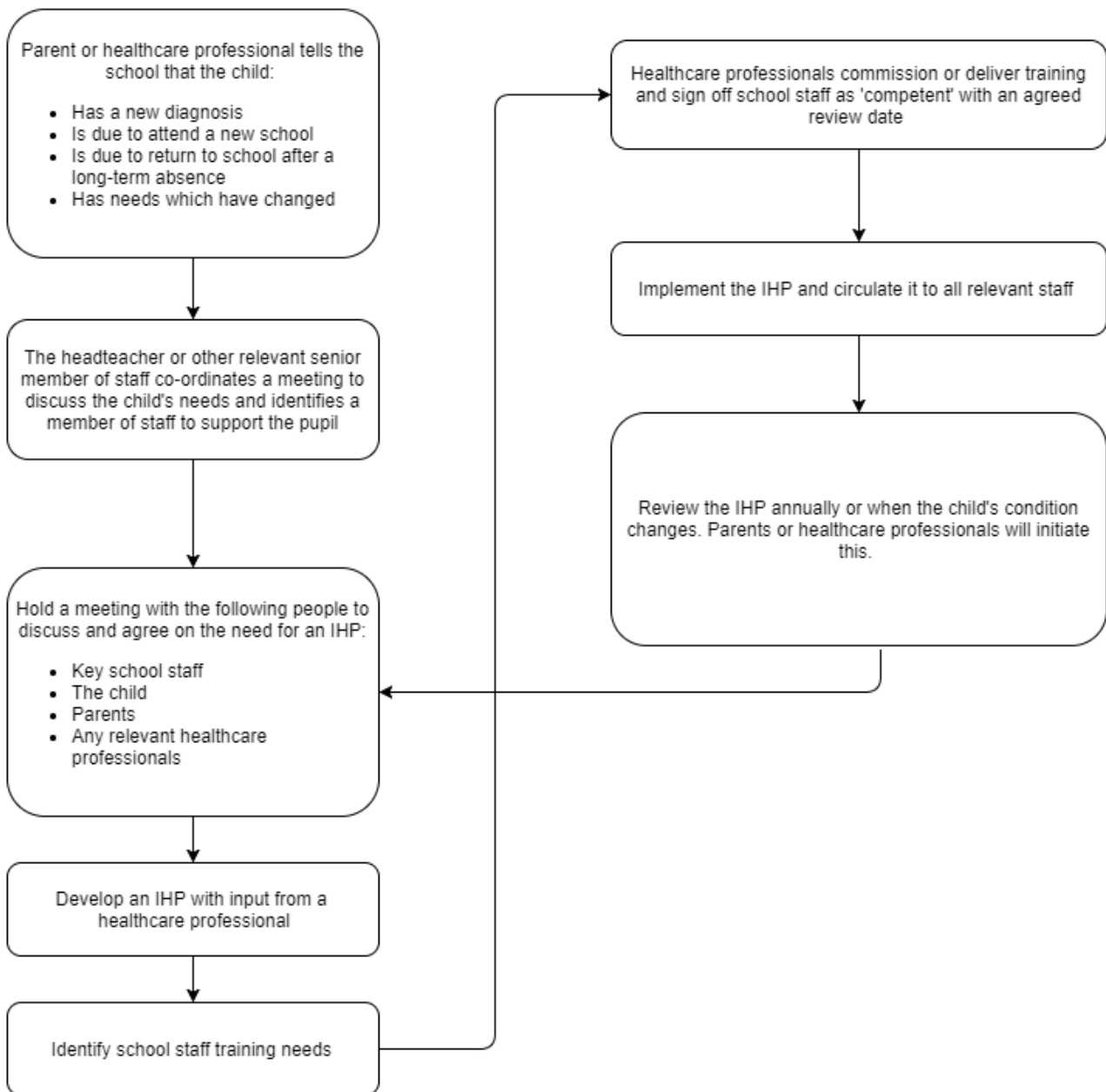
This policy will be reviewed and approved by the board of Trustees every 2 years.

15. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy
- List any other relevant policies that the school has here.

Appendix 1: Being notified a child has a medical condition



Appendix 2: Individual Healthcare Plan

Name of school			Photo
Child's name			
Class	Year:		
	Reg:		
Date of birth			
Child's address			

Date	
Next Review Date	

Medical condition or diagnosis	Summary	Notes

Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact		G.P	
Name		GP Name	
Phone no.		Phone no.	

Who is 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 by/self-administered with/without supervision

Daily care requirements

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

SEN Status	Need Type	Next SEN Review Date

Arrangements for school visits/trips etc

Other information

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 Administering Medicine

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 school			
Name of child			
Class	Year:		
	Reg:		
Date of birth			

Medical condition or diagnosis	Summary	Notes

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

Family Contact Information	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	

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

Signature(s)

Date

Appendix 4: Record of Medicine Administered to an Individual Child

Name of school	
Child's name	
Date medicine provided by parent	
Class	Year: Reg:
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

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								

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