

SUPPORTING PUPILS WITH MEDICAL CONDITIONS AT HYDE PARK SCHOOLS

Learning Academies Trust

Version: 2.0

Approved by: LAT Board

Last review date: 01 November 2023

Ratified date: [Click to select the ratified date.](#)

Next review date: 01 November 2026



CONTENTS

1. Aims.....	2
2. Legislation and statutory responsibilities	3
3. Roles and responsibilities.....	3
4. Equal opportunities.....	4
5. Being notified that a child has a medical condition.....	4
6. Individual healthcare plans	4
7. Managing medicines	5
8. Emergency procedures	9
9. Training	9
10. Liability and indemnity.....	9
11. Complaints	10
12. Monitoring arrangements.....	10
Appendix A – Model process for Developing Individual Health Care Plans.....	11
Appendix B – Individual Health Care Plan.....	12
Appendix C – Administration of Medicines Form	14
Appendix D – Record of medicine administered to children.....	15

CHANGES

Policy date	Summary of change	Author	Version	Review date
01/09/2020	Policy has been created.	Ciara Moran LAT Deputy CEO	1.0	01/09/23
01/11/2023	Policy reviewed and updated	Duncan Baldie Estates H&S Lead	2.0	01/11/2026

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

The local governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of a 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)

The named person with responsibility for implementing this policy is Yvonne Jones

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 the local governing body to make arrangements for supporting pupils at their school with medical conditions.

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

This policy also complies with our funding agreement and articles of association.

3. ROLES AND RESPONSIBILITIES

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. School will work in partnership with healthcare professionals, social care, local authorities, parents and pupils.

3.1 The local governing body

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

3.2 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

3.3 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, although they can not be required to do so. 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.

All staff will follow the procedures outlined in this policy using the appropriate documentation; to complete an individual health care plan in conjunction with parents and relevant healthcare professionals for pupils with complex or long-term medical needs and to share medical information as necessary.

Teachers will consider 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.

3.4 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
- Ensuring that they, or another nominated adult, are contactable at all times

3.5 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.

3.6 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 provide advice on developing IHPs.

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. 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.

5. 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.

6. INDIVIDUAL HEALTHCARE PLANS

An Individual Healthcare Plan will help the school effectively support pupils with medical conditions. (See Appendix 1) The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Heather Mayes and Emily Dove.

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 not a consensus, the headteacher 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 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 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 headteacher / 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;
- 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 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
- 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

7. MANAGING MEDICINES

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

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

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

Prior to staff members administering any medication, the parents of the child must complete and sign a parental agreement for the school to administer medicine form. No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.

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

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage 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 instructions for administration, dosage and storage, so that age related dosage instructions are clearly evident.

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

All medicines will be stored safely. Pupils 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 meters and adrenaline pens will always be readily available to pupils and not locked away.

All medicines will be returned to parents to arrange for safe disposal, when no longer required.

Sharps boxes should always be used for the disposal of needles and other sharps.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments.

Controlled drugs, required by pupils, must be brought to the attention of the headteacher. All controlled drugs are kept in a secure cupboard (in the welfare rooms) 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.

7.2 Pupils managing their own needs

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

Parents must still complete a medicine form, noting that the pupils will self-administer and sign the form.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil 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.

We recognise that sometimes pupils need access to products to relieve discomfort such as lip balm . Teachers should allow this to happen, with written consent from the parent, encouraging appropriate independence according to the age and responsibility shown by the pupil. Pupils are also allowed to bring in their own hand gel, handwash and hand cream with written consent from the parent.

In sunny months, pupils may need to administer suntan lotion. Lotion should be provided by the parents and not shared between pupils, due to possible allergies. Younger pupils are encouraged to bring in spray lotions, so an adult can direct the spray to the skin, allowing the pupils to apply the lotion independently with written consent from the parent.

7.3 Safe storage of medicines

All medicines should be stored safely and in the designated places provided, to ensure easy access at all times:

- Asthma inhalers/blood glucose monitors should be accessible to the children at all times.
- Antibiotics including eyedrops should be kept in a separate fridge from any food (labelled clearly) (locked fridge in the welfare rooms)
- EpiPen are stored in the classroom in portable first aid bag
- Controlled drugs must be locked in the first aid cabinet.

7.4 Record Keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

- All medicines administered by school staff will have parental consent in place, prior to administering the medication. In an emergency, the Head of School may accept verbal consent via the telephone. The parent will sign a form retrospectively later the same day.
- All medicines administered by school staff will be recorded in the Medicines Log in the class first aid folder, at the time of administration by the staff administering the medication.
- IHPs are to be kept in a readily accessible place, which all staff are aware of.

7.5 Emergency Inhalers

From 1st October 2014, the Human Medicines (Amendment) (No2) Regulation 2014 allows schools to keep a salbutamol inhaler for use in emergencies. The emergency salbutamol inhaler should only be used by children, for whom written parent/carer consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). The following protocols need to be followed:

- Arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the school's policy on supporting pupils with medical conditions
- Controlling a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which is kept with the emergency inhaler in the Receptionist's office.
- Written parental consent for use of the emergency inhaler (this also maybe part of a child's individual healthcare plan).
- The emergency inhaler may only used by children with asthma with written parental consent for its use.
- Appropriate support and training is to be provided to staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions
- A record of use of the emergency inhaler as required by supporting pupils and informing parents or carers that their child has used the emergency inhaler
- Staff must be responsible for ensuring the inhaler protocol is followed

The emergency inhaler kit must include:

- At least two single-use plastic spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer/plastic chamber;
- Instructions on cleaning and storing the inhaler;
- Manufacturer's information;
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhaler and spacers (see below);
- A list of children permitted (see appendix 1) to use the emergency inhaler;
- A record of administration (i.e. when the inhaler has been used).

7.6 Roles and Responsibility of staff managing and supervising the administration of medicine

- Administration of medicines should always be checked by an additional adult: dosage, pupil identity and recorded
- Administration of medicines at school must be recorded in the medicines log by the appointed First Aider in the School Office
- Parents may come to the school office to administer medicines to their child. This will be detailed in the Medicines log and signed by the parent

7.7 Day Trips, Residential Visits and Sporting Activities

The school should ensure that their arrangements are clear about the need to support pupils with medical conditions to participate in school trips and visits, or sporting activities. Staff should discuss any concerns about a pupil's safety with parents:

- The EVC leader is responsible for designating a school First Aider for the trip.
- The EVC leader is responsible for ensuring arrangements are in place for any pupils with medical needs prior to a trip taking place, including ensuring Asthma inhalers are carried as required. A copy of the relevant IHCP should also be taken.
- The designated first aider on the trip will administer any medicines required in line with prior written permission from the parents. The administration will be recorded in line with school policy.
- The first aider will return forms and any unused medicines to the office or parent, on return to school
- For residentials, parents will complete medical needs forms. This information will be available on the trip. The above procedures will be followed.

7.8 Unacceptable practice

School staff understand that the following behaviour is unacceptable:

- Preventing pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assuming that every pupil with the same condition requires the same treatment
- Ignoring the views of the pupil or their parents
- Ignoring medical evidence or opinion (although this may be challenged)
- Sending 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

- Penalising pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Requiring parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Preventing 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
- Administering, or ask pupils to administer, medicine in school toilets

8. EMERGENCY PROCEDURES

All schools have an Emergency Plan. 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.

In the event of a cardiac arrest, the school has a defibrillator located in welfare rooms near yr 1 and yr 5. First aiders are trained to use the defibrillator and can administer CPR.

9. 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/Business manager. 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.

10. LIABILITY AND INDEMNITY

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

11. COMPLAINTS

Parents with a complaint about their child's medical condition should discuss these directly with the Head of School in the first instance. If the Head of School/Executive Head cannot resolve the matter, they will direct parents to the school's complaints procedure.

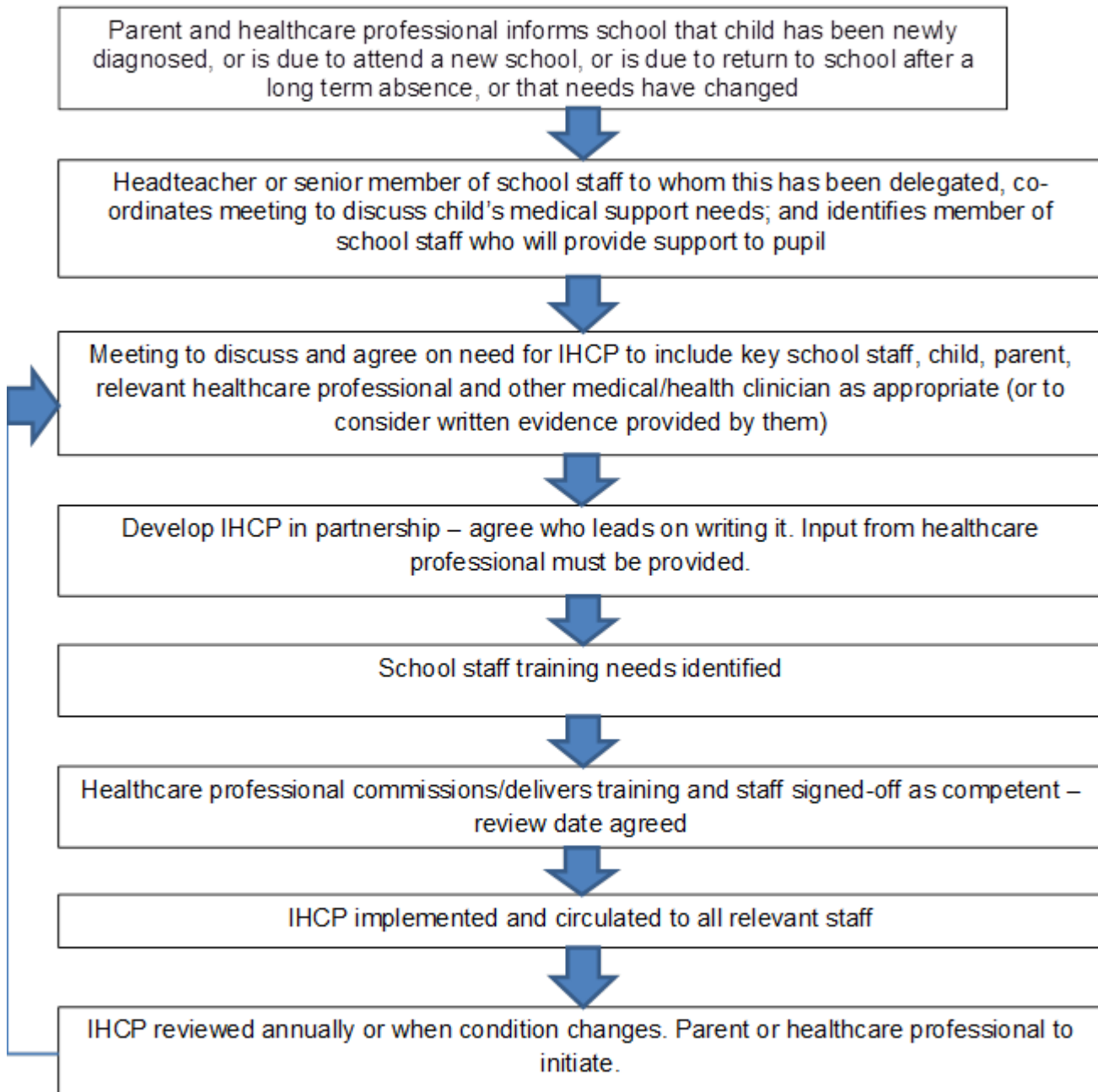
12. MONITORING ARRANGEMENTS

This policy will be approved by the Trust Board of Directors and implementation will be overseen by the Local Governing Body. This policy will be reviewed every 3 years.

APPENDIX A – MODEL PROCESS FOR DEVELOPING INDIVIDUAL HEALTH CARE PLANS

Appendix A

Model Process for Developing Individual Health Care Plans



APPENDIX B – INDIVIDUAL HEALTH CARE PLAN



INDIVIDUAL HEALTHCARE PLAN

Child's Name	
Class	
Date of Birth	
Address	
Medical Diagnosis or Condition	
Date	
Review Date	
Name of Parent/Carer 1	
Contact Numbers	Home: Mobile: Work:
Relationship to Child	
Name of Parent/Carer 2	
Contact Numbers	Home: Mobile: Work:
Relationship to Child	
Clinic/Hospital Name	
Contact Number	
GP Name	
Contact Number	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.	
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision	
Daily Care Requirements	
Specific support for the pupil's educational, social and emotional needs	
Arrangements for school trips/visits 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	
Staff training needed/undertaken – who, what, where, when	
Plan developed with	Signed
Form copied to	



ADMINISTRATION OF MEDICINES

Name of Pupil: _____

Class: _____

Address: _____

Medical condition of Pupil: _____

Medication: _____

Dose: _____

Frequency of dose: _____

Please indicate if medicine should be:

- a) Taken with water
- b) On an empty stomach
- c) With food
- d) At a particular time e.g. 1 hour before food etc.
- e) Please inform of any other requirements: _____

I confirm that I give my permission for the Headteacher (or his/her nominee) to administer the medicine to my son/daughter during the time he/she is at school.

Signed: _____ **Parent/Guardian**

Date: _____

The school will make every effort to provide this service; should any circumstances prevent the school from doing so, the school will inform the named contact at once, so that alternative arrangements can be made by the parents.

The school agrees to the administration of the medicine as detailed above.

Signed: _____ **(Headteacher/agreed staff member)**

Date: _____

