



# Supporting Pupils with Medical Conditions Policy

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<b>Reviewed by:</b>	Laura Webb - Governor
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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
- Pupils with medication needs receive appropriate care and support at school

# 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 Bodies 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](#).

# 3. Roles and responsibilities

## 3.1 The Governing Body

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

The Governing Body will implement this 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)

**The named person with responsibility for implementing this policy is the Chair of Governors.**

## 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
- 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 a 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
- Accept responsibility in principle for members of the school staff giving or supervising students taking prescribed or emergency medications during the school day

## 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 will 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.

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.

### **3.4 Parents/Carers**

Parents/carers 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

Parents/carers should keep their children at home if acutely unwell or infectious and if are unsure if the illness has an incubation period then contact the school who can advise.

### **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.

Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

## **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 in Appendix 1 will be followed to decide whether the pupil requires an Individual healthcare plan (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.

The medical histories of all new pupils are also carefully searched to identify possible cases of allergy sufferers. Any medical questionnaires not returned are vigorously pursued.

We will ensure that the presence of a susceptible pupil in school is made aware to all those who need to know. Children's names are displayed in the staff room and all staff are aware of pupils who may require an epi-pen.

## **6. Individual Healthcare Plans**

The Headteacher has overall responsibility for the development of Individual healthcare plan (IHPs) for pupils with medical conditions.

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 statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or 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 Governing Body and the 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
- 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

### 7.1 Administration of medicines

Excellence Girls Academy follows the guidance on administering medicines to pupils outlined in the DfE's guidance on [Supporting pupils at school with medical conditions](#). A summary of the following procedures based on the DfE's guidance is outlined in Appendix 2 which should be referred to when administering medicines to pupils in school.

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.**

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor - Aspirin should NOT be given to children under 16 years old as its use is associated with Reye's Syndrome (a severe neurological disorder).

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.

Only one member of staff, at any one time, should be responsible for administering medicines, to avoid the risk of giving a double dose. They must be relieved from other duties whilst preparing or giving the medicine, to reduce the likelihood of error.

The school will only accept prescribed medicines that are:

- In-date
- Labelled with the following information:
  - Pupil's Name
  - Name of medication
  - Dosage
  - Frequency of administration
  - Date of dispensing
  - Storage requirements (if important)
  - Expiry date
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

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, out of the reach of pupils. Unless otherwise indicated, all medication to be administered in school will be kept in a locked medicine cabinet.

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.

Parents will be asked to confirm in writing if they need their child to carry their medication with them in school i.e. inhalers. The safekeeping of this type of medication is the responsibility of the child concerned as rapid access to this type of medicine is often necessary.

School staff will not dispose of medicines. Medicines will be returned to parents to arrange for safe disposal when no longer required or when expired.

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time). Medicines, which are in use and in date, should be collected by the parent at the end of each half term.

It is the parents' responsibility to deliver the medication each day to the school office and collect at the end of each day if the same medication is required to be administered at home.

It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased and it is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

The school will not make changes to dosages on parental instructions. This information must be given, in writing by a medical practitioner.

When a child is given medicine, a written record of it must be kept. The record must include:

- The name of the medicine
- The dose given, and how (pill)
- The name of the child
- The time and date it was given
- Name and signature of the person giving the medicine to the child

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary, under staff supervision e.g. inhalers.

If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

## 7.2 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 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.

## 7.3 Use of Epi-pens in School

As a school, we recognise Adrenaline (Epi-pen) should only be administered to children to whom it has been prescribed. This should be by a person who has received training and feels competent to use the device. In the event of an emergency, another member of staff may administer the epi-pen under the guidance of 999 support.

If a child is suspected of having an anaphylactic reaction for the first time the Emergency Services should be called immediately (999/112). The operator will tell you how to manage the casualty while you wait for the ambulance.

When a child in our care is prescribed an epi-pen:

- The child prescribed an Epi-pen will know where to access them at all times
- Epi-pens for anaphylaxis sufferers will be kept out of reach in the individual's classroom
- Staff will receive anaphylaxis training annually led by an external agency and epi-pens will only be administered by members of staff who have received Epi-pen training
- Epi-pens and the appropriate trained member of staff will be taken on Educational Visits and offsite sporting activities

## 7.4 Paracetamol

Where there is a need for a student to have pain relief in school, one of the First Aiders, with the consent of parents/carers, may consider the use of paracetamol.

Paracetamol is a widely used drug for controlling pain and reducing temperature. Despite its prevalence, it can be very dangerous if taken inappropriately. Overdose requires immediate medical attention. For older pupils, it is sometimes appropriate to give paracetamol to control specific pain such as migraine or period pain.

The First Aiders will follow set guidelines for administration of this medication.

We will contact parents/carers every time to check that they are happy for us to give paracetamol, confirm the dosage and to ensure that they have not been given for a period of at least four hours from a previous dose. If we do not have parental permission, we will not administer paracetamol.

An example of when paracetamol could be given is when a pupil has a headache, but does not have any pain relief on them in school, a parent is contacted and agrees that they can have paracetamol, but they are unable to attend school to provide the medication.

If parents/carers chose not to consent to the school providing paracetamol, there must be clear and safe arrangement for parents to supply them to the school for the child. It is not recommended that children carry paracetamol around.

We follow the recommendation that the school keeps its own small stock of paracetamol tablets and/or suspension fluid as it reduces the risk of students carry medicines and avoids confusion over what may and may not be administered. Paracetamol is stored securely as all medicines are stored and must not be kept in first-aid boxes.

The member of staff responsible for giving medicines must be wary of routinely giving paracetamol to children.

Before giving a child paracetamol:

- The child is first encouraged to get some fresh air and have a drink or something to eat, take a walk, sit in the shade, lie down (as appropriate) and paracetamol is only considered if these actions do not work.
- The school should ensure that parents have first authorised the school, in writing, to provide paracetamol occasionally to children. There must be written parental consent, with verbal consent from the parent/carer on the day.
- Only standard paracetamol may be administered. Combination drugs, which contain other drugs besides paracetamol, must not be administered.
- The pupil should always be asked what other medication they take and what has been taken recently before doing anything - If a child complains as soon as they arrive at school and asks for painkillers, it is not advisable to give paracetamol straightaway as always consider whether the child may have been given a dose of paracetamol before coming to school. Many non-prescription remedies such as Beecham's Powders, Boots pain relief syrup for children, Lemsip, Night Nurse, Vicks Cold Care, etc, contain paracetamol; it is recommended that if a child has had any pain or cold relief medication during the past four hours, then paracetamol is not given. If paracetamol is taken soon after taking these remedies, it could cause an unintended overdose as there should be at least four hours between any two doses of paracetamol containing medicines and no more than four doses of any remedy containing paracetamol should be taken in 24 hours. If there is any doubt, seek medical advice before administering the medicine.
- It is recommended that school should only administer paracetamol three times in a term to an individual child. If a child requests more than this, parents should be advised to seek medical assessment, unless parents have specifically requested it because of a medical condition for a limited period of time.

The member of staff should use the checklist for administering paracetamol to ensure the above checks have been made.

Paracetamol must **not** be given:

- Following head injury.
- Where a child is already on some other medication.
- Where a child has taken paracetamol containing medicine within four hours.
- Without parental consent.

When administering paracetamol:

- Staff must follow manufacturer's guidance on the bottle or packet of paracetamol regarding dosage guidelines. Usually, it equates to one 500mg tablet for children who are 12 or under; two 500mg tablets for children over 12. However, they must be aware that if the child looks below average weight for their age, they should contact a school nurse for advice before giving paracetamol.
- Children can only be given one dose of paracetamol during the school day – If this does not relieve the pain, contact the parent or the emergency contact.
- The member of staff responsible for giving medicines must witness the child taking the paracetamol and make a record of it - The name of the child, the date, time, dose and reason should be recorded in a log. Any frequently recurring need must be reported directly to parents.
- The member of staff must write on the pupil illness slip on the day, stating the time and the amount of the dose.
- The child should be made aware that paracetamol should only be taken when absolutely necessary; that it is an ingredient in many cold and headache remedies and that great care should be taken to avoid overdosing.

After giving pupil paracetamol:

- The pupil will be sent back to class with a note informing the teacher.
- If the pupil improves, a pupil illness slip will be given to the pupil to inform parents/carers.
- If the pupil does not improve or gets worse, parents/carers will be called to collect them.

If a pupil becomes unwell during an all-day or residential visit, it may be appropriate to administer paracetamol. The general guidance on paracetamol (above) should be followed but on a visit, it may be

appropriate to administer more than one dose. Dosage must be strictly according to the instructions on the packaging. Should paracetamol fail to alleviate symptoms and/or should staff have any concerns about a pupil's condition, they should not hesitate to get professional medical attention.

## **7.5 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 with parents and it will be reflected in their IHPs.

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.

## **7.6 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 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
- 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

## **8. 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.

## **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. 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. Record keeping**

The Governing Body 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.

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

## **11. Liability and indemnity**

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

## **12. Complaints**

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

## **13. Monitoring arrangements**

This document will be reviewed every year but may be reviewed and updated more frequently if necessary.

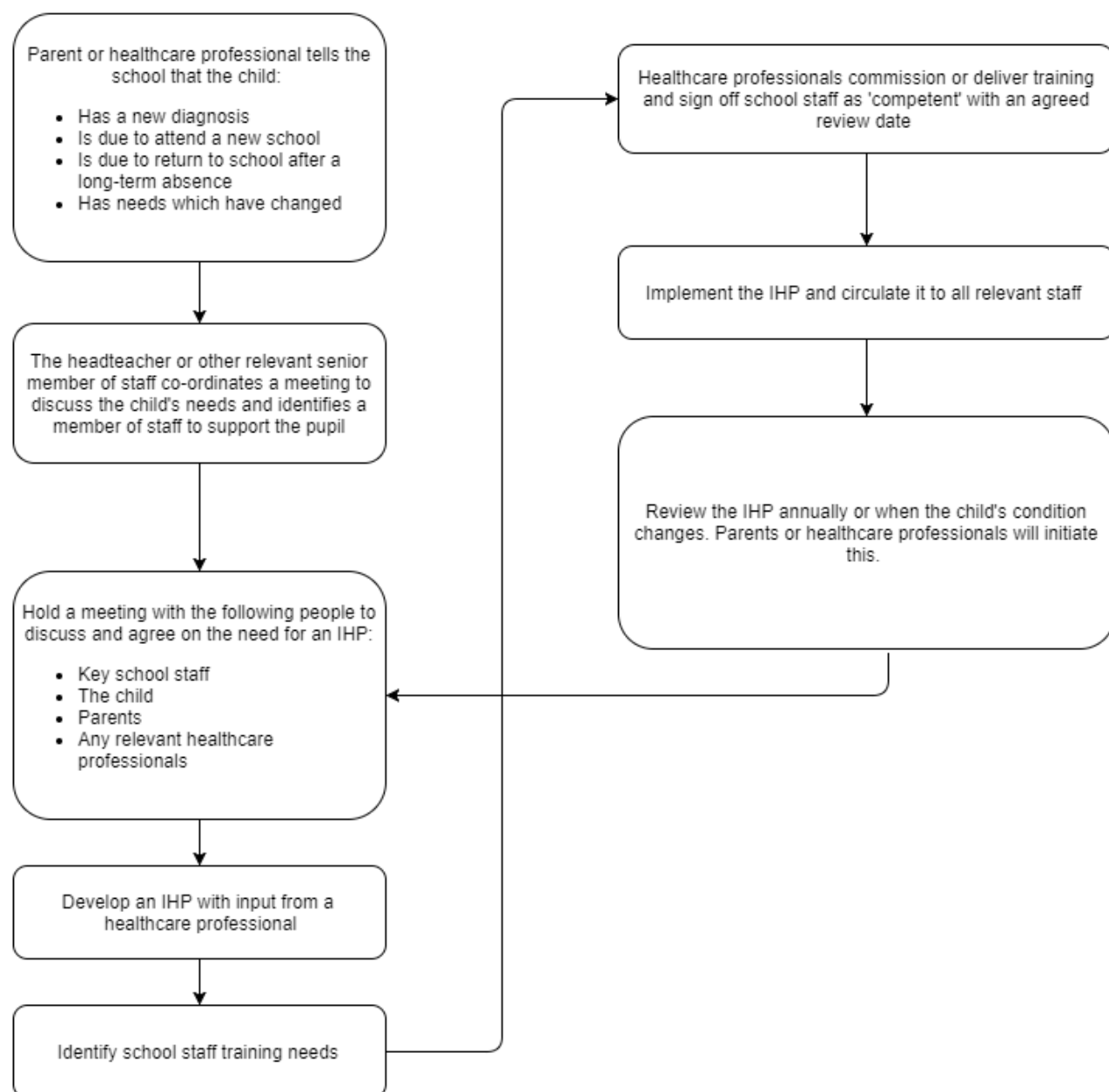
It will be reviewed by the Governing Body and approved by the Chair of Governors at every review.

## **14. Links to other policies**

This policy links to the following:

- Accessibility Plan
- Child Protection and Safeguarding Policy
- Complaints Policy
- Equality and Diversity policy
- First Aid Policy
- Health and Safety Policy
- SEND Policy and Information Report

## Appendix 1: Being notified a child has a medical condition



## Appendix 2: Administering medicines in school

The guidance below contains advice that members of staff can refer to when administering medicines to pupils in school. It is based on the Department for Education's [statutory guidance on supporting pupils at school with medical conditions](#).

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### DO

- ✓ Remember that any member of school staff may be asked to provide support to pupils with medical conditions, but they are not obliged to do so
  - ✓ Check the maximum dosage and when the previous dosage was taken before administering medicine
  - ✓ Keep a record of all medicines administered. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it
  - ✓ Inform parents if their child has received medicine or been unwell at school
  - ✓ Store medicine safely
  - ✓ Ensure that the child knows where his or her medicine is kept, and can access it immediately
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### DON'T

- ✗ Give prescription medicines or undertake healthcare procedures without appropriate training
- ✗ Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions
- ✗ Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances
- ✗ Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor
- ✗ Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers
- ✗ Force a child to take their medicine. If the child refuses to take it, follow the procedure in the individual healthcare plan and inform their parents