ZENITH
MULTI ACADEMY
TRUST

Supporting Pupils with Medical Conditions Policy

for use by all staff and volunteers in:
All schools in the Trust

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1. Aims

This policy aims to ensure that:

- Pupils/students, staff and parents/carers understand how our school will support pupils/students with medical conditions
- Pupils/students with medical conditions are properly supported to allow them to access the same education as other pupils/students, including school trips and sporting activities.

The Trust Board/Local Governing Body will implement this policy by:

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

The named person with responsibility for implementing this policy is the Headteacher, and in their absence the Deputy Headteacher.

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/students at their school with medical conditions.

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

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

3. Roles and responsibilities

3.1 The Trust Board/Local Governing Body

The Trust Board/Local Governing Body has the ultimate responsibility to make arrangements to support pupils/students with medical conditions. The Governing Body will ensure that sufficient staff have received suitable training, and ensure the Headteacher is confident to make relevant judgements about staff competency in 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 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/students in this way
- Contact the school medical lead in the case of any pupil/student who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school medical lead. The school medical lead is, in practice, the person in charge of the operational oversight /administration of medical support, reporting to an SLT link.
- 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/students with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils/students with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils/students 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/students with medical conditions that they teach.

All staff will know what to do and respond accordingly when they become aware that a pupil/student with a medical condition needs help.

Staff should wear appropriate Personal Protective Equipment (PPE) when administering medication, if applicable. Before administering medication, staff need to check the pharmacy label for dosage, and to ensure the medication is in the name of the student. Medication needs to be administered by two members of staff, one to administer and one to witness. Both staff members are to sign the medication log once medication has been administered.

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, and ensure they or another nominated adult are contactable at all times.

3.5 Pupils/students

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

3.6 School medical lead and other healthcare professionals

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

Healthcare professionals, such as GPs, paediatricians, physiotherapists, occupational therapists, specialist nurses, specialist teachers, etc. will liaise with the school's medical lead and notify them of any pupils/students identified as having a medical condition. They may also provide advice on developing IHPs.

In relation to Special Schools, the school medical lead will also liaise with the Special School Nursing Team when a pupil/student has been identified as having a medical condition that will require support in school. They can support staff to develop and implement a child's IHP. Wherever possible, this will be before the pupil/student starts school.

4. Equal opportunities

Our school is clear about the need to actively support pupils/students 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/students to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils/students with medical conditions are included. In doing so, pupils/students, their parents/carers 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/student has a medical condition, the process outlined below will be followed to decide whether the pupil/student requires an IHP.

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

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils/students with medical conditions. This has been delegated to the medical lead.

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

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

- What needs to be done
- When
- By whom

Not all pupils/students 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.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school medical lead, specialist or paediatrician, who can best advise on the pupil's/student's specific needs. The pupil/student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil/student has SEND 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 Trust Board, the Headteacher and the medical lead will consider the following when deciding what information to record on IHPs with guidance and support of the school medical lead.

IHPs will namely include:

- The medical condition, any triggers, signs, symptoms and treatments;
- The pupil's/student'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/student'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/student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation via the Headteacher or from a health professional to provide support for the pupil's/student'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/student's condition and the support required;
- Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil/student 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/student can participate, e.g. risk assessments;
- Where confidentiality issues are raised by the parent/carer/pupil/student, the designated individuals to be entrusted with information about the pupil's/student's condition;
- What to do in an emergency, including who to contact, and contingency arrangements.

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school, and during out of hours events, trips, and visits.

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

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

Where a painkiller(s) is administered, this will only happen if there is parental consent and the parent or carer will always be notified this has happened.

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

Anyone giving a pupil/student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be consulted.

The school will only accept prescribed medicines that are:

- In-date
- Labelled (pharmacy label)
- 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. Pupils/students will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils/students and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required, or become out of date.

Emergency inhaler kits may be kept voluntarily by schools.

The Trust/School cannot be held responsible for side-effects which occur when medication is taken correctly.

7.1 Controlled drugs

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

All other controlled drugs are kept in a locked cupboard in the school office and only named staff have access. When staff are administering any controlled medication there will always be two members of staff present. One to dispense the medication and one to witness that the medication has been given correctly. The controlled medication book should be completed and signed by two members of staff. When medication is being administered staff should shut the office door, where possible, to avoid distractions.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept. The keys must only be available to authorised members of staff and at any time the key holder should be readily identifiable.

7.2 Pupils/students managing their own needs

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

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

8. Emergency procedures

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

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

If a pupil/student experiences sudden cardiac arrest, quick action must be taken using the defibrillator. All first-aiders in school are trained in the use of CPR/defibrillators. All Trust schools have a defibrillator.

All schools also have access to an anaphylaxis kit located centrally to the school. This can be used in emergencies with members of staff in each school trained on the use of these.

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/students 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 and/or medical lead. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are confident and have confidence in their ability to support the pupils/students
- 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 may provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. However, where this is not possible, the Headteacher will be responsible for determining them.

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 Trust Board will ensure that written records are kept of all medications administered to pupils/students for as long as these pupils/students are at the school. Parents/carers will be informed if their pupil/student has been unwell at school.

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

11. Liability and indemnity

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

The details of the school's insurance policy are:

We are a member of the Department for Education's risk protection arrangement (RPA)/Zurich (delete as applicable).

12. Complaints

Parents/carers 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/carers to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed annually and approved by the Trust Board.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Children with Health Needs that Cannot Attend School
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1

Example Individual Healthcare Plan

Name of school	
Child's name	
Group/class/tutor	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

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

Clinic/Hospital Contact

Name	
Phone no.	

GP

Name	
Phone no.	

Who is responsible for providing support in school	
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 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 2

Example Parental Agreement to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of school	
Name of child	
Date of birth	
Group/class/tutor	
Medical condition or illness	

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 needs to know about?	
Self-administration – Y/N	
If Yes, does the school agree that the child is confident to self administer (to be completed by the school)	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to this named member of staff	

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 3

Example Record of Medicine Administered to an Individual Child

Child's Name: _____ Date of Birth: _____

Group/class/tutor: _____

Date	Name of person who brought it in	Name of medication	Amount supplied	Form supplied	Expiry date	Dosage regime

Register of Medication Administered

Date	Medication	Amount Given	Amount left	Time	Administered by	Comments/action/ side effects