



Supporting Pupils with Medical Conditions Policy

Version 1:00

Date Released: January 2023

Date to be reviewed: January 2024

Approved by:

Date:

Contents

Policy statement and principles	3
Roles and responsibilities	4
Pupils who cannot attend school because of health needs.....	7
Monitoring of Individual Healthcare Plans.....	7
Administration of medication	9
Storage of medication	10
Record keeping.....	11
In an emergency	12
Unacceptable practice	13
Complaints.....	13
Appendix.....	13

Definition of 'Medical Condition'

For the purposes of this policy, a medical condition is any illness or disability which a pupil has. It can:

- be physical or mental
- be a single episode or recurrent
- be short-term or long-term
- be relatively straightforward (e.g. the pupil can manage the condition themselves without support or monitoring) or complex (requiring ongoing support, medicines or care while at school, to help the pupil manage their condition and keep them well)
- involve medication or medical equipment
- affect participation in school activities or limit access to education.

Medical conditions may change over time, in ways that cannot always be predicted.

Policy Statement and Principles

This school is an inclusive community that aims to support and welcome pupils with medical conditions. This school understands its responsibility to make the school welcoming, inclusive and supporting to all pupils with medical conditions and provide them the same opportunities as others at the school.

We will help to ensure they can:

- be healthy
 - stay safe
 - enjoy and achieve
 - make a positive contribution
 - achieve economic well-being.
-
- The school ensures all staff understand their duty of care to children and young people in the event of an emergency.
 - Staff receive ongoing training and are regularly updated on the impact medical conditions can have on pupils. The training agenda is based on a review of current healthcare plans.
 - All staff feel confident in knowing what to do in an emergency.
 - This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
 - This school understands the importance of medication being taken as prescribed.
 - All staff understand the common medical conditions that affect children at this school.

This school has developed this policy with advice from *health professionals*. Channels and Choices along with the Head Teacher at The Sallygate School have a statutory duty to make arrangements for pupils with medical needs under s.100 of the Children and Families Act 2014. The policy and supporting documents are based on Department of Education statutory guidance (December 2015) *Supporting pupils at school with medical conditions*.

The medical conditions policy is supported by a clear communication plan for staff, parents and pupils to ensure its full implementation.

Staff will read and sign the medical conditions policy as part of its inception and/or via induction of new staff. This policy will inform staff training throughout the school on how to support children with medical conditions. Supporting children with medical conditions policy will be accessible to staff at all times, where a copy will be available in the medical room and staff room policy file. Parent/Carers and pupils will be able to access this policy on the school website.

This policy will be revised no later than November 2022. Should the DFE provide update guidance on supporting children with medical conditions, prior to November 2022 this policy will be reviewed and amended in line with the new advice publication date and staff will be informed of all relevant additions and amendments to this policy.

The Sallygate school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, emotional, sporting and educational activities.

Roles and Responsibilities

Parents and Carers:

- Parents/carers will inform Sallygate School on what medical condition/s their child has and keep the school updated on existing and new conditions.
- Parents/carers will inform Sallygate School if their child has an existing Individual Healthcare Plan (IHP). Where an existing IHP exists, parents/carers will meet with designated staff members to regularly update and review a child's medical needs. The IHP will include daily medical needs and where appropriate guidance for supporting medical needs outside of school on school trips and residential stays. Parents/carers will notify Sallygate School of any changes to the child's medical condition and/or medication.

Pupils:

- Pupils (where appropriate) will ensure they inform responsible adults of how their condition affects them. The child's voice should be appropriately considered as part of the IHP.

The Sallygate School:

- The Sallygate School will ensure that this policy is sufficient to meet the requirements of section 100 Children and Families Act 2014.
- The Sallygate School will ensure the school has a robust health and safety policy in place and all staff receive appropriate induction training and review trainings as directed by the DFE.
- The Sallygate School will ensure that all risk assessments are inclusive of pupils with medical conditions.
- The Sallygate School will ensure that the First Aid Policy and medical policies including Supporting Pupils with Medical Conditions Policy is kept up to date.
- The Sallygate School will ensure that all pupils that have a medical condition, have an Individual Healthcare Plan (IHP), that is updated to reflect the pupils current health requirements and reviewed at least annually.
- The Sallygate School will report on medical policy success and improvement.
- The Sallygate School will provide indemnity to staff who volunteer to administer medication.

The Headteacher:

- The headteacher will ensure that The Sallygate School is inclusive and welcoming,
- The headteacher will ensure that the Supporting Pupils with Medical Needs policy is in keeping with local and national guidance and frameworks.
- The headteacher will liaise between interested parties to ensure that this policy is implemented and kept up to date.
- The headteacher will ensure relevant training for staff.

- The headteacher will ensure insurance arrangements are sufficient to keep school staff covered.
- The headteacher will ensure the school nursing service are kept informed and engaged with individual pupils where appropriate.

Teachers and other school staff:

- Teachers and other school staff will be aware of triggers and symptoms of conditions and know how to act in an emergency.
- Teachers and other school staff will know which pupils have a medical condition, allow pupils immediate access to emergency medication and communicate with parents if child unwell.
- Teachers and other school staff will ensure pupils have their medication when out of the classroom on school trips and outings.
- Teachers and other school staff will be aware if pupils with medical conditions suffer bullying or need extra social support. They understand common medical conditions and the impact they have on pupil wellbeing.
- Teachers and other school staff will ensure all pupils with medical conditions are not excluded unnecessarily from activities.
- Teachers and other school staff will ensure pupils with medical conditions have adequate medication and sustenance during exercise and be aware of medical conditions that can affect school work.
- Teachers and other school staff will use opportunities to raise awareness of medical conditions within the school.

Other health professionals/ designated persons:

- The SENCO and class teacher will liaise with parents if a child's learning is suffering due to a medical condition.
- The SENCO & Nominated First Aider will support the Head Teacher to update school's medical policies as appropriate.
- The SENCO will provide or coordinate regular training to school staff on common medical conditions and provide information about additional training.

- The Designated First Aider will give immediate help to casualties in school and ensure an ambulance or other professional help is called when necessary.
- The SENCO will be responsible for the implementation and development of Individual Healthcare Plans.
- The SENCO will know which pupils have special educational needs due to their medical condition and ensure teachers make arrangements if a pupil needs special consideration.
- The SENCO will ensure that pupils with medical conditions are not excluded unnecessarily from activities.

Pupils Who Cannot Attend School Because of Health Needs

Where a pupil cannot attend school because of their medical needs, initially the school will follow the usual process around attendance and mark the pupil as ill for the purposes of the register. Where a child is unable to attend school due to a medical condition the local authority has a duty to ensure that the pupil receives suitable educational provision. While the school recognises that there is no specific statutory point at which the local authority does have to put in place suitable provision, the guidance from the Department for Education (January 2013) is that suitable provision should be put in place from the sixth day of the absence and that delay should be minimal. The school will work with the local authority to ensure that all involved in a pupil's education are kept up to date on the pupil's condition and the school's ability to meet the pupil's medical needs.

Monitoring of Individual Healthcare Plans

This school uses Individual Healthcare Plans (IHPs) to record important details about individual children's medical needs at school. The plans will include the following (depending on the individual circumstances):

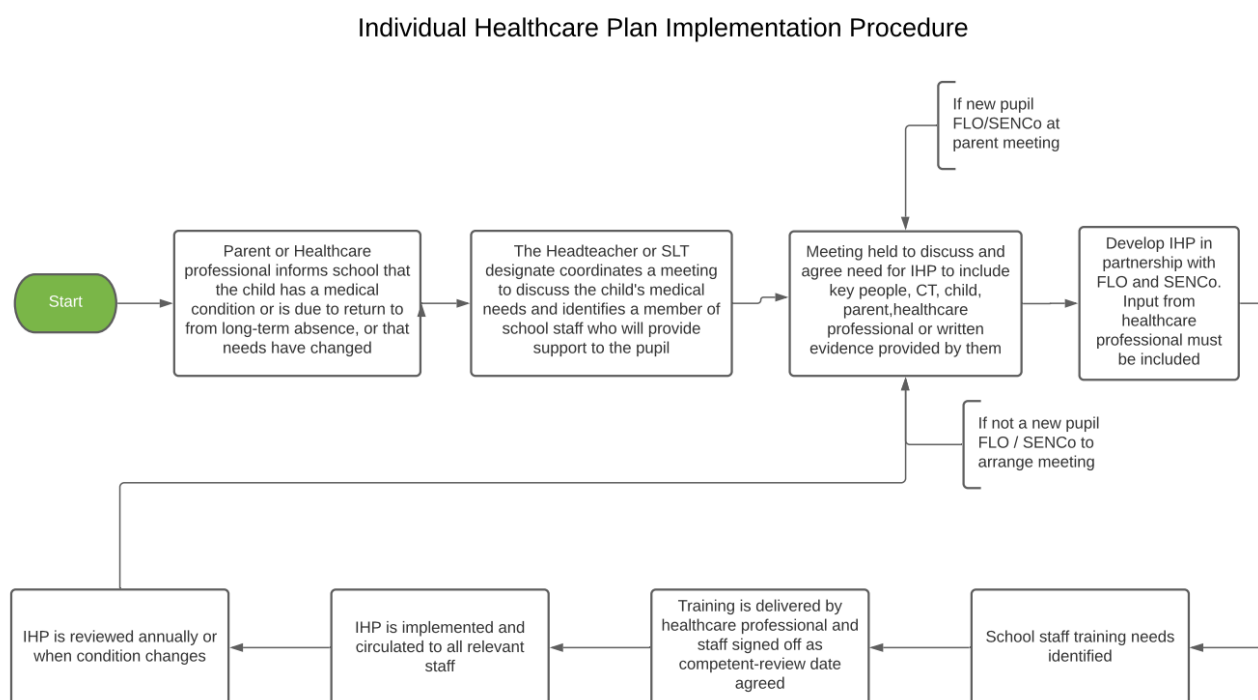
- Details of the medical condition – triggers, signs, symptoms and treatments
- Details of the impact of the condition on the child including the need for medication or other support, facilities or equipment that may be required
- Details of any specific support required to meet the individual's education, social or emotional needs
- Training requirements
- Internal information requirements (who needs to know)
- Parental consents for administration of medicine and sharing information
- Details of the designated individuals to be entrusted with information about the pupil's condition, where confidentiality issues are raised by the pupil or parent

- Information relevant to off-site visits
- Emergency information

Further documentation can be attached to the Individual Healthcare Plan if required.

- If a pupil has a short-term medical condition that requires medication during school hours, a medication form and explanation is sent to the pupil's parents to complete.
- The parents, SENCO, healthcare professional (where appropriate) and pupil with a medical condition, are asked to fill out the pupil's Individual Healthcare Plan together. Parents then return these completed forms to the school.
- The school ensures that the SENCO is present in the IHP process to help draw up an Individual Healthcare Plan for pupils with complex educational needs.

Visually, this is represented in the table below:



School Health Care Register, Storage and Access:

- A pupil's medical condition will be included in the pupils ARBOR profile and where an IHP is in place, this will be uploaded to the medical section in ARBOR.
- A pupil's medical condition will be clearly detailed in the *pupil passport* stored securely in each classroom to ensure that existing class staff, cover staff or new staff working directly with that pupil can meet their medical needs.
- The First Aider will securely store a hard copy file of all pupil IHPs that is accessible in an emergency situation.
- Parent/carer, will be required to sign consent to give permission for information about the child's medical condition and care to be shared appropriately to relevant staff members and sent ahead to emergency care when necessitated.

Ongoing Communication and Review of Individual Healthcare Plans:

- All new pupil admissions will require parent/carer to complete a medical questionnaire and hold a new parent meeting with the School and Community Liaison Manager (SCLM) and Special Educational Needs Coordinator (SENCo). Where identified an Individual healthcare Plan (IHP) will be developed by the school in partnership with the parent/carer, pupil and health care professionals (where appropriate).

Individual Healthcare Plans are used by this School to:

- Inform all relevant staff and supply teachers about the individual needs of a pupil with a medical condition in their care.
- Remind pupils with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times.
- Identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers.
- Ensure that all medication stored at school is within the expiry date.
- Ensure this school's local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency.
- Remind parents of pupils with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

Reviewing Individual Healthcare Plans

Every Individual Healthcare Plan shall be reviewed at least annually. The headteacher (or someone designated by them) shall, as soon as practicable, contact the pupil's parents/carers and the relevant healthcare provider to ascertain whether the current Individual Healthcare Plan (IHP) is still needed or needs to be changed. If the school receives notification that the pupil's needs have changed, a review of the IHP will be undertaken as soon as practicable.

Where practicable, staff who provide support to the pupil with the medical condition shall be included in any meetings where the pupil's condition is discussed.

Administration of Medication

- The school understands the importance of taking the medication as prescribed.
- All staff understand that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so. Where specific training is not required, any member of staff may administer prescribed and non-prescribed medicines to pupils under the age of 16 with parental/carer consent, following appropriate training and in accordance with that child's IHP and/or arrangements that have been agreed in writing by the school.
- The Sallygate School is responsible to ensure full insurance and indemnity to staff who administer medicines. Our insurance policy includes liability cover and will be made available to staff on request.
- Medicines will only be administered at the school when it would be detrimental to a pupil's health or school attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours.
- Administration of medication which is defined as a controlled drug (even if the pupil can administer themselves) should be done under the supervision of a member of staff.

Storage of Medication

Safe storage – emergency medication (including EpiPens)

- a. Emergency medication is readily available to pupils who require it at all times during the school day (e.g unassigned inhaler/epipen). If the emergency medication is a controlled drug and needs to be locked up, the key is readily available in the key cupboard of the school office. Controlled drugs will be securely stored in the first aid room and only the designated first aider will have access to these.
- b. All pupils carry their own inhaler/epipen at all times and a spare shall be kept in the First Aid room clearly labelled and accessible.
- c. Pupils are reminded to carry their emergency medication with them, where this would be detrimental, accompanying staff member will hold medication in class and ensure it is accompanied with child on and offsite.

Safe storage – non-emergency medication

- a. All non-emergency medication is kept in a lockable cupboard/fridge as appropriate in the First Aid Room.
- b. Pupils with medical conditions know where their medication is stored and how to access it.
- c. The designated First Aider ensures that medication is only accessible to those for whom it is prescribed.

Safe storage – general

- a. The Sallygate Schools designated first aider ensures the correct storage of medication at school.
- b. Three times a year the designated first aider checks the expiry dates for all medication stored at school
- c. The designated first aider, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into school is in the original container (except insulin) and clearly labelled with the pupil's name, the name and dose of medication and the frequency of dose. This includes all medication that pupils carry themselves.
- d. Some medication may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. This is in a secure area, inaccessible to unsupervised pupils.
- e. It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

Record Keeping

- The Sallygate schools Medical Information is included in the Arbor data contact sheet which will be sent out to all parents/carers at the beginning of the school year to review and update information held. Any pupil identifying a new medical condition will be invited to meet with school to initiate an IHP and a medication consent form will be issued where appropriate. **Appendix A**
- The Sallygate school's medical information form will also be provided as part of the admissions pack for all new pupil admissions.
- The Individual Health Care Plan process will be shared with parents/carers. **Appendix B**
- All medical conditions that require medication administered onsite during school hours will also require a medication consent form to be completed, signed and dated by parents and carers. **Appendix C**
- The first aider will manage the administration of all medication, including what, how and how much was administered, when and by whom. **Appendix D**

In an Emergency

First aiders and other relevant staff members understand and are updated in what to do in an emergency for the most common serious medical conditions at this school.

- In an emergency school staff are required under common law duty of care to act like any reasonably prudent parent/carer. **This may include administering medication.**
- Staff involved in home-to-school transport under the responsibility of the local authority are also kept up to date about a child or young person's medical needs via the Individual Healthcare Plan.
- Where a child has a medical condition, staff will receive training to support the care of the child in school, this will be updated in line with the IHP review and update annually.
- This school uses Individual Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of pupils with complex health needs in their care who may need emergency help. Supply staff are briefed on entry to the school; when undertaking their commissioned duties.
- In an emergency the First Aider will provide emergency services personnel a copy of the IHP that will be transported with the child to hospital.
- Information in Individual Healthcare Plans is also used to support transitional arrangements to another school and/or re-integration.
- If a pupil needs to be taken to hospital in an emergency, a member of staff will always accompany them and will stay with them until a parent arrives. This school will try to ensure that the staff member will be one the pupil knows. The staff member concerned should inform a member of the school's senior management.
- All pupils with medical conditions should have easy access to their emergency medication. Items such as inhalers and EpiPens are held by the pupil who must take the responsibility to have it to hand at all times.
- Pupils are encouraged to administer their own emergency medication (e.g. EpiPen) where possible and should carry it with them at all times unless it is a controlled drug as defined in the Misuse of Drugs Act 1971. This also applies to any off-site or residential visits.
- Pupils are encouraged to keep spare supplies of emergency medication, labelled and stored securely in the first aid room.
- For off-site activities, such as visits, residential trips and other school activities outside of normal timetable hours, a risk assessment is undertaken to ensure pupils needing medication still have access and a staff member is named as the responsible lead. The risk assessment also helps to identify any reasonable adjustments that need to be made.

Unacceptable Practice

Our staff recognise that it is not acceptable practice to do the following:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their Individual Healthcare Plans.
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Complaints

Complaints about support in accordance with this policy should be dealt with in accordance with the school's published complaints policy.

Appendix

- A. Individual Healthcare Plan (IHP) Form**
- B. Individual Healthcare Plan Process**
- C. Medication Consent Form**
- D. Record of Medication administered Log**
- E. Asthma**
- F. Seizure / Epilepsy**
- G. Anaphylaxis**

Appendix A



Individual Healthcare Plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

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*)

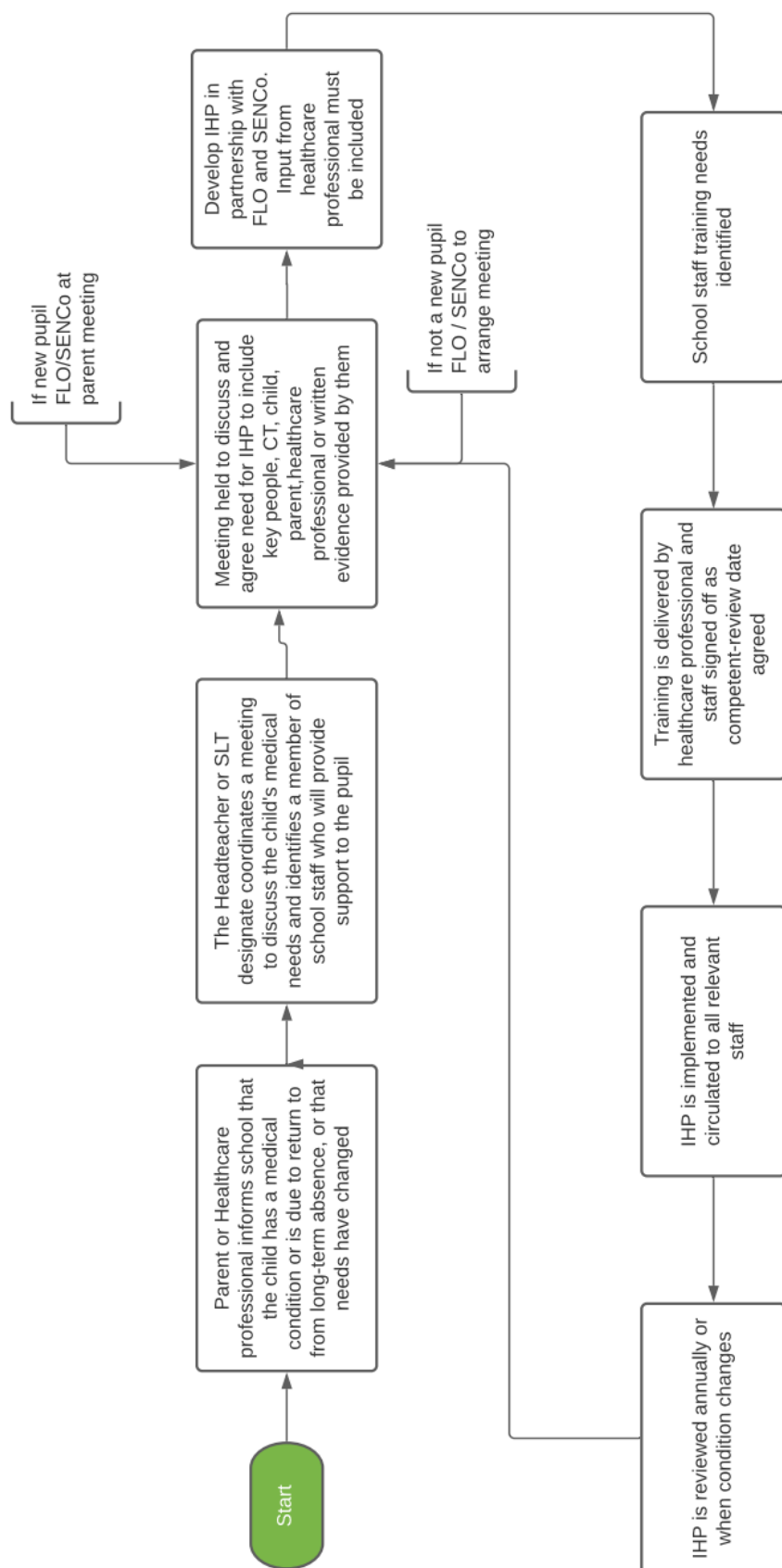
Plan developed with

Staff training needed/undertaken – who, what, when

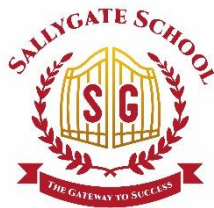
Form copied to

Appendix B

Individual Healthcare Plan Implementation Procedure



Appendix C



Parental Agreement for School to Administer 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.

Date for review to be initiated by

Name of child

Date of birth

Class

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/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

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the
medicine personally to

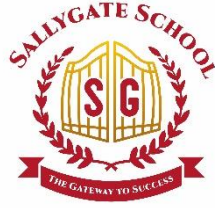
[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting 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 D

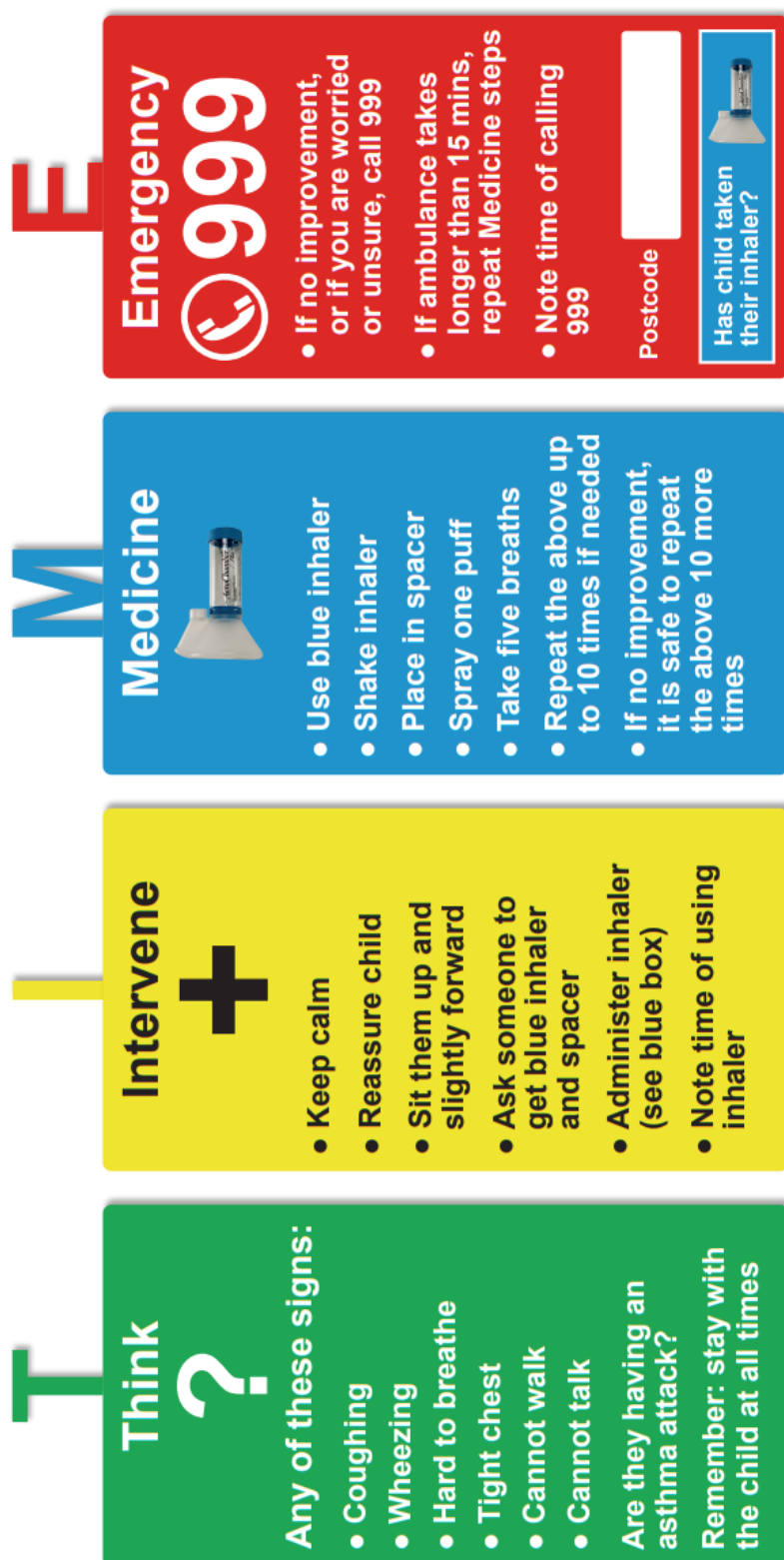


Record of Administered Medication

Date	Time	Name of medicine	Dose given	Any reactions	Administered by



How to manage an asthma attack in children



When asthma strikes, it's TIME to act

seizure?

epilepsy
society

you can help

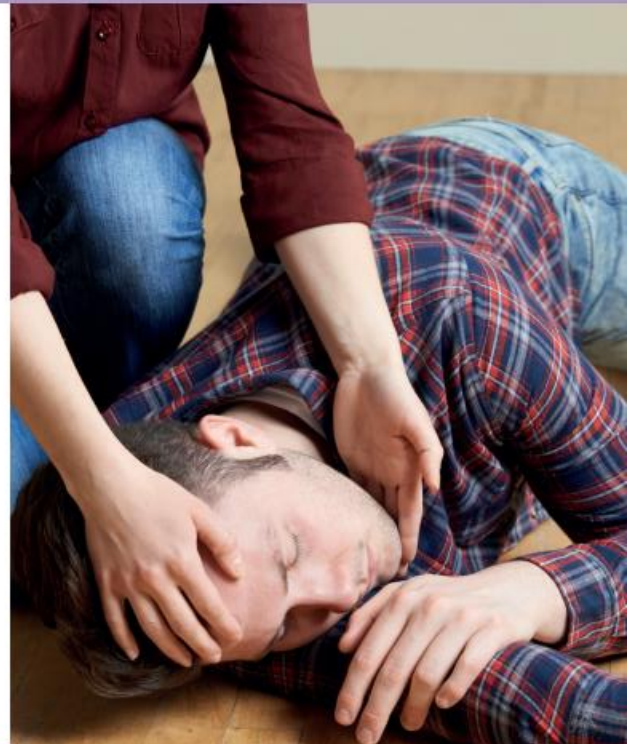
time the seizure

cushion their head

- ✗ don't move them unless in a dangerous place
- ✗ don't hold them down
- ✗ don't put anything in their mouth

put them in the recovery position after they stop shaking

stay with them until they recover and their breathing is normal



ambulance?

999

if the seizure is longer than 5 minutes
if another seizure starts straight after the first
if breathing is difficult after the seizure stops
if they are injured

no collapse?

Some people have seizures where they are blank or confused, wander around, or make strange movements

keep them safe
speak quietly and calmly

[epilepsysociety.org.uk](https://www.epilepsysociety.org.uk)



helpline

01494 601 400

Confidential. National call rate.
Information and emotional support.






Registered charity number 206186

Recognize and Respond to Anaphylaxis

For a suspected or active food allergy reaction





FOR ANY OF
THE FOLLOWING

SEVERE SYMPTOMS

-  **LUNG:** Short of breath, wheezing, repetitive cough
-  **HEART:** Pale or bluish skin, faintness, weak pulse, dizziness
-  **THROAT:** Tight or hoarse throat, trouble breathing or swallowing
-  **MOUTH:** Significant swelling of the tongue or lips
-  **SKIN:** Many hives over body, widespread redness
-  **GUT:** Repetitive vomiting, severe diarrhea
-  **OTHER:** Feeling something bad is about to happen, anxiety, confusion

OR MORE
THAN ONE

MILD SYMPTOM

-  **NOSE:** Itchy or runny nose, sneezing
-  **MOUTH:** Itchy mouth
-  **SKIN:** A few hives, mild itch
-  **GUT:** Mild nausea or discomfort

1 INJECT EPINEPHRINE IMMEDIATELY

2 Call 911 Request ambulance with epinephrine.

Consider Additional Meds

(After epinephrine):

- » Antihistamine
- » Inhaler (bronchodilator) if asthma

Positioning

Lay the person flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.

Next Steps

- » If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- » Transport to and remain in ER for at least 4 hours because symptoms may return.

Do not depend on antihistamines. When in doubt, give epinephrine and call 911.



FARE

Food Allergy Research & Education

foodallergy.org

©2017, Food Allergy Research & Education (FARE)