# SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

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<th>Policy</th>
<th>Supporting Pupils With Medical Conditions Policy</th>
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<tr>
<td>Policy adopted by Trust Board</td>
<td>10.7.20</td>
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<td>Reported to LGBs for implementation</td>
<td>15.7.20</td>
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<td>Implementation Date</td>
<td>15.7.20</td>
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<tr>
<td>Review Date</td>
<td>July 2023</td>
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<td>Policy Source</td>
<td>Own Sourced Policy</td>
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KEY DEFINITIONS USED IN THIS POLICY:

<table>
<thead>
<tr>
<th>The Trust</th>
<th>LIFE Education Trust</th>
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<tr>
<td>The Board/Directors/Trust Board</td>
<td>The Board of Directors of LIFE Education Trust</td>
</tr>
<tr>
<td>School /Trust School</td>
<td>An Academy or School within LIFE Education Trust</td>
</tr>
<tr>
<td>Staff</td>
<td>All staff employed by LIFE Education Trust and working with academies, School s or units within LIFE Education Trust</td>
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All Schools within the LIFE Education Trust are legally defined as academies, regardless of whether the term “School” is used to describe them in the following policy.

Contents

1. INTRODUCTION..................................................................................................................3
2. SCOPE/AIMS......................................................................................................................3
3. ROLES & RESPONSIBILITIES..............................................................................................3
4. DEFINITIONS....................................................................................................................6
5. TRAINING OF STAFF..........................................................................................................6
6. HEALTHCARE PLANS (HCP)..............................................................................................6
7. MEDICINES.......................................................................................................................7
8. EMERGENCIES..................................................................................................................7
9. AVOIDING UNACCEPTABLE PRACTICE ................................................................................8
10. Appendix 1 - Healthcare plan implementation procedure ...........................................9
11. Appendix 2 - Healthcare plan template .......................................................................10
12. Appendix 3 - Parental agreement for a school to administer medicine template ............14
13. Appendix 4 - Contacting emergency services..............................................................15
14. Appendix 5 - Model letter inviting parents to contribute to individual healthcare plan development ..........................................................16
1. INTRODUCTION

1.1. The Trust wishes to ensure that pupils with medical conditions receive appropriate care and support at all schools within the Trust. This policy has been developed in line with the Department for Education’s statutory guidance of September 2014, updated in August 2017: “Supporting pupils at school with medical conditions”.

1.2. Ofsted places a clear emphasis on meeting the needs of pupils with SEN and disabilities, and this includes children with medical conditions.

1.3. Most pupils will, at some time, have a medical condition which may affect their participation in school activities. For many this will be short-term: perhaps finishing a course of medication. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

1.4. This policy defines the ways in which the Trust supports the needs of pupils with medical conditions (temporary or long-term), whilst safeguarding staff by providing clear guidelines and parameters for the support they offer.

2. SCOPE/AIMS

It is the Trust's aim:

2.1. To ensure that children with medical needs receive proper care and support in school and experience as little disruption to their education as possible.

2.2. To provide guidance to staff, teaching and non-teaching, on the parameters within which they should operate when supporting pupils with medical needs.

2.3. To develop staff knowledge and training in all areas necessary for our pupils.

2.4. To ensure safe storage and administration of agreed medication.

2.5. To provide fully inclusive schools.

3. ROLES & RESPONSIBILITIES

THE LOCAL GOVERNING BODY:

3.1. has overall responsibility for the implementation of the Policy and procedures on behalf of the Trust, ensuring that the Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.

3.2. must also handle complaints regarding this policy as outlined in the school’s Complaints Policy.

3.3. must ensure that all pupils with medical conditions are able to participate fully in all aspects of school life and relevant training is delivered to staff members who take on responsibility to support children with medical conditions.

3.4. must ensure that the level of insurance in place reflects the level of risk.
THE HEADTEACHER:

3.5. will be responsible for the day-to-day implementation and management of the Policy and procedures on behalf of the Trust.

3.6. must ensure that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy and staff who need to be made aware of a pupil’s medical condition. They must also make all staff aware of the policy.

3.7. must ensure the policy is developed effectively with partner agencies and liaise with healthcare professionals regarding the training required for staff.

3.8. must ensure that the appropriate staff in school are developing Individual Healthcare Plans (IHCPs) and that there are a sufficient number of trained members of staff available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.

THE DESIGNATED HEALTHCARE COORDINATOR

3.9. The Trust has a Designated Healthcare Coordinator in each school in the Trust.

3.10. Pupils with medical needs are identified from the information provided by parents/carers on the school’s admission form or from parent/carer’s information provided during the pupil’s career at the school.

3.11. The Designated Healthcare Coordinator will contact parents/carers prior to entry to establish a pupil’s medical needs where a medical issue has been reported.

3.12. The Designated Healthcare Coordinator will liaise with parents/carers, the School Nurse Service, the SENDCO and other Healthcare Professionals in order to write a IHCP (see: Appendix 1: Individual Health Care Plan Implementation Procedure).

3.13. The Designated Healthcare Coordinator must ensure they keep written records of any and all medicines administered. All medication that is kept to administer with a ‘Permission to Administer Form’ is kept in a filing cabinet with each medication in a named wallet with expiry date and form. When a pupil takes the medication the Designated Healthcare Coordinator, or other designated, trained member of staff, records this on a card kept with the medication stating the date, time, how much was taken and sign it. Emergency medication, such as Epipens and medication for diabetes, is kept in a separate filing cabinet as this needs to be accessed at all times and is left unlocked. This medication is recorded in the same way. This way whoever administers medication can clearly see if it has already been taken.

3.14. The Designated Healthcare Coordinator, or other designated, trained member of staff, must administer medication, if they have agreed to undertake that responsibility and undertake training to achieve the necessary competency for supporting pupils with medical conditions.

3.15. The Designated Healthcare Coordinator must ensure that staff members are informed of medical conditions and that the medical information board is updated regularly.

STAFF MEMBERS

3.16. Every staff member must take appropriate steps to support children with medical conditions and, where necessary, make reasonable adjustments to include pupils with medical conditions into lessons. Staff are responsible for fostering the caring attitude of other pupils, by both educational and personal examples in dealing with pupils’ medical needs.
3.17. Everyone must familiarise themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help. Staff are responsible to carefully read advice emailed out by the Designated Healthcare Coordinator, as well as information of individual pupils’ needs posted on the Staffroom Medical Notice Board.

3.18. Staff are responsible for reporting any concerns about a pupil’s health to the Designated Healthcare Coordinator.

3.19. For school trips, trip leaders are responsible for gathering medical needs information prior to the trip and are responsible for providing adequate First Aid trained staff for each trip. They must take a copy of the IHCP.

SCHOOL NURSE SERVICE

3.20. The School Nurse Service must notify the school when a child has been identified with requiring support in school due to a medical condition and liaise with lead clinicians on appropriate support.

3.21. The Designated Healthcare Coordinator will develop and promote effective working relationships with outside agencies, especially the School Nurse Service and the Vaccination Team.

3.22. The School Nurse Service is provided with contact details to liaise with parents/carers, regarding Individual Health Care Plans (IHCPs) for pupils with long term or complex medical needs.

PARENTS & CARERS

3.23. Parents and Carers must keep the school informed about any changes to their child/children’s health and discuss any medications with the school and their child/children prior to requesting that a staff member administers the medication.

3.24. Parents and Carers must support the school by completing a parental agreement for school to administer medicine form (see: Appendix 3 ‘Parental Agreement for a School to Administer Medicines’)) before bringing medication into school and where necessary, developing an Individual Healthcare Plan (IHCP, see Appendix 2) for their child in collaboration with the school and other healthcare professionals.

3.25. Parents and Carers must also provide the school with the medication their child requires, keep it up to date and collect any leftover or out of date medication as requested by the school.

THE PUPIL/CHILD

3.26. In a secondary setting, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. Where possible, pupils will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location.

3.27. Where appropriate, pupils will be encouraged to take their own medication under the supervision of a staff member.

3.28. If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.

3.29. In a Secondary setting, pupils with long term or complex medical needs will carry a red card supplied by the Designated Healthcare Coordinator. Pupils who need to leave the classroom for short term medical reasons will be given a green card supplied by the
Designated Healthcare Coordinator. In a Primary setting, the Designated Healthcare Coordinator or other appropriate member of staff will seek to find the child to administer the relevant medication at the appropriate time.

3.30. The Trust recognises that pupils may feel anxious or isolated by a medical condition or by becoming unwell at school or sustaining an injury. The Trust will support all pupils by providing a safe and caring environment and providing current and accurate information so that staff and pupils’ awareness is promoted. The Trust will provide appropriate support for pupils with professionally diagnosed medical conditions.

DEFINITIONS

4.1. “Medication” is defined as any prescribed medicine.

4.2. A “staff member” is defined as any member of staff employed by the Trust, including teachers.

TRAINING FOR STAFF

5.1. All staff will receive training on the Supporting Pupils with Medical Conditions Policy as part of their new starter induction and will receive ongoing support as part of their development.

5.2. Staff who undertake responsibilities under this policy will receive appropriate training externally and the school will keep a record of training undertaken and a list of staff qualified to undertake responsibilities under this policy. Training involves:

- First Aid training
- Epilepsy training
- Asthma Training
- Epipen Training

5.3. No staff member may administer prescription medicines, administer drugs by injection or undertake any healthcare procedures without undergoing training specific to the responsibility.

5.4. Provision of First Aid assistance is limited to the training received by First Aid qualified staff.

INDIVIDUAL HEALTHCARE PLANS (IHCPs)

6.1. Where necessary, an Individual Healthcare Plan (IHCP – see: Appendix 2) will be developed in collaboration with the pupil, parents/carers, school, Designated Healthcare Coordinator and medical professionals and, where necessary, the SENDCO (Special Educational Needs Coordinator).

6.2. IHCPs should be easily accessible whilst preserving confidentiality and reviewed at least annually or when a child’s medical circumstances change, whichever is sooner.

6.3. Where a pupil has a statement of special education needs, the IHCP will be linked to it or become part of it.

6.4. Where a child is returning from a period of hospital education or alternative provision or home tuition, the school will work with all relevant parties to ensure that the IHCP identifies the support the child needs to reintegrate.

6.5. IHCPs are developed using the Havering Healthcare Template (see: Appendix 2) or the 2014 DfE templates upon which these are based. They must be signed by parents/carers, pupils, the Designated Healthcare Coordinator and the SENDCO where applicable.
MEDICATION

7.1. Where possible, it is preferable for medication to be prescribed in frequencies that allow the pupil to take them outside of school hours. If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form. In primary settings, a teacher will also sign the form.

7.2. No child will be given any medication or prescription medication without written parental consent except in exceptional circumstances.

7.3. Where a pupil is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.

7.4. No child under 16 years of age will be given medication containing aspirin or paracetamol without a doctor's prescription.

7.5. Medication MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medication which do not meet these criteria will not be administered.

7.6. A maximum of four weeks’ supply of the medication may be provided to the school at one time.

7.7. Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.

7.8. Medications will be stored in the medical room and a written record will be kept of any medication administered.

7.9. Any medications left over at the end of the course will be returned to the child's parents.

7.10. Pupils will never be prevented from accessing their medication.

7.11. The Trust cannot be held responsible for side effects that occur when medication is taken correctly.

EMERGENCIES

8.1. Where an Individual Healthcare Plan (IHCP) is in place, it should detail what constitutes an emergency and what to do in an emergency.

8.2. If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

8.3. Pupils who require First Aid Assistance will be seen in the medical room or, if not mobile, at the scene of the accident/incident.
AVOIDING UNACCEPTABLE PRACTICE

9.1. The Trust understands that the following behaviour is unacceptable:

- Assuming that pupils with the same condition require the same treatment
- Ignoring the views of the pupil and/or their parents
- Ignoring medical evidence or opinion
- Sending pupils home frequently or preventing them from taking part in activities at school
- Sending the pupil to the medical room or school office alone if they become ill
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues
- Creating barriers to children participating in school life, including school trips
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition
**APPENDIX 1 - HEALTHCARE PLAN IMPLEMENTATION PROCEDURE**

1. **Parent or Healthcare Professional** informs school that child has medical condition or is due to return from long-term absence, or that needs have changed.

2. Designated Healthcare Coordinator arranges meeting to discuss child's medical needs.

3. Meeting held to discuss and agree on the need for IHCP to include key school staff, child, parent, relevant healthcare professionals and SENDCO where necessary.

4. Develop IHCP in partnership with healthcare professionals and agree on who leads.

5. School staff training needs identified.

6. Training delivered to staff - review date agreed.

7. IHCP implemented and details circulated to relevant staff.

8. IHCP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate. (Back to 3.)
HEALTH CARE FOR PUPILS IN PRE-SCHOOL/MAINSTREAM SETTINGS

CARE PLANNING DOCUMENT

<table>
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<tr>
<th>Name:</th>
<th>DoB:</th>
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<td>Address:</td>
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<td>School:</td>
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Medical diagnosis

Key health implications for school:

Parent/Carer contact details:

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<th>Name:</th>
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<td>Address:</td>
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<tr>
<td>Tel Nos:</td>
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Drawn up by:
To be completed by Parent(s)/Carer(s)

School Nurse:  Tel No:

GP:  Tel No:

Pediatrician:  Tel No:

Social Worker/Children with Disabilities Team:

Other relevant professionals:
Name: 
Name:  Tel No:

To be completed by SENDCO

SENDCO:

Educational Psychologist:  Tel No:

Support staff in school:  (To be completed by school)
Name(s) .................................................................
Other staff:

☐ MDA
☐ TA
☐ Medical/Welfare Officer

Date:  Review Date:
<table>
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<tr>
<th>CARE ISSUE</th>
<th>ACTION</th>
<th>BY WHEN/WHOM</th>
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Further information available at

Date: .................................
HEALTH CARE PLAN AGREEMENT

Name of child:  ……………………………………..    Date of birth:  …………………

Setting/School:  …………………………………………………

I/We  …………………………………….. being the parent(s)/carer(s) of  …………………  
have read and accept the Health Care plan prepared for our child which is accurate to the best of 
my/our knowledge at the time of writing. We understand that the school has agreed to provide the 
health care set out in this plan.

I/We undertake to provide any changes to the information set out above immediately in 
writing, including contact numbers, so that the setting/school can continue to provide safe 
support and care for my child.

I/We consent to medical/nursing care 
being delivered in school by  …………………………………………………

who have received awareness training from,  …………………………………………………

Signature(s) of parent(s)/carer(s):

………………………………….. Print name:  …………………………….    Date:  …………………

………………………………….. Print name:  …………………………….    Date:  …………………

Signature of child/pupil (if appropriate):

………………………………….. Print name:  …………………………….    Date:  …………………

Signature of Health Visitor/School Nurse:

………………………………….. Print name:  …………………………….    Date:  …………………

I can confirm that the school staff are covered by the Council’s Public Liability Insurance 
to provide the health care set out above subject to appropriate training and on-going 
assessment to ensure that their skills are up-to-date.

This setting/school is not run by the Council. I can confirm that our Public Liability 
Insurers have been informed and our insurance policy extended to include the 
provision of health care to pupils.

I confirm that the school will provide the health care set out in this plan until instructed by the 
parent(s)/carer(s).

Signature of Headteacher/Manager:  ……………………………………………………………

Print name:  …………………………….    Date:  …………………

Reviews of the HCP

<table>
<thead>
<tr>
<th>Date</th>
<th>Parent/carre</th>
<th>Headteacher/Manager</th>
<th>Health professional</th>
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APPENDIX 3
PARENTAL AGREEMENT FOR A SCHOOL TO ADMINISTER MEDICINE TEMPLATE

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

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<th>Name of school/setting</th>
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<th>Date</th>
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<table>
<thead>
<tr>
<th>Child’s name</th>
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<tr>
<th>Group/class/form</th>
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<th>Name and strength of medicine</th>
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<th>Expiry date</th>
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<table>
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<tr>
<th>How much to give (i.e. dose to be given)</th>
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<th>When to be given</th>
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<tr>
<th>Any other instructions</th>
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<thead>
<tr>
<th>Number of tablets/quantity to be given to school/setting</th>
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**Note: Medicines must be in the original container as dispensed by the pharmacy**

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<th>Daytime phone no. of parent or adult contact</th>
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<tr>
<th>Name and phone no. of GP</th>
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<tr>
<th>Agreed review date to be initiated by</th>
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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.

Parent’s signature ________________________________

Print name ________________________________

Date ________________________________

If more than one medicine is to be given a separate form should be completed for each one.
APPENDIX 4
CONTACTING EMERGENCY SERVICES

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- The telephone number you are calling from – **Add your direct line phone number/mobile**
- Your name.
- Your location
- The satnav postcode (if different from the postal code.)
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and state that the crew will be met and taken to the patient.

Confirm the information provided to the emergency services below.

Your Name: ………………………………………………………………………

Pupils’ Name: ………………………………………………………………………

Date and Time: ………………………………………………………………………

Location: ………………………………………………………………………

Brief Description of Symptoms
Dear Parent,

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child’s medical condition. I enclose a copy of the school’s policy for supporting pupils at school with medical conditions for your information.

A central requirement of the Policy is for an Individual Healthcare Plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual Healthcare Plans are developed in partnership with the school, parents/carers, pupils and the relevant Healthcare Professional who can advise on your child’s case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual Healthcare Plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child’s medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child’s individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will include add details of team. Please let us know if you would like us to invite another medical practitioner, Healthcare Professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I or add name of other staff lead would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

Name of Headteacher