



**Supporting Pupils with Medical Conditions
Policy**

Author: MAT Operations Department

**This Policy has been approved and adopted by the Xavier Catholic Education Trust
in Oct 2022**

**Committee Responsible: Audit and Risk Committee
To be reviewed in Oct 2024**

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Xavier Catholic Education Trust Mission Statement

Our mission is to provide an outstanding Catholic education for all the children in our schools. We will follow the example and teachings of Christ and everything we do will be inspired by gospel values. We will strive for excellence in all areas of our work and cherish every child in our care.

1. Aims

This policy aims to ensure that:

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

The Headteacher will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making sure school leaders consult health and social care professionals, pupils and parents/carers to ensure the needs of children with medical conditions are properly understood and effectively supported.
- 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)

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 boards to make arrangements for supporting pupils at their school with medical conditions.

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

This policy also complies with our Funding Agreement and Articles of Association.

This policy takes into account the DfE statutory guidance 'Keeping Children Safe in Education' 2022 and 'Working Together to Safeguard Children' 2018.

This document should be read in conjunction with other relevant policies including, but not limited to, the Xavier Child Protection and Safeguarding Policy and SEND Policy

The Special educational needs and disability code of practice [SEND code of practice: 0-25 years](#) explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs. For pupils who have medical conditions that require education, health and care plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

3. Roles and responsibilities

3.1 The Trust Board

The Trust Board has ultimate responsibility to make arrangements to support pupils with medical conditions. The Trust Board will ensure that pupils with medical conditions can access and enjoy the same opportunities at school as any other child. The Trust Board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions. The Trust Board delegates responsibility for the day-to-day implementation and delivery of the policy to the Headteacher at each school.

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 the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines unless administering medicines is included in the contractual duties of support staff.

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.

Staff will take the same care that a reasonable, responsible and careful parent/carer would take in similar circumstances, while they are responsible for the care of children.

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.

All staff will be alert to the potential need for early help for a child who has a health condition.

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
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

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 Pediatricians, 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/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 has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

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

See Appendix 1.

6. Individual healthcare plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Deputy Headteacher.

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/carers 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/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEND but does not have an EHC plan, the SEND 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 board 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, emotional and mental health 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/carers 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/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

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

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

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

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

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. A log will always be kept. Parents/carer's will be informed unless they have given prior written consent for a prescription medicine or paracetamol.

On 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 has allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies [Emergency asthma inhalers for use in schools - GOV.UK \(www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools\)](http://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools).

On 1st October 2017 this was extended to the use of Adrenaline Auto-Injectors (AAIs). [Using emergency adrenaline auto-injectors in schools - GOV.UK \(www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools\)](http://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools).

All medicines should be stored safely to prevent inappropriate access. Children should know where their medicines are at all times and be able to access them immediately. Where appropriate spare medication should be held in school. Where relevant, the child should know who holds the key to the storage facility. Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. This is particularly important to consider when outside of the setting such as an off-site trip.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include the pupil's name, 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. It is good practice to provide two (in date) adrenaline auto-injectors.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required or expired.

In exceptional circumstances where members of staff return medicines to a community retail pharmacy for disposal, details of the medicine, the quantity returned and the name of the pharmacy will be recorded. This must be signed and dated by the member of staff and if possible by the pharmacist.

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.

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.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers 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/carers so that an alternative option can be considered, if necessary.

7.3 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/carers
- 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/carers 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/carer 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/carers 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/carer 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 recognize and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents/carers 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.

A new consent form will be completed if a new medicine is to be administered, or if there are changes to existing medicines. A verbal message is not acceptable. A new supply of correctly labelled medicine must be provided by the parent.

11. Liability and indemnity

Xavier Trust will ensure that our schools are members of the Department for Education's risk protection arrangement (RPA) who will provide liability cover relating to the administration of medication and relevant medical procedures.

12. Complaints

Parents/carers with a concern about the support provided to children with 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 and approved by the Trust board annually.

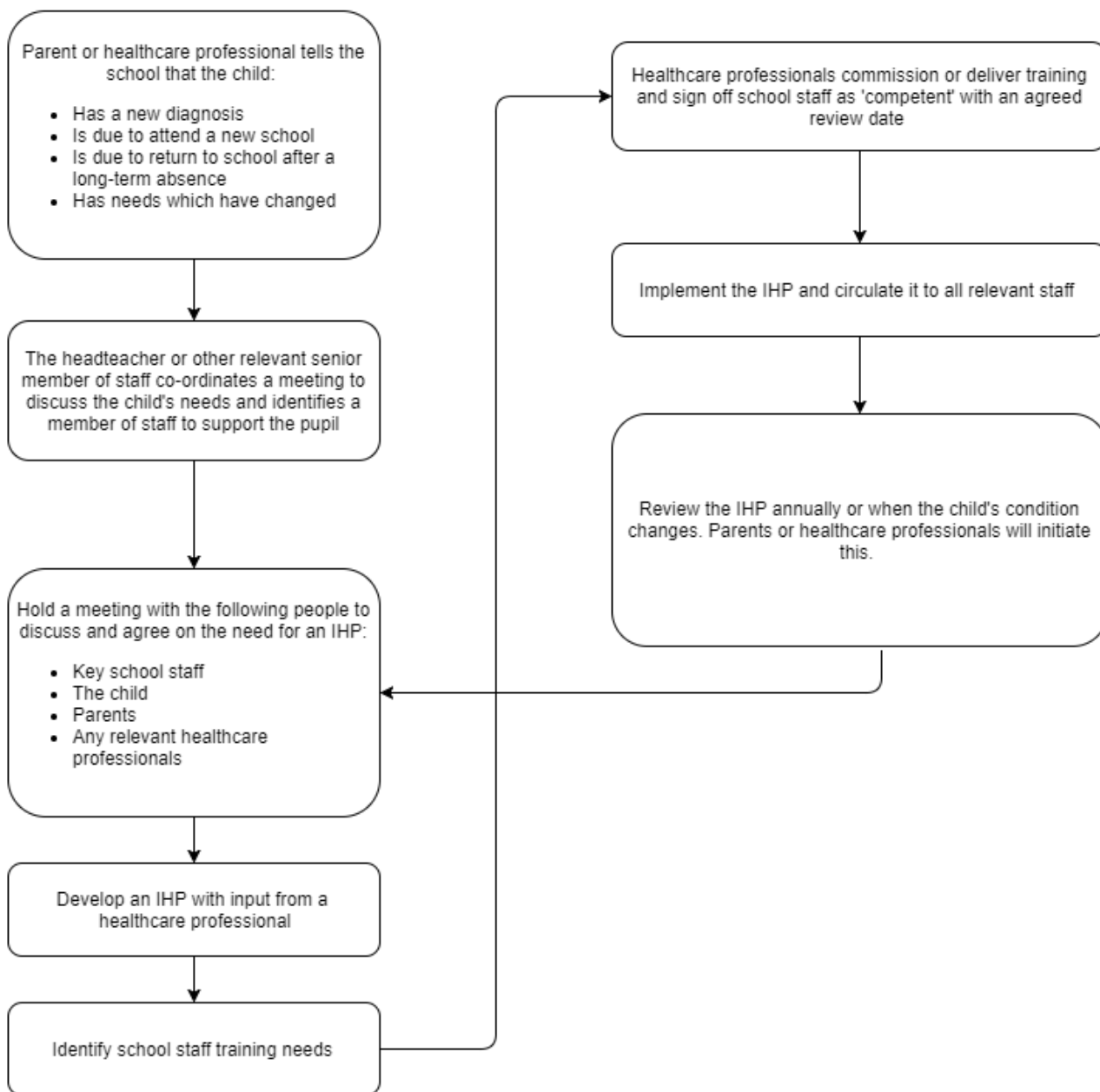
14. Links to other policies

This policy links to the following policies:

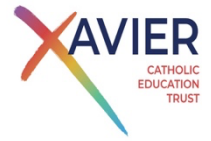
- Child Protection and Safeguarding
- Accessibility plan
- Complaints
- Equality information and objectives

- > Health and safety
- > Child Protection and Safeguarding
- > Special educational needs and disability
- > Mental Health and Wellbeing Policy

Appendix 1: Being notified a child has a medical condition



Appendix 2: Individual Healthcare Plan Template



Individual Healthcare Plan (IHP)

Childs Information

Name	
Tutor Group	
Date of Birth	
Address	
Medical Need/s or Condition Diagnosis	
Date of IHP	
Review Date	

Parents/Carers Information

Name	Relationship	Contact Numbers

Medical Professionals Contact Information

Name	Designation & Hospital/Clinic	Contact number / email
	GP	

Medical Conditions

Medical Condition	Additional relevant information

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, who holds medication (child or school or both)

Daily Care Requirements

Specific Support for SEMH

Arrangements for Trips

Any other Information or Reasonable Adjustments required

Emergency Details

What happens	Actions needed	By whom	Responsibility

Actions

Action	Training Need	Who	By When

An electronic signature will be accepted.

Signed (parent/carer)	
Full name (parent/carer)	
Date	
Signed (school)	
Full name (school)	
Date	

To be shared with: