



# Supporting Pupils with a Medical Condition at School

**October 2023**

**Review Date: October 2025**

# Supporting Pupils with a Medical Condition at School Policy

## 1.0 - Introduction

**1.1** - The aim of this policy is to ensure that all pupils with long-term medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

**1.2** - This policy refers to children with longstanding, ongoing medical conditions.

**1.3** - This policy is based upon the 'Supporting Pupils at School with Medical Conditions' guidance issued by the Department for Education in December 2015.

**1.4** - Section 100 of the Children and Families Act 2014 places a duty upon the Trust and the Local Governing Body to support pupils with a medical condition. It is statutorily incumbent upon the Local Governing Body and the Trust to follow the advice issued by the Secretary of State.

**1.5** - This policy shall be reviewed and amended upon the Secretary of State issuing new guidance. Notwithstanding this, this policy shall be reviewed annually, although it shall not be amended in any way which would result in its deviation from the Secretary of State's advice.

**1.6** - The responsibility for the implementation of this policy rests with the Executive Headteacher

**1.7** - In drawing up this document, NET Academies Trust have made reference to the following acts and regulations.

- The Education Act 1996;
- The Care Standards Act 2000;
- Health and Safety at Work Act 1974;
- Management of Health and Safety at Work Regulations 1999;
- Medicines Act 1968.

**1.8** - This policy was recommended to the CEO and approved in October 2021.

**1.9** - This policy will be reviewed not less frequently than once every year, however it may be reviewed before this time should regulations change or advice as to its improvement be received.

**1.10** - Date of next review: October 2025

## 2.0 - The Roles of those Involved in Providing Support for Pupils with Medical Conditions

**2.1** - **Local Governing Bodies** have a duty to:

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**2.1.1** - Make arrangements to support pupils with medical needs, including making sure a robust policy is developed and implemented.

**2.1.2** - Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

**2.1.3** - Ensure that relevant staff have access to all necessary information and teaching support materials.

**2.1.4** - Ensure that pupils with medical conditions are supported to enable the fullest possible participation in all aspects of school life.

**2.1.5** - Ensure that the appropriate level of insurance is in place to reflect the level of risk for staff supporting pupils with medical conditions.

**2.2** - Head of School has a duty to:

**2.2.1** - Ensure that policy is developed and adequately implemented, in conjunction with relevant partners.

**2.2.2** - Ensure all staff are aware of the policy and understand their role in implementation.

**2.2.3** - Ensure that staff are aware of a particular child's medical condition, as detailed in their Individual Healthcare Plan (IHP).

**2.2.4** - Ensure a sufficient number of appropriately trained staff are available to effectively deliver this policy and all IHPs, including contingency and emergency situations, recruiting trained staff as necessary.

**2.2.5** - Overall responsibility for the development of IHPs.

**2.2.6** - Ensure that staff are adequately insured and made aware of cover.

**2.2.7** - Ensure that the school nurse is made aware of pupils requiring support.

**2.2.8** - Ensure that supply teachers and short term staff are briefed about IHPs.

**2.2.9** - Ensure that there are always sufficiently trained staff on hand to deal with a medical emergency.

**2.2.10**- Introduce such substance restrictions to contribute to a medical conditions (such as allergens), as they may deem appropriate.

**2.2.11**- Contact the school nursing service when a pupil has a medical condition that may require support, but has not yet been brought to the attention of the school nurse.

**2.3** - **Academy Staff** have a duty to:

**2.3.1** - Any member of academy staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.

**2.3.2** - Although administering medicines is not part of a teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

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**2.3.3** - Academy staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

**2.3.4** - Any member of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **2.4 - School Nurses**

**2.4.1** - The academy will either have an employed nurse or access to school nursing services.

**2.4.2** - They will not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's IHP and provide advice and liaison, for example on training where necessary.

**2.4.3** - Can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

### **2.5 - Other Healthcare Professionals**

**2.5.1** - Should notify the school nurse of pupils requiring support.

**2.5.2** - May provide advice on developing IHPs.

**2.6 - Pupils** who are able to, have a duty to:

**2.6.1** - Provide information about how their condition affects them.

**2.6.2** - Where appropriate, be fully involved in discussions and contribute to their IHP.

**2.6.3** - Be sensitive to the needs of other pupils with medical conditions.

**2.6.4** - Comply fully with their IHP.

**2.7 - Parents/Carers** have a duty to:

**2.7.1** - Provide school with sufficient up to date information about their child's medical condition.

**2.7.2** - Be involved in development and review of their child's IHP.

**2.7.3** - Carry out any action they have agreed to as part of their child's IHP.

**2.7.4** - Ensure their child's medication is labelled and in date.

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### **3.0 - Admissions and Transition Arrangements**

**3.1** - No child will be denied admission to the academy or be prevented from taking up a school place due to the academy's failure to make appropriate arrangements for their medical condition.

**3.2** - Where a pupil with a medical condition is due to transition to a different school, the academy will ensure that meetings are arranged in advance to allow the parents/carers, school and health professionals to prepare an IHP and train staff where appropriate.

### **4.0 - Notification Arrangements**

**4.1** - When the school receives notification of a pupil's medical condition, the Head of School is to be informed as soon as possible.

**4.2** - Following notification, a meeting will be arranged between the academy, the parents/carers, the pupil and appropriate healthcare professionals, with a view to discussing the necessity for an IHP.

**4.3** - In cases where a pupil's medical condition is unclear, awaiting diagnosis or subject to a difference of professional opinion as to appropriate support, the academy will not await a formal diagnosis, but the Head of School will make a judgement based on all available evidence (including medical evidence and consultation).

**4.4** - Where a pupil with a medical condition is starting school in the September intake, arrangements will be developed, with reference to their previous institution, in advance of their induction.

**4.5** - Where a pupil with a medical condition joins the academy mid-term, or a new diagnosis is received during the school year, arrangements will be put in place as soon as practical.

### **5.0 - Individual Healthcare Plans**

**5.1** - Individual Healthcare Plans (IHPs) exist to document a child's medical needs and provision being made for those needs. They are a useful tool for the academy to use to ensure that it meets the needs of the child. They are written with input from all the relevant parties including the school nurse, welfare assistant and parent/carer. If appropriate the child's allocated welfare assistant may be asked to contribute in the writing of the plan.

**5.2** - IHPs will be developed with child's best interests in mind and will ensure that the academy assesses and manages risks to the child's education, health and social well-being, and minimises disruption.

**5.3** - IHPs will be reviewed and amended as and when the child's needs necessitate it. There is no limit to the number of revisions an IHP may undergo. Regardless of changes in the child's needs, this plan shall be reviewed annually.

**5.4** - The following information should be included on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments;

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- The pupil's resulting needs, including medication (dose, side-effects and storage) this includes any medication taken outside of school hours and other treatments, time, facilities, equipment, testing, access to food and drink (where this is used to manage their condition), dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods, or additional support in catching up with lessons, counselling sessions;
- The level of support needed, including in emergencies;
- Who will provide this support, their training needs, expectations of their role, confirmation from a healthcare professional of proficiency to provide support for the child's medical condition; and cover arrangements for staff absence and turnover, ensuring that appropriate cover is always available when key staff are unavailable;
- Who in the academy needs to be aware of the child's condition, and the support required, and arrangements for ensuring that all relevant staff are made aware;
- Arrangements for written permission from parents and the Head of School 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, holidays or other school activities outside of the normal school timetable that will ensure the child can participate, including thorough risk assessments;
- Where confidentiality issues are raised by the parent/carer and/or child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency, including who to contact and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP.
- A copy of the child's IHP should be given to the parents. Where parents are divorced or separated a copy should go to both parents.

### **6.0 - Child's Role in Managing their own Medical Needs**

**6.1** - A child will always be supervised, by an adult, when taking their medication. All medication will be stored by the school and accessed by the child according to their IHP.

**6.2** - Children will be positively encouraged to take responsibility, where appropriate and after discussion with parent/carers and this will be reflected in their IHP. Where a child is reluctant to take on this responsibility, the academy will support the child to reach the level of responsibility agreed and documented in the IHP.

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### 7.0 - Managing Medicines on Academy Premises

**7.1** - Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

**7.2** - Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

**7.3** - No child under 16 should be given prescription or non-prescription medicines without their parent/carer's written consent, except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents/carers. In such cases, every effort should be made to encourage the child or young person to involve their parents/carers while respecting their right to confidentiality.

**7.4** - The circumstances in which the academy will administer non-prescription medicines will be set out in the IHP.

**7.5** - A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.

**7.6** - Medication should never be administered without first checking maximum dosages and when the previous dose was taken and that the medication is in date. Parents/carers should be informed of any medication administered.

**7.7** - The academy will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but may be made available inside an insulin pen or a pump, rather than in its original container.

**7.8** - All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when off academy premises e.g. on school trips.

**7.9** - Medication is stored:

Asthma pumps are stored in unlocked cupboards in the classroom

An emergency asthma pump is stored in the school office

Epi pens are kept in the child's classroom

School emergency Epi pens are kept in an unlocked cupboard in the school office

Other prescribed medication is stored in the school office. This is only administered if we have a signed consent form from the parent/carer.

**7.10** - The academy will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container in the school office. Controlled drugs must be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.

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**7.11** - Prescribed drugs are held in the school office and are only administered on the instructions of a GP and a signed consent form from a parent/carer.

**7.12** - Appropriately trained academy staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. The academy will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted.

**7.13** - When no longer required, medicines should be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharp objects.

**7.14** - Written records must be kept of all medicines administered to pupils, including what, how and how much was administered, when and by whom.

## **8.0 - Procedures for Emergency Situations**

### **8.1 - An Emergency Situation on Academy Premises**

**8.1.1** - All relevant staff will be made aware of symptoms relating to a pupil's particular medical condition and the appropriate emergency procedures specific to that pupil.

**8.1.2** - All pupils will be made aware of the appropriate response if anyone needs help, i.e. informing a responsible adult.

**8.1.3** - In the event of a child with an IHP being taken seriously ill, staff should initiate the procedure outlined in the First Aid Policy. Including notifying a first aider and, if necessary, calling the emergency services. The emergency services should be informed of child's specific medical needs and any other relevant information detailed in their IHP. This may include the times and types of drugs administered and a history of similar medical emergencies.

**8.1.4** - If appropriate, the first aider or other responsible person should administer any emergency medication prescribed to the child. For the purposes of this clause, an appropriate person will not necessarily be an adult, for example where the most appropriate person at the scene is a sibling trained in the administration of the medication.

**8.1.5** - Regardless of the administering of emergency medication the First Aid Plan should be activated.

**8.1.6** - Following a medical emergency, the child should not be allowed to return to the class unless cleared to do so by a medical professional. Should emergency medication have been administered, it should be ensured that either sufficient stocks remain or stocks are replenished to a level which mean it is safe for the child to be in school.

**8.1.7** - Following an emergency situation the child's IHP should be reviewed and the incident recorded.

### **8.2 - An Emergency Situation Off Academy Premises**

**8.2.1** - In the event of an emergency situation occurring off the academy premises the First Aid procedure should be followed including notifying a first aider and, if necessary, calling the



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emergency services. The emergency services should be informed of child's specific medical needs and any other relevant information detailed in their IHP. This may include the times and types of drugs administered and a history of similar medical emergencies.

**8.2.2** - The person delegated to carry any emergency medication should be notified and attend the scene immediately. If appropriate, emergency medicine should be administered. In the event that the child is the person responsible for carrying and administering the medicine themselves, they should be assisted to administer the medication. Where they are unable to do so, another trained person should administer the medication. For the purposes of this clause, an appropriate person will not necessarily be an adult, for example where the most appropriate person at the scene is a sibling trained in the administration of the medication.

**8.2.3** - The emergency services should attend and the pupil should not be allowed to either proceed with the visit or travel until a medical professional has declared them fit to do so.

**8.2.4** - Should emergency medication have been administered, it should be ensured that either sufficient stocks remain or stocks are replenished to a level which mean it is safe for the child to continue the visit.

**8.2.5** - The academy should be informed as soon as possible. Informing the academy, however, should not delay the medical response. The academy will be responsible for contacting the parents of the pupil.

**8.2.6** - Following an emergency situation a child's IHP should be reviewed and the incident recorded.

### **9.0 - Day Trips and Sporting Activities**

**9.1** - The academy will do all it reasonably can to ensure that pupils with long-term medical needs are included in all activities offered by the academy, including day trips and sporting activities.

**9.2** - The academy will comply with the Equalities Act 2010 and, where necessary, will make reasonable adjustments to ensure that pupils with long-term medical conditions are accommodated and, wherever possible, pupils are enabled to participate in activities from which they may otherwise have been excluded.

**9.3** - The academy will carry out risk assessments regarding the participation of pupils with medical needs in relevant activities. The academy may meet parents/carers as part of preparing to meet the child's needs on a trip. Where possible, the academy will arrange adjustments to the programme, accommodation or food provision to meet a child's needs.

### **10.0 - Unacceptable Practice**

**10.1** - It will be unacceptable to:

- Prevent children from easily accessing and administering their inhalers and 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/carers; or ignore medical evidence or opinion (although this may be challenged);

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- Send children with medical conditions home frequently or prevent them from participating in normal school activities, including lunch, for reasons associated with their medical condition, unless this is specified in their IHP;
- If a 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/carers, 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/carer should have to give up working because the academy is failing to support their child's medical needs; or
- Prevent children from participating in, 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.

### **11.0 - Staff Training and Support**

**11.1** - The Head of School is responsible for ensuring that all staff receive training and that staff supporting pupils with medical conditions have received appropriate training.

**11.2** - The Head of School will commission training, ensuring that training is provided by appropriate providers who have a history of excellence and who are registered with the appropriate regulatory bodies. Training should include an assessment and certification to demonstrate that the trainee is proficient in the subject matter.

**11.3** - Staff will not undertake healthcare procedures or administer medication without appropriate training; where staff feel they are inadequately trained to provide necessary support to pupils with medical conditions in their care, they should inform the Head of School immediately.

**11.4** - Staff training needs will be assessed by the Head of School, in conjunction with the school nurse, through the development and review of IHPs, on a termly basis for all school staff and on the departure or arrival of staff members.

**11.5** - Through training, staff will have the necessary competency to support pupils with medical conditions in accordance with their IHPs.

**11.6** - If staff are unsure of their understanding of relevant medical conditions, their implications or necessary treatment and/or precautions, they should seek advice from the school nurse.

**11.7** - Whole-school awareness training will be carried out on an annual basis for all staff, and is included in the induction of new staff members.

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### **12.0 - Miscellaneous**

#### **12.1 - Insurance**

**12.1.1** - The Trustees will ensure all activities undertaken by the academy are covered by the academy's insurance. Where necessary the Local Governing Body will extend or amend their insurance agreement to ensure that pupils with medical conditions are covered.

**12.1.2** - NET Academies are insured with the Risk Protection Arrangement provided by the government. This includes third party public liability and employers' liability insurance. Under our employers' liability insurance staff are covered for their work with pupils, including those with medical conditions.

#### **Complaints**

**12.1.3** - Complaints relating to the treatment of a child with a medical condition either by the academy or any one of its staff or governors, or about the content or implementation of this policy should be raised using the Complaints Policy.