

Supporting pupils with medical conditions policy

Sacred Heart School, a Catholic Voluntary Academy



ST CLARE
Catholic Multi Academy Trust

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Contents

1. Aims	2
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2. Legislation and statutory responsibilities	2
3. Roles and responsibilities	4
4. Equal opportunities	5
5. Being notified that a child has a medical condition	5
6. Individual healthcare plans.....	5
7. Managing medicines.....	6
8. Emergency procedures	8
9. Training	8
10. Record keeping	8
11. Liability and indemnity	8
12. Complaints.....	9
13. Monitoring arrangements	9
14. Links to other policies.....	9
Appendix 1: Being notified a child has a medical condition	10

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents 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 governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, 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)

The named person with responsibility for implementing this policy is Lysie Tuplin.

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 (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

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

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils 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.

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.

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.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Pupils

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. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

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 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.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the designated first aider / named person for administering medicines.

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 when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents 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 SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher / individual with responsibility for developing IHPs, 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 and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil 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 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/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' written consent

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

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

Before administering a prescription medicine, schools should ensure that parents have completed the parental/carer consent form and check that the instructions on the medicine are in line with what is being requested on the consent form. No medicines should be administered if instructions on the consent form are different to the instruction on the medicine.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed. Expiry dates should be checked before administering or applying medicines.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

If in doubt about any procedure, staff should not accept the medicine or agree to administer the medication.

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 to arrange for safe disposal when no longer required.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Ideally once or twice daily medications should be purchased or prescribed for children to avoid the need for dosages to be given during school hours. Antibiotics should not routinely be given in school. Three times a day antibiotics such as amoxicillin can be given in the morning before school, immediately after school and at bedtime.

7.1 Non-Prescription Medicines

When agreeing to administer a non-prescription medicine schools are not making the clinical decision that the medication is appropriate for the child's health condition. This responsibility remains with the parent and/or carer following their written consent. No child under 16 should be given non-prescription medicines without their parent's and/or carers written consent. Before administering a non-prescription/OTC medicine, schools should ensure that parents have completed the parental/carer consent form and check that the instructions on the medicine are in line with what is being requested (e.g. dose and frequency on the consent matches the guidance on the box for the child's age). No medicines should be administered if instructions on the consent form for OTC medicines are different to the instruction on the medicine. Expiry dates should be checked before administering or applying medicines.

All non-prescription medication must be in the original container and contain the following:

- Dose and frequency information (appropriate to the child's age)
- Expiry date
- Child's name is written on the non-prescription medicine container

In children paracetamol and ibuprofen are usually used for the treatment of mild-to-moderate acute pain and are usually for short term use. Paracetamol is usually given every 6 hours and ibuprofen every 8 hours, so for the majority of children they can be administered before and after school.

When administered in the school settings there should be a clear reason why the medication is required and the duration that the medication is likely to be required for documented in the consent form.

Schools should use their discretion around the duration of treatment and may challenge if they have concerns around the continuing need for pain relief.

NICE guidance on mild-to-moderate pain for children under 16 years states that for the majority of children paracetamol or ibuprofen should be administered alone, and that both are a suitable first line choice for mild-to-moderate pain. In certain circumstances where a child has not responded sufficiently to appropriate doses of either drug alone, it may be appropriate to consider alternating paracetamol and ibuprofen for example, administering the second drug 2-3 hours after the first drug. Before administering paracetamol or ibuprofen schools should confirm the maximum dosage and when the medication was last administered. For non-prescription (OTC) medicines age appropriate dosing and maximum dosage can be found on the product packaging.

Appendix A gives a list of suggested alternative non-prescription medication that may not need to be given during school hours

7.2 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.

7.3 Storage

All medicines should be stored safely.

Non-emergency medications should be stored in a locked cupboard, preferably in a cool place. At Sacred Heart, this is in the school office.

Medications requiring refrigeration should be stored in an appropriate refrigerator with restricted access in a closed, clearly labelled plastic container. The temperature should be monitored daily (2-8 C). This is in the school office.

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.

Emergency medicines and devices, such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. It is important that the safe location is known to the child.

7.4 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 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 so that an alternative option can be considered, if necessary.

7.5 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
- 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, 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 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 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 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 / individual with responsibility for developing IHPs. 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 recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

Schools must keep a written record each time a medicine is administered to a child stating what, how and how much was administered, when and by whom. Any side effects to the medication to be administered at school should be documented in school. Parents/carers should be informed as soon as is reasonably practicable that a medicine has been administered. This is done online via Medical Tracker. If a child spits out or refuses the dose, the school should record this and contact the parent/carer to advise them as soon as possible. Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school. This is done online via Medical Tracker.

IHPs are kept in a readily accessible place which all staff are aware of – online on Medical Tracker and paper copies in the medical cupboard.

11. Liability and indemnity

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

The details of the school's insurance policy are:

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

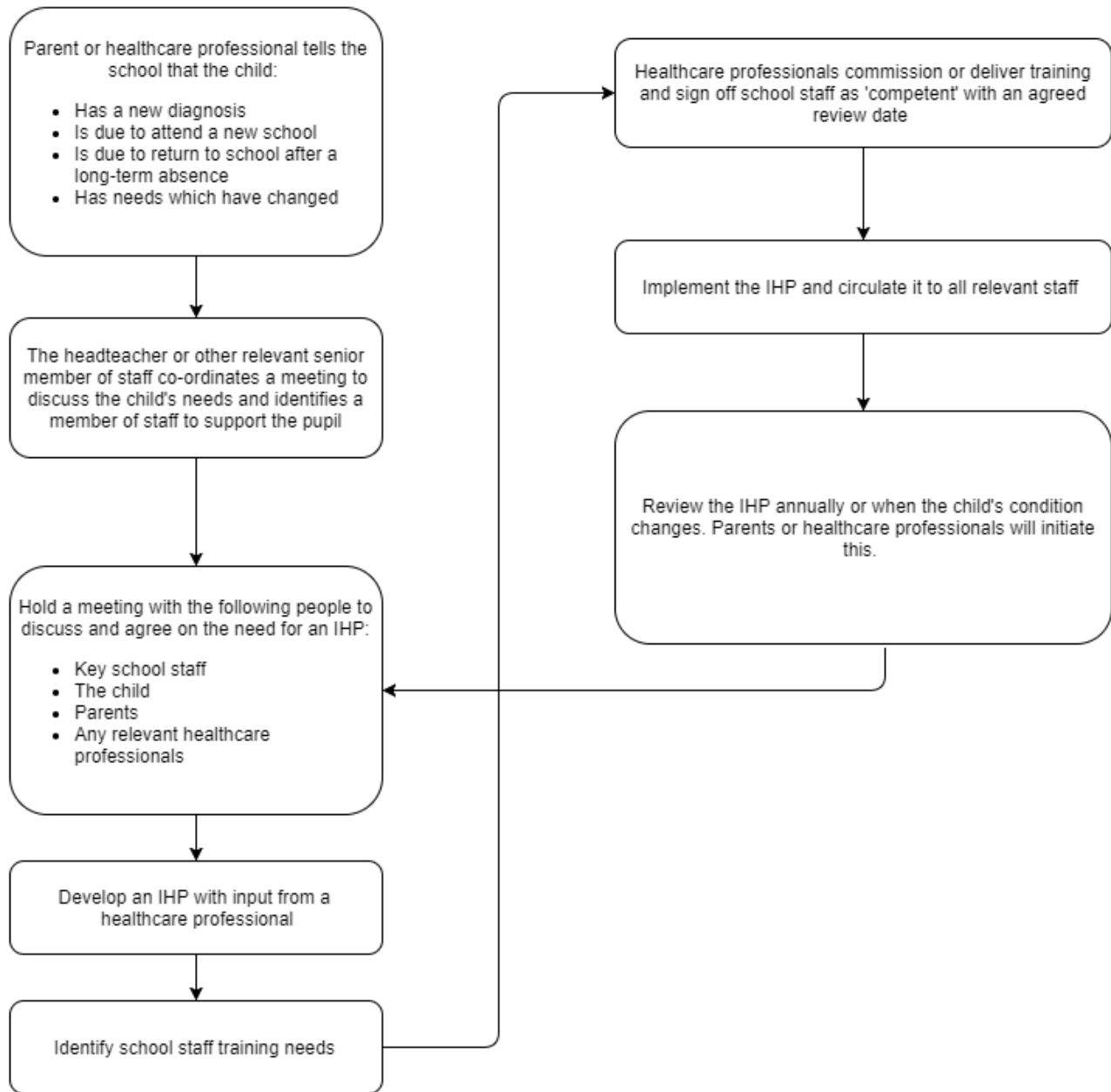
This policy will be reviewed and approved by the governing board annually.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition



Parental Agreement to Administer Medicine

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.

Date for review to be initiated by	
Name of child	
Date of birth	
Year Group	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
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	
Relationship to child	
I understand that I must deliver the medicine personally to	A member of office 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 _____

Individual Healthcare Plan

Child's name
Year Group
Date of birth
Medical diagnosis or condition
Date
Review date

Family Contact Information

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

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

Appendix A: Suggested alternative non-prescription medication that may not need to be given during school hours

Below is a list of non-prescription (OTC) medications are commonly requested to be administered during school hours, with non-prescription (OTC) medications that may be suitable alternatives and would not need to be given in school hours. The list below is a suggestion only and it may not always be appropriate to switch to one of the medication below due to product license, clinical effectiveness, allergy, patients other medical conditions (e.g. ibuprofen and patients with asthma) or interaction with other purchased or prescribed medication.

Community pharmacists can advise on available the most appropriate non-prescription (OTC) medications for a child's conditions. Parents/carers should always check with a Community Pharmacist to ensure the alternative medication is appropriate for the child.

Medication	Normal Frequency	Action/Indication	Alternative	Rationale
Chlorpheniramine (Piriton®) tablets/liquid	Up to four time a day	Antihistamine – for allergy (e.g. hay fever, allergic rash)	Cetirizine or loratadine tablets/liquid	Cetirizine & loratadine can be given ONCE or TWICE a day. Chlorpheniramine causes drowsiness which may affect a child during the school day. Cetirizine and loratadine are non-drowsy antihistamines.
Chloramphenicol 0.5% eye drops	Every 2 hours for the first 48 hours, then 4 times a day.	Antibacterial - Bacterial conjunctivitis	Chloramphenicol 1% eye ointment	The effect of chloramphenicol 1% ointment last longer than the chloramphenicol drops and only needs to be given 3 to 4 times a day. It can be given in the morning before school; immediately after and at bedtime.
Ibuprofen (Nurofen®) tablets/liquid	Every 6 to 8 hours, up to a maximum of four doses a day	Painkiller - Mild to moderate pain	No alternative	Ibuprofen has a duration of action of approximately 8 hours therefore its action should last throughout the school day. Ibuprofen may not be suitable for patients with asthma.
Paracetamol tablets/liquids (Calpol®)	Every 4 to 6 hours, up to a maximum of four doses a day	Painkiller - Mild to moderate pain	Ibuprofen tablets/liquid	Ibuprofen has a longer duration of action (approx 8 hours) than paracetamol (approx 6 hours), so is more likely to last throughout the school day. Ibuprofen may not be suitable for patients with asthma.
Sodium Cromoglicate 2% eye drops	Apply up to Four times a say	Allergy (hay fever)	No alternative	It can be given in the morning before school; immediately after and at bedtime.