



**Supporting Pupils with Medical Conditions
and
Education of Children Unable to Attend School due to Medical
Conditions**

March 2024

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1. AIMS

At Triumph Trust, we understand that medical conditions should not be a barrier to learning and that children with medical conditions have the same rights of access to education and activities as other pupils. We will always aim to support these children and to safely include them in all activities. We will listen to the views of parents and take advice and support from health care professionals where necessary. We will never deny a child access to any activity because arrangements for their medical condition have not been made.

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 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)

The Executive Head Teacher has responsibility for implementing this policy. This responsibility is delegated to the Headteacher in each school.

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 December 2015](#).

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

3. Roles and responsibilities

3.1 The governing board

The Trust Board has ultimate responsibility (which it delegates to each school Local Governing Board LGB) to ensure that arrangements are in place to support pupils with medical conditions to access and enjoy the same opportunities at school as any other child, with the focus on the needs of each individual child and how their medical condition impacts on their school life. The LGB 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 Executive Headteacher

The Executive 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
- 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, organising meetings where necessary
- 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. The IHP will be communicated to all staff who need to be aware of the condition, and they will be made aware of their role in its implementation. Where medical conditions are potentially life threatening, staff will be made aware of the triggers and symptoms and what they must do to manage the situation. Suitable safeguards will also be in place where appropriate, for example inhalers may be kept accessible in the classrooms areas, or with the pupil, if they are deemed mature enough, and spare epi pens and inhalers are accessible in the admin office at each school. Staff may be asked to undertake specific training to support a child (for example diabetes training) although they may not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with certain medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so, for example diabetes.

Teachers will be made aware of the impact that a medical condition can have on a child's ability to learn and will take into account the needs of these pupils 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 in the implementation of the IHP (e.g. provide medicines/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 paediatricians, 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 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 in Appendix 1 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

The Executive Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This is delegated to the Office Manager, with support from the Operations Manager, in each school. 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 not a 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 statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or 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, the Executive Headteacher and the designated staff 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; this would be most unusual in a primary school. Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Staff will follow the 'Administering Medicines Procedure' (Appendix 2). Parents are required to complete a Medication Form (Appendix 3) before the school can administer the medicine. It is not a requirement for staff to be trained in First Aid to administer medicine. However, they will be trained in the Administering Medicines procedure.

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 for medicine that is not part of a regular agreed routine.

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. 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.

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. No pupil in our school will have a controlled drug in their possession. All controlled drugs are kept in a secure cupboard in the school office and only admin 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 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.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, administering their medication when needed
- 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/medical room unaccompanied/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, where necessary i.e. diabetic child. 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/admin officer. 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

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school. Medical care plans are kept in a readily accessible place which all staff are aware of.

11. Supporting Children with Health Needs who cannot attend school

The Trust/School follows DfE guidance (based upon statutory guidance for Local Authorities 'Ensuring a good education for pupils who cannot attend school because of health needs' January 2013) This comes under the category of 'education otherwise' when the child remains on the roll and is educated temporarily in a hospital setting or through home tuition. We work in partnership with pupils/parents/carers/medical services, other professionals and education providers to enable pupils who are unable to attend school to receive education in a hospital setting or at home. We will be proactive in promoting the education entitlement of pupils on roll and in securing effective provision.

12. Liability and indemnity

The Trust Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. We are and will always ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

13. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the headteacher/admin officer in the first instance. If neither the headteacher/admin officer can resolve the matter, they will direct parents to the school's complaints procedure.

14. Monitoring arrangements

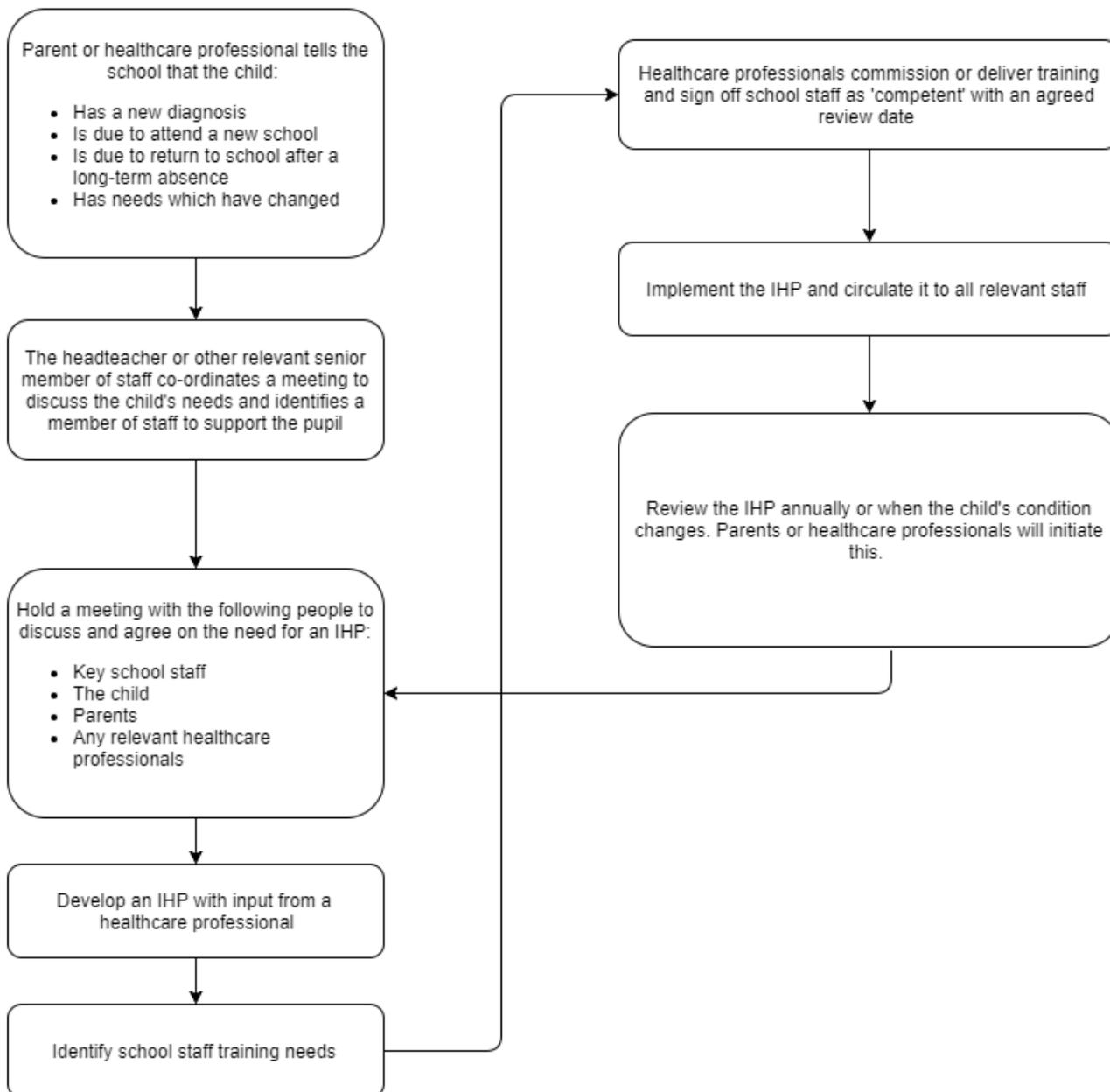
This policy will be reviewed and approved by the governing board every year.

15. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints Policy
- Equality Policy
- First aid/Sick Children Policy
- Health and safety Policy
- Child Protection and Safeguarding Policy
- Educational Visits Policy
- Special educational needs information and policy

Appendix 1: Being notified a child has a medical condition



No medication (either prescribed or non-prescription) will be given without a completed and signed Medication Form,

The only non-prescription medicines that will be administered are painkillers, such as Calpol, or anti-histamines such as Piriton. **Aspirin will never be administered unless it is prescribed.**

All medication is stored safely. Medications which need to be kept cool, are stored in the fridge. Each child has their own medication box/bag which contains:

- The signed and completed Medication Form (Appendix 3)
- The Medication Log Sheet (Appendix 4)
- The medication itself

Setting up a new request to administer Medicine:

When a new request to administer medicine is received, the parent/carer is asked to complete a Medication Form. (This can be emailed to parents/carers)

Once a completed and signed Medication Form is received, create a new Medication Log Sheet and a new box/bag for each medicine required.

Check the following and enter onto the Medication Log Sheet as required:

- The Medication Form has been fully and correctly completed and signed by the parent/carer.
- The medicine has been prescribed by a doctor or hospital (for prescribed medication)
- That the child's name, as listed on the medication itself, is correct
- The date of the medication
- The maximum dosage for the medication
- The actual dosage and frequency prescribed
- The end date when the medication will cease to be administered

Administering Medicine – where possible, a witness should be present to check the dosage given and countersign the form.

- Check the Record Sheet to see when the last dosage was given.
- Check the child's name and that it matches the medicine
- Check any written instructions
- Check the date of the medicine
- Check the dosage
- For non-prescribed medication, check the maximum dosage for the age of the child.
- Administer the medicine
- Complete the date, time and dosage given on the Record Sheet – and sign /countersign the entry.

Triumph Trust Medication Form

The school will not give your child medicine unless you complete and sign this form. The school has a policy stating that the staff can administer medicine. **All medicines must be in their original container.**

Date

Name of child

Date of birth

Class

Medical condition or illness

Medicine

Is the medication *(delete as required)*:

Prescribed / Non-prescription

If non-prescription, enter the date to cease administering medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Time to be administered

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

Contact Details

Parent/Carer name

Daytime telephone no.

Relationship to child

Address

Date	Time due	Time given	Dose given	Administered by Signature	Witness Signature