



# MEADOW PARK SCHOOL

## Supporting Students with Medical Conditions Policy

**Approved by:**

LGB

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## Introduction

Most students will at some time have a medical condition that may affect their participation in school activities. For many this will be short term. Other students have medical conditions that, if not properly managed, could limit their access to education. Such students are regarded as having medical needs. Most of these students will be able to attend school regularly and take part in normal school activities. This policy outlines responsibilities and procedures for supporting students at Meadow Park School who have medical needs. The aim is to ensure that students with medical conditions, in terms of physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

## 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 Mrs B Pettman (Headteacher) and Mrs L Towle (SENDCO)**

## 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](#).

## Roles and responsibilities

### The governing board

The governing board has ultimate responsibility to make appropriate 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.

### 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

### 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 consider 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. Teachers will have access to Individual Healthcare Plans through Synergy, our management interface.

### 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

## **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. Students may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect students' educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that students with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a student's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the student's educational attainment and emotional and general wellbeing.

## **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 pediatricians, 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.

## **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.

## **Being notified that a child has a medical condition**

When the school is notified that a pupil has a medical condition, through parents or medical professionals, it is the SENDCO/Deputy SENDCOs responsibility to discuss the medical condition with the parent/carers and the young person and decide how the condition should be managed in the short/long term. It is the SENDCO/Deputy SENDCOs responsibility to contact external professionals if deemed appropriate. 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.

## **Short term medical needs**

At times, it may be necessary for a student to finish a course of medication at school. However, where possible, parents will be encouraged to administer the medicine outside school hours. School staff will not give non-prescribed medication to students except in special cases at the complete discretion of the Headteacher and without appropriate training. In the case of students suffering regularly from acute pain, such as a migraine, the parents will authorise and supply appropriate medication together with written instruction about when the child should take the medication. A member of staff will supervise the student taking the medication and keep a log of all medication taken.

## **Long term medical needs**

The school needs to have sufficient information of any student with long term medical needs. Medicines should only be administered at school when it would be detrimental to a student's health or school attendance not to do so. The school will then draw up a written individual health care plan for such students, involving the parents and relevant health professional.

## **Individual healthcare plans (IHPs) – Appendix 2**

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Ms J Peters (Deputy SENDCO)

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 deputy SENDCO 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

## Managing medicines

### Consent

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

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. Parents will always be informed.

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

Parental consent (see Appendix 3) will also give details of the medication to be administered, including:

- Name of medication
- Dose
- Method of administration
- Time and frequency of administration
- Other treatment
- Any side effects

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date. Parental consent will be held alongside the student's Individual Healthcare Plan. The administering of medicine will be reflective of the detail written within the documents. For some students it may be appropriate for two staff members to be present during medicine administration.

### Administration

Staff will not be able to administer prescription medication without the above completed. All medicines will be stored safely if it is deemed unsafe for the pupil to take responsibility for it. For these pupils, they will be informed about where their medicines are at all times and be able to access. A limited supply should be left in school, stored with the student's name, name of the drug, dose of the drug and the frequency of administration. Where a student needs two or more prescribed medicines and they are unable to care for them themselves they should be stored in separate containers. It is the student's responsibility to arrive to take their



medication with the agreed supervision.

After discussions with parents, students' who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected in individual healthcare plans. Where possible, students should be allowed to carry their own medicines and relevant devices or should be able to access their self-medication quickly and easily.

Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, relevant staff should help to administer medicines and manage procedures for them.

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.

### **Disposal of Medicines**

Parents must collect medicines held at school at the end of each term. Parents are responsible for disposal of date expired medicines. When no longer required, medicines should be returned to the parent for safe disposal.

### **Hygiene/Infection Control**

Staff should follow basic hygiene procedures. Staff should use protective disposable gloves and take care when dealing with blood or other body fluids and disposing of dressing or equipment.

### **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, it is an offense and the student carrying/sharing these should be made aware of this. All other controlled drugs are kept in a secure cupboard in the medicine room in The Student Hub, in T01 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.

## **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.

## **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 T01 (student hub - 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

## **School trips**

Staff supervising excursions should be aware of any medical needs, and relevant emergency procedures. Sometimes an additional supervisor or parent might accompany a particular student. If staff are concerned about whether they can provide for a student's safety, or the safety of other students on a trip, they will seek medical advice from the School Health Service or the student's GP. The school will carry out risk assessments so that planning arrangements will consider any steps needed to ensure that students with medical needs are included.

## **Sporting Activities**

Students with medical needs will be encouraged to take part in sporting activities appropriate to their own abilities. Any restrictions on a student's ability to participate in PE will be included in their individual health care plan. Some students may need to take precautionary measures before or during exercise and/or need to be allowed immediate access to their medication if necessary. Teachers should be aware of relevant medical conditions and emergency procedures.

## **SEND**

Some students with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case Governing Bodies must comply with their duties under that Act. Some may have special educational needs or an Education, Health Care Plan. For students with SEND, this guidance should be read in conjunction with the SEND Code of Practice and SEND Policy outlined on the website.

## **Confidentiality**

The school will treat medical information confidentially. The Headteacher will agree with the parents/carers who will have access to records and information about a student. If information is withheld from staff, they cannot be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

## **Emergency procedures**

Allocated staff have regular training in First Aid and know how to call the emergency services. As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK. Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

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.

## **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 / deputy SENDCO. 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 understand 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.

## **Record keeping**

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.

IHPs are kept in a readily accessible place, on Synergy, which all staff are aware of.

## **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:

Teachers or staff are suitably trained or qualified to carry out the procedure in question

The school maintains suitable records, training and documented parental permission is in place

this information is regularly updated.

It is expected that any training is refreshed and documented as per the guidance from their first aid or medical training provider.

Any treatment provided is documented as to when and whom and if necessary why. With regard to ad hoc prescriptions such as antibiotics for short term illness, we expect the original package and instructions are provided to the school along with written parental/guardian permission

The school documents same in their records and updates this as and when administered

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

## **Complaints**

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

## **Monitoring arrangements**

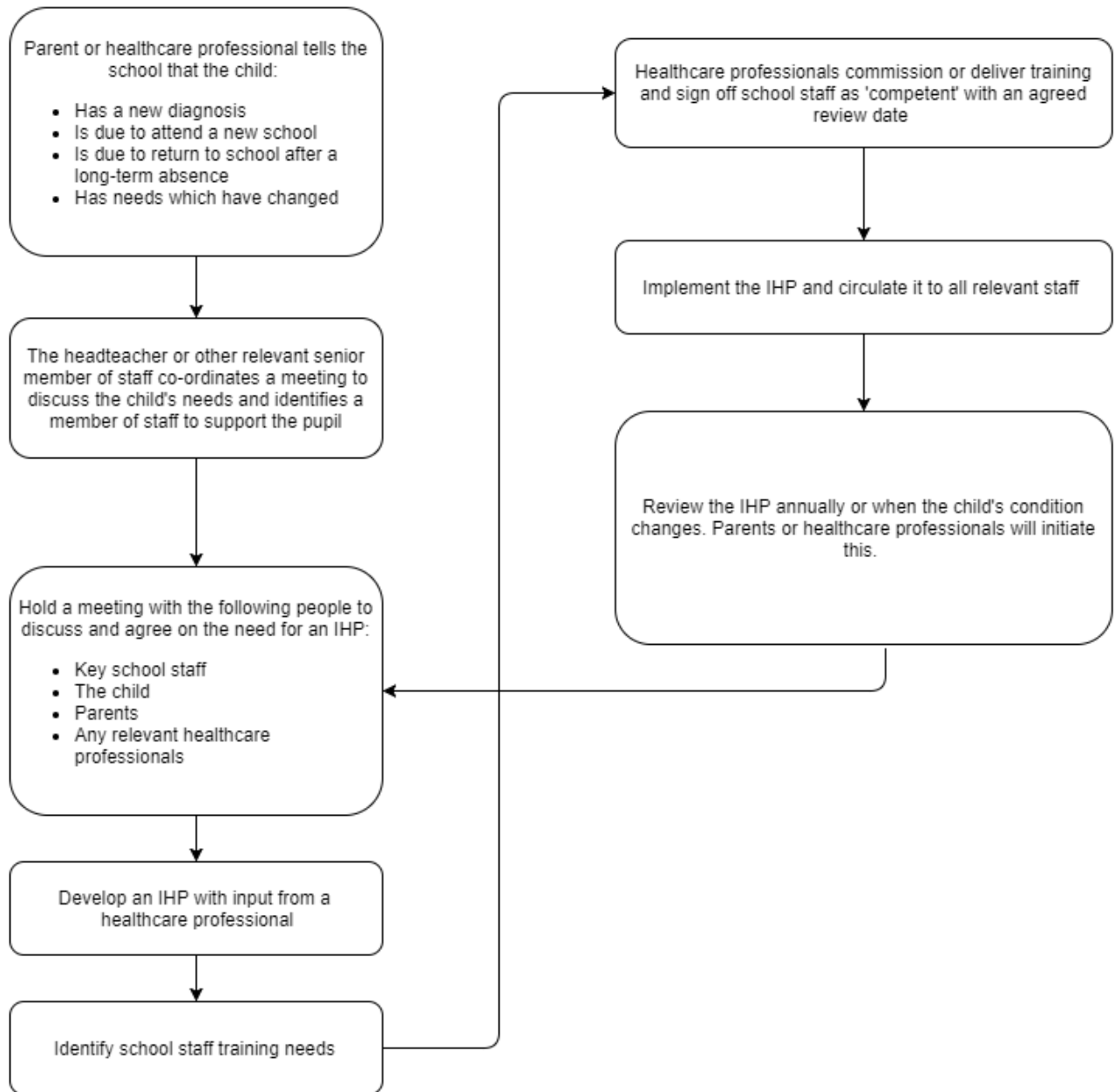
This policy will be reviewed and approved by the governing board every 2 years.

## **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



## Example IHCP – Appendix 2

### Individual Health Care Plan (IHCP) for a Pupil with Medical Needs

#### **Personal Details**

<b>Student's Forename:</b>		<b>Student's Surname:</b>	
<b>Date of Birth:</b>		<b>Sex:</b>	
<b>Student's Form Group</b>		<b>School:</b>	Meadow Park School
<b>Addresses:</b>			

#### **Medical Details:**

<b>Medical Condition/Diagnosis:</b>	
<b>Symptoms/Summary</b> (Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc):	
<b>Daily Care Requirements:</b>	
<b>Medication Prescribed:</b>	
<b>Treatment Regime</b> (dose and how often it is taken):	
<b>Specific support for the pupil's educational, social and emotional needs:</b>	

#### **School Trips:**

<b>Explicit instruction/arrangements for a school trip:</b>	
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**Emergency:**

<b>Describe what constitutes as an emergency for the pupil, the action to take and follow up care</b> (please describe symptoms and actions to be taken):	
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**Contact Details:**

Emergency Contact 1	Emergency Contact 2
Name:	Name:
Relationship:	Relationship:
Tel Number (home):	Tel Number (home):
Tel Number (mobile):	Tel Number (mobile):
Address:	Address:

<b>Clinic/Hospital Contact Name:</b>	
<b>Clinic/Hospital Contact Telephone Number:</b>	
<b>GP Name:</b>	



<b>GP Contact Details (Tel Number &amp; Address)</b>	
<b>Pupil Requirements within school</b> (e.g before sport, medication administration, accessibility plans)	
<b>To be completed by school</b>	
<b>Staff Training</b> (who, what, when):	<input type="checkbox"/> First Aid Training <input type="checkbox"/> Specialist Training – Contact Details provided below; ..... ..... ..... .....
<b>Plan developed with:</b>	
<b>Copies shared with:</b>	<input type="checkbox"/> First Aid <input type="checkbox"/> Staff – Synergy

**Agreement and Conclusion:**

Both school and parents should hold a copy of this Individual Health Care Plan (IHCP). Please send a copy to the School Nurse to be put in the Child Health records. Any necessary revision will be between the school and parents.

**Agreed and Signed**

<b>Parent/Carer Name:</b>
<b>Relationship to Child:</b>
<b>Signature .....</b> <b>Date.....</b>

<b>Lead Professional (School)</b>
<b>Position:</b>
<b>Signature .....</b> <b>Date.....</b>

**Next Review Date (1 year on) :**

## Appendix 3 – Parental consent for Medication Administration

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 school/setting	
Name of child	
Date of birth	
Group/class/form	
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	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of 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 \_\_\_\_\_

## Appendix 4: record of medicine administered to an individual child

Name of school/setting  
 Name of child  
 Date medicine provided by parent  
 Group/class/form  
 Quantity received  
 Name and strength of medicine  
 Expiry date  
 Quantity returned  
 Dose and frequency of medicine


Staff signature \_\_\_\_\_

Signature of second staff member (to confirm the above is written the same as the parent consent for medication administration)

\_\_\_\_\_

Date  
 Time given  
 Dose given  
 Name of member of staff  
 Staff initials


Date  
 Time given  
 Dose given  
 Name of member of staff  
 Staff initials


**C: Record of medicine administered to an individual child (Continued)**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			