



# PLYMSTOCK SCHOOL

## Supporting Students with Medical Conditions Policy

Lead Officer: Headteacher  
Review Date: Autumn 2022

### Introduction

The Children and Families Act 2014 includes a duty for schools to support children with medical conditions. Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEN Code of Practice will also apply.

All children have a right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Our school will build relationships with healthcare professionals and other agencies and in order to support effectively students with medical condition.

### Roles and Responsibilities

**The Heads of Year (general medical conditions) / SENDCo (where there is SEND) are responsible for children with medical conditions.**

They are responsible for:

- Informing relevant staff of medical conditions.
- Working with parents and relevant professionals, develop an Individual Health Care Plan (IHCP).
- Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information.
- Assisting with risk assessment for school visits and other activities outside of the normal timetable.
- Monitoring and reviewing Individual Healthcare Plans.
- Working together with parents, students, healthcare professionals and other agencies

**The Governing Body is responsible for:**

- Determining the school's general policy and ensuring that arrangements are in place to support children with medical conditions.

**The Headteacher is responsible for:**

- Overseeing the management and provision of support for children with medical conditions
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver individual healthcare plans, including to cover absence and staff turnover
- Ensuring that school staff are appropriately insured and are aware that they are insured

**Staff are responsible for:**

- The day to day management of the medical conditions of children they work with, in line with training received and as set out in IHCP.
- Working with the named person, ensure that risk assessments are carried out for school visits and other activities outside of the normal timetable
- Providing information about medical conditions to supply staff who will be covering their role where the need for supply staff is known in advance
- 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.

**The school nurse is responsible for:**

- Notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible this should be done before the child starts at our school.
- Providing support for staff on implementing a child's Individual Healthcare Plan and providing advice and liaison including with regard to training
- Procedure when notification is received that a student has a medical condition
- The named person will liaise with relevant individuals, including as appropriate parents, the individual student, health professionals and other agencies to decide on the support to be provided to the child
- Where appropriate, an Individual Healthcare Plan will be drawn up

**Parents**

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs, including any sudden changes or information from professionals

- Be involved in the development and review of their child's IHP and involved in its drafting. Parents are responsible for ensuring the IHP is returned to school after drafting or amendment
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment, ensuring their child has the appropriate medication in school 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.

### **Individual Health Care Plans (IHCP)**

- An IHCP will be written for students with a medical condition that is long term and impacts on attendance and learning in school.
- It will clarify what needs to be done, when and by whom and include information about the child's condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency clarity.
- Where a child has SEN but does not have an EHC plan, their special educational needs will be mentioned in their IHCP, if relevant.
- IHCPs will be reviewed annually, or earlier if evidence is provided that a child's needs have changed.

### **Administering medicines**

Written consent from parents must be received before administering any medicine to a child at school. This must be agreed by the school.

Medicines will only be accepted for administration if they are:

- Prescribed.
- 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 be in date but will generally be available inside an insulin pen or pump, rather than in its original container.

Medicines should be stored safely. Children should know where their medicines are at all times.

Written records will be kept of all medicines administered to children.

Students who are competent to manage their own health needs and medicines, after discussion with parents/carers will be allowed to carry their own medicines and relevant devices or will be allowed to access their medicines for self-medication, other than controlled drugs, which must be stored securely at all times.

## 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.
- 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.
- Two members of staff will be required to sign when a controlled drug is administered, other than in an emergency situation, where records may be updated once the student has received medical attention.

## Action in emergencies

1. Request an ambulance – dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked.
2. The school's telephone number.
3. Your name.
4. Provide the exact location of the patient within the school.
5. Provide the name of the child and a brief description of their symptoms.
6. Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient.
7. Ask office staff to contact premises to open relevant gates for entry.
8. Contact the parents to inform them of the situation.
9. A member of staff should stay with the student until the parent/carer arrives. If a parent/carer does not arrive before the student is transported to hospital, a member of staff should accompany the child in the ambulance.

## Activities such as day visits, sporting activities and residentials

- Where students are required to take medicine during a day trip or residential, arrangements should be made to administer them in accordance with this policy.
- Students with medical conditions should not be precluded from taking part in day trips, residential visits or sporting activities unless evidence from a clinician such as a GP states that this is not possible.
- Staff should be aware of how a student's medical condition may impact on their participation.
- The school will consider any reasonable adjustments that may need to be made to enable pupils with medical conditions to participate fully and safely on visits.
- When carrying out risk assessments, parents/carers, students and healthcare professionals will be consulted if appropriate.

## Non-prescription medicines on residential visits

- The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and acting in an emergency.

- Occasionally it may be necessary to administer non-prescription medicines i.e. paracetamol, antihistamines or travel sickness tablets to students suffering acute pain from things like migraine, toothache etc... or in the event of motion sickness.
- Parents must give written consent prior to the residential visit before non-prescription medication can be given. Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the consent form.
- The school will keep its own supply of standard paracetamol tablets, antihistamines and travel sickness tablets for administration to students during a residential visit and parental consent will be required in order for the school to administer the supply. Dosage will always adhere to the manufacturer's instructions.
- There may be occasions during travel (e.g. a ferry crossing), where the school recommends that a preventative travel sickness tablet is taken. If this is the case, the consent form will reflect this, specifying both brand name and dose, and allow all parents to make informed consent. No preventative travel sickness tablet will be administered without written parental consent.
- Whenever non-prescription medication is administered, a record will be kept, and staff will supervise the taking of that medication. This information will be retained for 28 days upon return from the trip, before it is confidentially destroyed.
- All non-prescription medication will be stored, and administration recorded, as for prescription medicines. Students should not bring paracetamol (or other types of painkillers) on the residential visit for self-administration.
- Where a child is taking a prescribed medication for a condition, for example Migraines. It is the duty of parents/carers to inform the school if this medication also contains a dosage of a non-prescription medication which they may be consenting for school to administer.

### **Unacceptable practice**

The following items are not generally acceptable practice with regard to children with medical conditions, although the school will use discretion to respond to each individual case in the most appropriate manner:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged).
- Sending children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans and as a result of professional advice. Where concerns remain, school will seek reassurance from professionals that keeping the child in school is not detrimental to their health or safety
- If the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- Preventing students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.

- Requiring parents, or otherwise making them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child’s medical needs.
- Preventing children from participating 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, other than in exceptional cases where it could be detrimental to the safety of the child.

## Complaints

- An individual wishing to make a complaint about actions regarding the school’s actions in supporting a child with medical conditions should discuss this with the school in the first instance.
- If the issue is not resolved, then a formal complaint may be made, following the school complaints procedure.

## Equality impact statement

We will do all we can to ensure that this policy does not discriminate, directly or indirectly. We shall do this through regular monitoring and evaluation of our policies. On review we shall assess and consult relevant stakeholders on the likely impact of our policies on the promotion of all aspects of equality, as laid down in the Equality Act (2010).

This will include, but not necessarily be limited to: race; gender; sexual orientation; disability; ethnicity; religion; cultural beliefs and pregnancy/maternity. We will use an appropriate Equality Impact Assessment to monitor the impact of all our policies and the policy may be amended as a result of this assessment.

## Review

This policy will be reviewed every year from September 2019.

## Policy History

Policy / Version Date	Summary of change	Contact	Implementation Date	Review Date
Summer 2017	Policy review	Headteacher	September 2019	Bi-annual Review
September 2020	Policy review			Bi-annual Review
Summer 2021	Date for review amended			September 2022