

Policy for Supporting Children with Medical Conditions



Status	Date
Date issued	May 2025
Prepared by	Janis Williams
Review date	May 2027
Date adopted by Governing Body	May 2025

Inspire, Make a Difference, Persevere, Succeed

1. Policy Statement

At Ingleby Mill Primary School, we are committed to ensuring that all pupils with medical needs are properly supported so that they have full access to education, including school trips and physical education. We comply with the statutory guidance from the Department for Education (DfE) on supporting pupils at school with medical conditions.

2. Aims

This policy aims to ensure that:

- To ensure all staff understand their duty of care to children and young people with medical needs.
- To provide clear guidance for staff, parents/carers, and pupils on managing medical needs.
- To ensure children with medical conditions are supported to participate fully in school life.

The named person with responsibility for implementing this policy is Janis Williams.

3. 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 bodies 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.

4. Roles and responsibilities

4.1 The Governing Body

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.

4.2 The Head Teacher

The Head Teacher 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

4.3 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.

4.4 Parents/carers

Parents/carers 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

4.5 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.

5. 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/carers and any relevant healthcare professionals will be consulted.

6. 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.

7. Individual Healthcare Plans

The Head Teacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Claire Atkinson

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

Plans will be drawn up in partnership with the school, parents/carers 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 special educational needs (SEN) but does not have an EHC plan, the SEND need 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 body and the Head Teacher / role of the 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/carers and the Head Teacher 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/carer or 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

8. 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/carers' written consent

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

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/carers 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

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.

Regular termly checks should be made to see if any medications have passed or are approaching their expiry date. Disposal of expired or medication which is no longer needed is the responsibility of the pupil's parent. Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

8.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments e.g. methylphenidate (Ritalin). All 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.

8.2 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/carers, 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/carers so that an alternative option can be considered, if necessary.

8.3 Administration procedures

Some administration procedures are legal requirements, some are best practice, and some may be dictated by this policy. These procedures must be followed to avoid dangerous practice which would place the pupil, you and your organisation at risk.

Anyone administering medication to any child will always follow the 6 Rights:

1. **Right pupil** - ask the pupil to say their name and check it against the name on the medicine container even if you think you know.
2. **Right medicine** - check the name on the actual medicine with the name stated on the medicine plan or administration sheet to ensure they are the same. Check to see if the pupil is taking more than one medicine which you also need to administer and always check the expiry date before administering.
3. **Right dose** – check the written instruction on the label every time you administer.
4. **Right route** – check to see if medication is given orally, rectally, or buccal (placed inside the cheek, next to the gum).
5. **Right time** – check the frequency of giving the medicine, check the time and check the pupil has not already received the medication.
6. **Right to refuse** – if a pupil refuses to take the medication you should not force or coerce them to. You should record the incident and inform senior leadership and parents.

Always adhere to basic hygiene standards e.g. washing hands before administration. Wear gloves if applying creams / lotions. If using a spoon or a cup they should be clean and kept with the medication. Oral syringes are used for administering small doses of liquid medicines. Medicine spoons or cups are used for larger doses. If administering pills or tablets, always have cool water available. Never supply fruit juices, fizzy water/ juice or hot drinks as this can affect the effectiveness of the medication.

The laws for controlled drugs are strongly enforced so great care must be taken.

when administering them. Always have a witness present when administering them. You should:

- Never administer medication to more than one pupil at a time;
- Never give out medication in advance;
- Never leave medication unattended;
- Never give medication to an unqualified/ undesignated person to administer.

8.4 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/carers
- 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/carers, 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/carer 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/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

9. Educational trips and visits

In the event of educational trips and visits which involve leaving school premises, medication and medical devices will continue to be readily available to staff and pupils. This may include pupils carrying their medication themselves, where appropriate e.g. asthma inhalers.

If the medication is of a type that should not be carried by pupils, e.g. capsules, or if pupils are very young or have complex needs that mean they cannot self-administer, the medication will be carried by a designated staff member for the duration of the trip or activity.

10. 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/carer arrives or accompany the pupil to hospital by ambulance.

11. Training

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.

12. 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/carers will be informed if their pupil has been unwell at school. IHPs are kept in a readily accessible and stored electronically within Smartlog.

13. 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:

The school are part of the wider Stockton Borough Council Insurance policy. Insurance includes Employers liability; Public/Products liability; Hirers liability; Professional liability; and Officials liability.

14. Complaints

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

15. Monitoring Arrangements

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

16. Links to other policies

This policy has been developed in conjunction with:

- Supporting Pupils with Medical Conditions revised in 2014.
- Health and Safety of pupils on Educational Visits 1998.
- The Children and Families Act (section 100).

Ingleby Mill Primary School
Parental Consent: Administration of Medicines

DETAILS OF CHILD:

Full Name			
Date of Birth			
Year		Class	
Condition/Illness			

MEDICATION:

Name of Medication			
How long has this been prescribed for?		Date Started	
Name and Address of Prescribing Doctor			
Storage of Medicine			
Timing			
Side Effects			
Any Special Precautions			
Self-Administration?	Yes		No
Procedures to take in an emergency			

EMERGENCY CONTACT DETAILS

Name			
Relationship to Child			
Telephone Number			

I understand that I must deliver the medication personally to the school office and accept that this is a service which the school is not obliged to undertake.

Signature of Parent/Carer:

Office Use Only:

Discussion with Head Teacher and medication agreed			Parent informed and by whom		
Type of Medication	Short Term		Long Term		Emergency Use
Method	Orally		Topically		Intrusive
Medication Category	GSL		P		POM
					POM & CD
Date Medication Returned					

Ingleby Mill Primary School

REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION

This would only be required when medical opinion (which the parents would need to provide in writing) is that the youngster will need the medication to be immediately available at all times.

The parental consent needs to be completed in addition to this form. Both forms need to be attached.

DETAILS OF CHILD:

Full Name	
Condition/Illness	

MEDICATION:

Name of Medication	
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EMERGENCY CONTACT DETAILS

Name	
Relationship to Child	
Telephone Number	

I would like my child to keep their medication on them for use as necessary.

Signature of Parent/Carer:

Date:

Office Use Only:

Discussion with Head Teacher and request agreed		Parent informed and by whom						
Discussion with Class Teacher								
Type of Medication	Short Term		Long Term		Emergency Use			
Method	Orally		Topically		Intrusive			
Medication Category	GSL		P		POM		POM & CD	
Date Medication Returned								

