

1. Rationale

To ensure that all children with medical conditions in terms of both physical and emotional wellbeing are properly supported in school.

To limit the impact on the child's educational attainment so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is important that parents feel confident that the school will provide effective support for their child's medical condition. For children with special needs this policy should be read alongside SEND guidance.

The school encourages pupils with medical conditions to take control of their condition where possible.

We understand that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

The Medical Conditions policy is supported by a clear communications plan setting out the role and responsibility of parents, pupils and staff. Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend on the partnership between school staff, healthcare professionals, local authorities, parents and pupils to ensure that the needs of pupils with medical conditions are met effectively.

The policy was re-adopted on **3 March 2022** by the Full Governing Body.

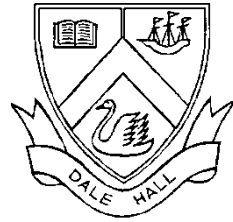
2. Roles and responsibilities

2.1 Governing Body to ensure

- pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life
- sufficient staff to have received the identified appropriate training before they take on responsibility to support children with medical conditions
- the medical policy is effectively monitored, evaluated and reviewed annually according to local and national guidance and legislation

2.2 The Headteacher to ensure

- the school is inclusive and welcoming
- the school's policy is developed and effectively implemented
- all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation
- all staff who need to know are aware of the child's condition including supply teachers, new staff and support staff
- sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations
- Headteachers have overall responsibility for the development of individual healthcare plans
- risk assessment are carried out for activities outside the normal timetable including school visits



- ensure transitional arrangements are in place both between schools and changes in class
- make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way

The Headteacher may delegate elements of their responsibilities to a named member of staff.

2.3 School staff

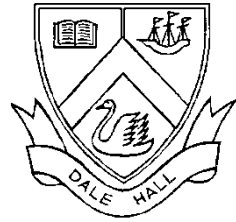
- understand the medical policy
- know which pupils in their care have a medical condition
- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do if a pupil with a medical condition needs help
- any member of school staff may be asked to train and provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- allow all pupils to have immediate access to their emergency medication
- maintain effective communication with parents including informing them if their child has been unwell at school or if any medication has been administered that day
- ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom
- be aware of pupils with medical conditions who may be experiencing difficulties or need extra support
- ensure all pupils with medical conditions are not excluded from activities they wish to take part in
- ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed
- school staff should receive sufficient and suitable training before they take on responsibility to support children with medical conditions
- staff may not give prescription medicines or undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions

2.4 Teaching staff

- support pupils with medical conditions who have been unwell to catch up on missed school work
- be aware how medical conditions can affect a pupil's learning
- liaise with parents, the pupil's healthcare professional and special educational needs as necessary if a student is falling behind with their work because of their condition
- liaise with parents, the pupil's healthcare professional and special educational needs as necessary regarding activities that are outside of the normal timetable including school visits
- review risk assessment for activities outside the normal timetable including school visits
- ensure transitional arrangements are in place for changes in class

2.5 Special Educational Needs coordinator

- know which pupils have a medical condition and which have special educational needs because of their condition
- liaise with teachers if a pupil needs special consideration or access arrangements



2.6 Healthcare professionals

- may support staff on drawing up and implementing a child's individual healthcare plan and provide advice and liaison, for example on training
- school nurses may liaise with lead clinicians locally on appropriate support for the child and associated staff training needs if required

2.7 Pupils

- treat other pupils equally
- tell their parents, teacher or nearest staff member when they are not feeling well if they are able to
- let a member of staff know if another pupil is feeling unwell
- treat all medication with respect
- know how to gain access to their medication in an emergency
- ensure a member of staff is called in an emergency situation
- pupils should contribute as much as possible to the development of, and comply with, their individual healthcare plan
- children who are competent are encouraged to take responsibility for managing their own medicines and procedures

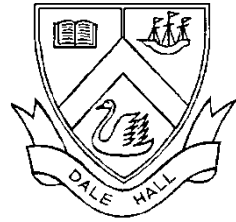
2.8 Parents

- tell the school if their child has a medical condition (see Appendix 1)
- provide the school with sufficient and up-to-date information about their child's medical needs
- parents are key partners and should be involved in the development and review of their child's individual healthcare plan
- carry out any action they have agreed to as part of the implementation of a healthcare plan eg provide medicines and equipment
- ensure they or another nominated adult are contactable
- ensure their child's medication and medical devices are labelled with child's full name and is **within expiry dates**
- keep child at home if they are not well enough to attend school
- ensure their child catches up on any school work they have missed

The term 'parent' implies any person or body with parental responsibility such as foster parent or carer.

Individual health care plans will be drawn up for pupils with **complex medical conditions**. The healthcare plan will detail key information and actions that are required to support the child effectively. The aim should be to capture the steps which the school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans will be developed with the child's best interests in mind to enable the school to assess and manage risks to the child's education, health and social well-being. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.



The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be appropriate. If consensus cannot be reached, the Headteacher will take a final view.

3. Managing medicines on school premises

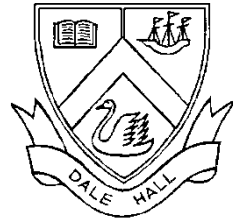
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- medicines will not normally be administered by the school unless under special circumstances
- the school will require a joint home-school agreement to administer medication
- the school can only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. An exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- all medicines will be stored safely. Children should know where their medicines are at all times. 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
- a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted
- when no longer required, medicines will be returned to the parent to arrange for safe disposal. If this is not possible they will be taken to a pharmacist for disposal

4. Record keeping

- written healthcare plans will be drawn up for children with complex medical conditions
- written records are kept of all medicines administered to children. The record is to offer protection to both staff and children
- parents are asked to inform the school of any known health conditions on the admission form when first joining the school
- should a child develop a medical condition during the school year the parents must inform the school so support can be put in place

5. Emergency procedures

- where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do,
- all relevant staff to be aware of emergency symptoms and procedures for each child (this is done in a number of ways see appendix)
- other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed
- if a child needs to be taken to hospital, a member of staff will stay with the child until a parent arrives



6. Individual Healthcare Plans

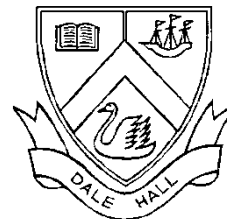
When deciding what information should be recorded on individual healthcare plans, the school will consider the following:

- 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 eg crowded corridors,
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- who will provide support, their training needs, expectations of the role and cover arrangements for when they are unavailable (see appendix)
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed and recorded, use of rest periods or additional support in catching up with lessons
- who in the school needs to be aware of the child'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 child can participate, eg risk assessments
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that can be used to inform the development of their school healthcare plan

7. Unacceptable practice

The school will not:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their parents (although this may be challenged) or ignore medical evidence or opinion
- send 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
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition eg 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 child, including with toileting issues



- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child

8. Complaints and concerns

- should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the class teacher. If for whatever reason, this does not resolve the issue, parents should speak to the Headteacher
- parents may also make a formal complaint via the school's complaints procedure.
- making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted

9. Monitoring and evaluation of policy

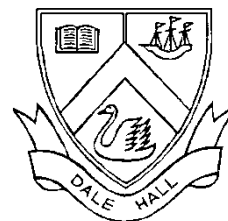
Policy to be reviewed annually

- to review how the policy is being implemented
- discuss and take into account the views of key stakeholders
- written records of medicines administered are kept up to date
- policies regarding the safe management of medicine are in place and carried through
- suitable staff training is in place
- all staff and parents are aware of the policy and the expectations listed
- individual healthcare plans are in place
- appropriate insurance is in place

This policy was written in consultation with parents.

10. Document History

Date	Description
3 February 2015	Adopted at Steering Committee
23 February 2016	Steering Committee changed to Learning and Achievement Committee; typing error in section 9 corrected. Readopted.
22 March 2017	Re-adopted at the Full Governing Body meeting
21 March 2018	Re-adopted at the Full Governing Body meeting
25 June 2019	Scrutinised by Learning and Development Committee and readopted by Full Governing Body
3 March 2022	Re-adopted by the Learning and Development Committee



APPENDIX 1

Medical Conditions in school information pathway

School	Parent
Admission Form sent out by school when child is accepted on role which includes asking parents to identify any medical conditions	Parent becomes aware of a new or a change in diagnosis of a medical condition during the school year
School	Parent
School collates responses	Please inform the school office staff as soon as possible
School	
School identifies those needing new or updated Individual Healthcare Plans	
School	
The school will send an Individual Healthcare Plan form for you to complete. You may wish to ask your healthcare specialist to help you complete the form	
School	
<ul style="list-style-type: none"> • A named member of staff will be available should we/you need to discuss the plan at anytime • We will ask you to update the plan annually or if there is a change • We will make sure that all relevant staff are aware of it • Information is placed in the class register, the classroom medical red box and in the medical room to make sure temporary staff are informed • Please let us know if you are concerned or worried at any time 	

