



*Dream, Believe, Persevere, Achieve*

# Cape Cornwall School

## Supporting Students with Medical Conditions Policy

**Dissemination:** Website and O Drive

**Date policy to be approved by Governors:** December 2021

**Date policy becomes effective:** Immediately

**Review date:** Under review

**Person responsible for Implementation and Monitoring:** SENDCO and Head of School

**Links to other relevant policies:** Health and Safety Policy, Safeguarding Policy, First Aid Policy, SEND Policy.

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Being notified a child has a medical condition

## **1. Aims**

This policy aims to ensure that:

Students with medical conditions in terms of both physical and mental health, are properly supported so that they have access to education, can play a full and active role in school life, remain healthy and achieve their academic potential.

The needs of students with medical conditions are properly understood, through consultation with health and social care professionals, students and parents.

Students with medical conditions have their needs met, as far as reasonably possible, and are safe to be in school.

The school will implement this policy by:

- Making sure sufficient and appropriate staff are suitably trained.
- Making staff aware of students' conditions, where appropriate so that they can be properly supported to access the educational opportunities offered by the school.
- Making sure that the views of parents and students with medical conditions are listened to and valued, alongside the advice of healthcare professionals.
- Ensuring that the planned support for students with medical conditions is regularly reviewed and updated when their child's health needs change.
- Developing, implementing and monitoring individual healthcare plans (IHPs).
- Ensuring that appropriate support is provided for students with medical conditions so that the potential negative impact of repeated short term, or long term absence on their learning, social and emotional development is minimised.

The named person with responsibility for implementing this policy is the SENDCo. Implementation of this policy will be monitored by the Head of 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 schools and their governing boards to make arrangements for supporting students with medical conditions. Where a medical condition is considered a disability, the Equality Act 2010 will apply. For children with an EHCP, the Special Educational Needs and Disability code of practice will also apply.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions \(December 2015\)](#).

## **3. Roles and responsibilities**

### **3.1 The governing board**

The governing board has responsibility to make arrangements to support students with medical conditions. Governors will ensure that this policy is implemented, monitored and reviewed including that staff receive appropriate support and training to be able to support students with medical conditions.

### **3.2 The School**

The Head of School will:

- Monitor the implementation of this policy and other associated policies.
- Implement the school's admission policy fairly and equitably.

- Provide support and advice to the SENDCo to enable them to carry out their responsibilities, as in this Policy.

The SENDCo will:

- Make sure all staff are aware of this policy and understand their role in its implementation, including supply teachers, staff on temporary contracts and those new to the school.
- Ensure that sufficient staff are suitably trained to implement this policy and deliver individual healthcare plans (IHPs), including in contingency and emergency situations.
- Ensure risk assessments appropriately take into account the needs of students with medical conditions so that they can safely attend and take a full role in school life, including in school visits, trips and extracurricular provision.
- Take overall responsibility for the development, implementation and monitoring of IHPs, ensuring IHPs are reviewed at least annually, or where there are changes to a child's medical needs.
- Ensure that effective systems are in place for obtaining information about a child's medical needs and keeping this information accurate and up-to-date.
- Facilitate the transition of students with medical needs into the school, ensuring that arrangements to meet their medical needs are in place in a timely way (at the start of term, or within 2 weeks if the student joins mid-way through the school year).
- Contact the school nursing service to refer any child with a medical condition who may require support, but who has not yet been brought to the attention of the school nurse.

### **3.3 Staff**

Supporting students with medical conditions during school hours is a shared responsibility by all staff within the school. Any member of staff may be asked to provide support to students with medical conditions, although they will not necessarily be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support students 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 students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

Staff will:

- know and implement this policy, reporting any questions or concerns which arise to the SENDCo.
- implement individual risk assessments (e.g. for school trips) as provided by the lead member of staff.
- implement students' IHPs.
- contribute, where appropriate, to review and update of IHPs.

### **3.4 Parents**

Parents will:

- Provide the school with appropriate and up-to-date information about their child's medical needs and keep the school informed about any changes to their medical needs.
- Contribute to the development and review of their child's IHP.
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. providing medicines and equipment.

- Ensure they, or another nominated adult, are contactable at all times that the child is under the care of the school.
- Raise any questions about their child's medical needs and support with the SENDCo.

### **3.5 Students**

Students will (when deemed competent to do so):

- contribute to the development and review of their IHP.
- co-operate with the school to implement their IHP e.g. by managing their medicines and procedures
- raise any questions about their health, support or care with the SENDCo or other trusted adult.

**All students are expected to be sensitive and supportive to the needs of children with medical conditions. Discrimination of any kind is unacceptable.**

### **3.6 School nurses and other healthcare professionals**

The school nursing service and professionals from social care will notify the school when a student has been identified as having a medical condition that will require support in school. This will be before the student joins the school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school nurses and notify them of any students identified as having a medical condition.

## **4. Equal opportunities**

The school is committed to actively supporting students with medical conditions to have equality of opportunity to participate fully in school life including school trips and visits, physical education and other sporting activities. Where appropriate, the school will ensure that support is provided to enable them to do so.

The school will consider reasonable adjustments to enable students 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 students with medical conditions are included. In doing so, students, their parents and any relevant healthcare professionals will be consulted.

## **5. On being notified that a child has a medical condition**

When the school is notified that a student has a medical condition, the process outlined in Appendix 1 will be followed to decide whether the student requires an IHP and will be used to develop and implement the 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 students who are new to our school. See Appendix 1.

## **6. Individual healthcare plans**

The Head of School has overall responsibility for the development of IHPs for students with medical conditions. This responsibility is delegated to the SENDCo whose work will be monitored and supported by the Head of School.

Plans will be reviewed at least annually, or earlier if there is evidence that the student's needs have changed.

Plans will be developed with the student's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be appropriate. This will be based on evidence. If there is not a consensus, the Head of School 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 student's specific needs. The student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a student has an identified SEN but does not have an EHC plan, the SEN will be referenced 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 SENDCo will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The student'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 student'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.
- The level of support needed, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student'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 student's condition and the support required.
- Arrangements for written permission from parents for medication to be administered by a member of staff, or self-administered by the student 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 student has the opportunity to participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition.
- What to do in an emergency, including who to contact, and contingency arrangements.

## **7. Managing medicines**

Prescription medicines will only be administered at school:

- When it would be detrimental to the student's health or school attendance not to do so **and**
- Where the school has parents' written consent.

**The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parents. In this case, every effort will be made to encourage the child to involve their parents whilst respecting their right to confidentiality.**

- Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a student 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. The school will accept insulin that is inside an insulin pen or pump rather than its original container, and it must be in date.

All medicines will be stored safely. Students will be informed about where their medicines are at all times and will be able to access them immediately, should they need to do so. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to students and will not be locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

Sharps boxes will be available for the safe disposal of syringes and other sharps.

## **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.

A student who is prescribed a controlled drug may legally have it in their possession if they are competent to do so e.g. on the way to school. Passing it to another child for use is an offence. In school, in line with the school's risk management procedures and TPAT policy, all medication should be kept securely in an identified safe place, as determined by the school, unless there are medical reasons which mean the child needs to have their medication on them. Only named staff will have access to controlled drugs that have been prescribed to students. The storage of controlled drugs will be secure and within a non-portable container and will be easily accessible in the case of emergency. A record will be kept of any doses used and the amount of the controlled drug held by the school.

Suitably trained and knowledgeable members of staff may administer a controlled drug to a student for whom it has been prescribed. Staff administering medicines should do so in accordance with school procedures and with the prescribers' instructions. A record will be kept of all medicines administered to students, stating what, how and how much was given, when and by whom. Any side effects to the medication will be noted in school.

## **7.2 Students managing their own needs**

Students 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.

Students will be allowed to carry their own medicines and relevant devices where necessary possible within the school's risk management procedures. Staff will not force a student to take a medicine or carry out a procedure if the student refuses, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

## **7.3 Agreed practice**

School staff will use their discretion and judge each case individually with reference to the student's IHP. Our principles are:

- To support students to access their inhalers and medication, and administer their medication when and where necessary.
- To treat each student as an individual.
- To take account of the views of students and parents.

- To follow medical advice and take account of medical evidence or opinion (although this may be challenged by the student, parents or the school).
- To support children with medical conditions to remain in school wherever possible and to take part in normal school activities, including social times, unless this is specified in their IHPs.
- To provide support if the child is ill so that they are accompanied by someone suitably experienced and qualified to the school office and medical room.
- To authorise unavoidable absence related to their medical condition, e.g. hospital appointments which cannot be done outside of school hours.
- To support students to drink, eat and take toilet or other breaks when needed in order to manage their medical condition effectively.
- To support students to participate in full school life, including school trips.
- To provide a suitable, private place for students to administer their own medicines.

## **8. Emergency procedures**

Staff will follow the school's normal emergency procedures (for example, calling 999) in the event of a medical emergency. All students' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a student needs to be taken to hospital, staff will stay with the student until the parent arrives, or accompany the student to hospital by ambulance if the parent is unable to attend the school.

## **9. Training**

Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs under the responsibility of the SENDCo.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the SENDCO during the IHP meeting. 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 students.
- 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**

Written records are kept of all medicine administered to students using the SIMS database. Parents will be informed if their child has been unwell at school and if medication has been given. IHPs are kept in a readily accessible place which all staff are aware of.

## **11. Unacceptable Practice**

Under this policy, the following practice is considered unacceptable and may result in disciplinary action:

- a. preventing a child from accessing their inhaler or medication or from administering their medication when necessary.
- b. failure to make individual adaptations to care and provision, as required in the child's Health Plan.
- c. Failure to have due regard to the views of the child and/or parents and/or medical evidence or opinion (although this may be challenged).
- d. Failure to provide reasonable adaptations to individual provision or support which prevent a child from staying for normal school activities, including lunch, sports, trips and visits, unless specified in their Healthcare Plan.
- e. Sending a child who becomes ill to the school office or medical room unaccompanied, or with someone unable to adequately provide support.
- f. Penalising a child for absences related to their medical condition e.g. hospital appointments.
- g. Preventing a child from drinking, eating or taking toilet or other breaks when required in order to manage their medical condition effectively.
- h. Requiring parents, or otherwise making them feel obliged, to attend school to administer medication or provide medical support to their child, including toileting support. No parent should have to give up work because the school cannot support a child's medical needs.
- i. Failure to make reasonable individual adaptations to support a child to participate in any aspect of school life, including school trips.

## **12. Liability and indemnity**

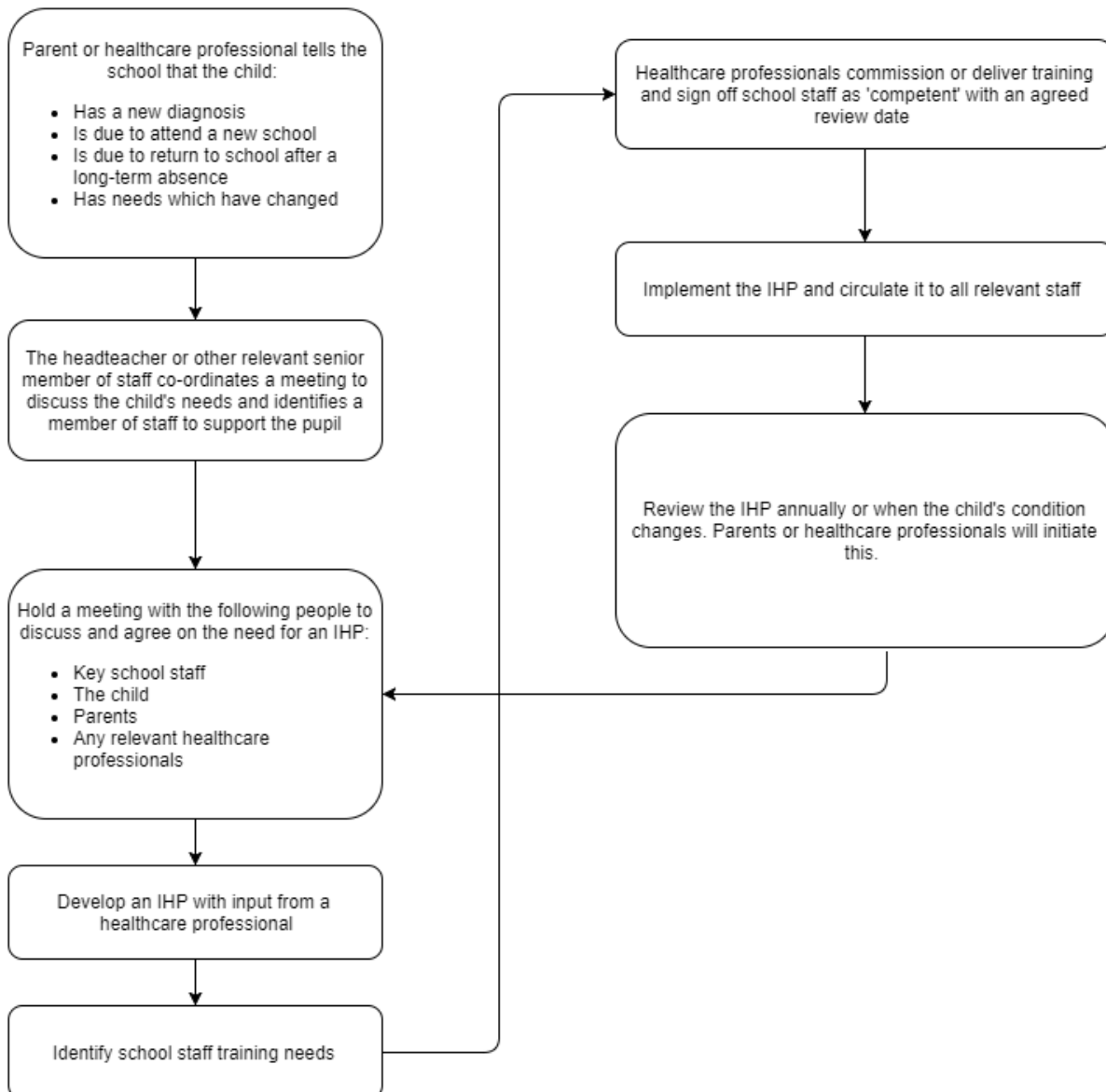
The Trust will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk and that of individual members of staff.

## **13. Raising Concerns or Complaints**

Parents with a concern about their child's medical condition should raise this with the SENDCo in the first instance. The school's Complaints procedure is available on the school website for any concern which cannot be resolved informally.



## Appendix 1: Procedure on being notified a child has a medical condition



## **Appendix 2: Template Documents to support Students with Medical Conditions**

# Template A: individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

## Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

## Clinic/Hospital Contact

Name	
Phone no.	

## G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

# Template B: parental agreement for setting to administer medicine

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 \_\_\_\_\_

# Template C: 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 parent \_\_\_\_\_

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






# Template E: staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title


I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

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

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

## Template F: contacting emergency services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

## Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely