



# Supporting Pupils with Medical Conditions Policy March 2023

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## Contents

1. Aims .....	1
2. Legislation and statutory responsibilities .....	2
3. Roles and responsibilities .....	2
4. Equal opportunities .....	3
5. Being notified that a child has a medical condition .....	3
6. Individual healthcare plans .....	3
7. Managing medicines .....	4
8. Emergency procedures .....	6
9. Training .....	6
10. Record keeping .....	6
11. Liability and indemnity .....	7
12. Complaints.....	7
13. Monitoring arrangements .....	7
14. Links to other policies .....	7
15. Appendix 1 .....	8
16. Further Guidance.....	9

## 1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions;
- staff recognise that medical conditions can be life-threatening;
- and every child with a medical condition is different and will be treated as an individual.
- 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 Headteacher 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)

## 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 governing boards to make arrangements for supporting pupils at their school with medical conditions.

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

This policy also complies with our funding agreement and articles of association.

## 3. Roles and responsibilities

### 3.1 The Board of Trustees

The Board of Trustees has ultimate responsibility to make arrangements to support pupils with medical conditions. The Board of Trustees will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### 3.2 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

### 3.3 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.

### 3.4 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

### 3.5 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.

## 4. Equal opportunities

Kernow Learning 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.

Kernow Learning 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.
- Staff should heed advice and warnings from others, for example those with local knowledge or specialist expertise (especially for higher-risk activities).
- Staff should know when and how to apply contingency plans, where they are necessary.

## 5. Being notified that a child has a medical condition

When a Kernow Learning 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.

**See Appendix 1.**

## 6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. The day-to-day management of this may be delegated to another member of school staff.

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 headteacher/SENDCO/ or other 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 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

## 7. 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' written consent

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

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.

Kernow Learning schools 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

We **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. Any medicine administered will be recorded in the medicines log for the school. This will include, pupil details, date, time and dosage given.

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

Appropriate training will be provided to staff expected to administer the medication and only named staff should have access to it, although it will be easily accessible in an emergency. Staff will only administer the medication in accordance with the prescriber's instructions.

### 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 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. 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.

### 7.2 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 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.

### 7.3 Unacceptable practice

Kernow Learning staff will use their discretion and judge each case individually with reference to the pupil's IHP, but it is 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 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, 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
- Administer, or ask pupils to administer, medicine in school toilets

## 8. 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 arrives, or accompany the pupil to hospital by ambulance.

## 9. 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/SENDSCO. 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 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 be made 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

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 which all staff are aware of.

## 11. Liability and indemnity

The Board of Trustees 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 insurer:

Zurich Municipal  
Zurich House 1 Gladiator Way  
Farnborough  
Hampshire  
GU14 6GB

## 12. Complaints

Parents with a complaint about how the school managers/meets the needs of their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

## 13. Monitoring arrangements

This policy is reviewed annually by Kernow Learning or in line with any changes to statutory guidance. For all monitoring of policies, we adopt a rigorous and reflective approach. We consider multiple perspectives on the effectiveness and success of the policy and procedures in question, incorporating the views of stakeholders. An Equality impact assessment is undertaken to ensure that there is no potential for any discrimination, adverse impact in relation to protected characteristics or any conflict with the Trust's values.

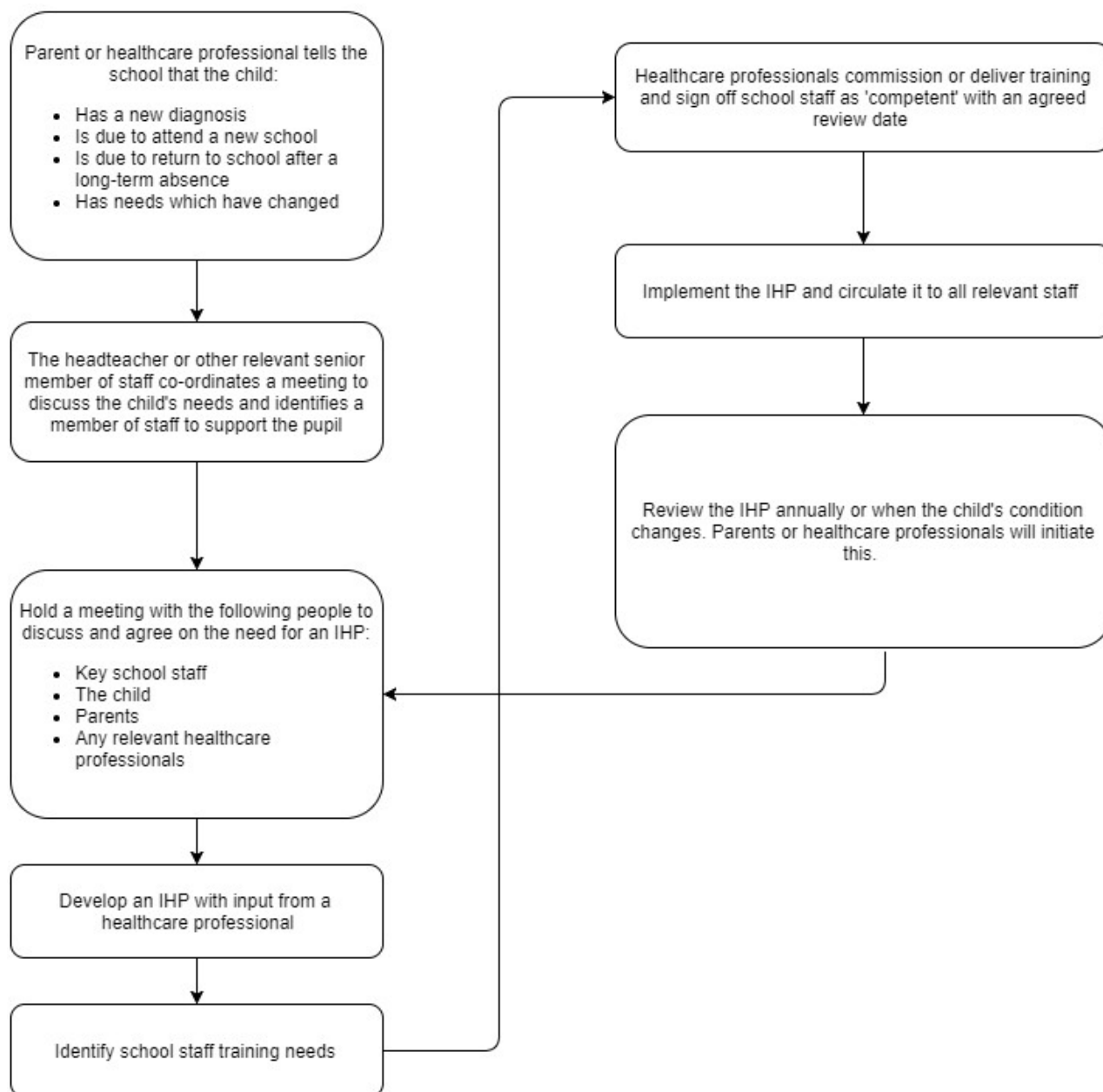
## 14. Links to other policies

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



## Further guidance

### **Does a GP need to prescribe a non-prescription (over the counter) medicine in order for a school/nursery/child minder to give it?**

Non – prescription (over-the-counter) medication does not need a GP signature/authorisation in order for a school or nursery to give it. This is reflected in the DfE Statutory Framework for the Early Years Foundation Stage guidance and the DfE Supporting Pupils at School with Medical Conditions guidance. This guidance is relevant to child-minders, as well as nurseries and schools

### **How should medicines be managed on school premises?**

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

- No child should be given prescription or non-prescription (over the counter) medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. Schools should set out the circumstances in which non-prescription (over the counter) medicines may be administered.
- Staff should check that the medicine has been administered without adverse effect in the past and that parents have certified this is the case – a note to this effect should be recorded in the written parenteral agreement for the school/setting to administer medicine.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking the maximum dosages and when the previous dose was taken. Parents should be informed.
- Schools should only accept medicines that are in-date, provided in the original container and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or pump, rather than in its original container. Schools are reminded that they are required to date check all medicines kept on site and this should be reflected in their medicines policy.
- All medicines should be stored safely and securely, some medicines may require special storage conditions, e.g. refrigeration (a designated medication fridge is recommended). Children should know where their medicines are at all times and their access requirements. They should know who holds the key to the storage area. 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.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

### **Should schools keep a written record?**

Schools should ensure that written records are kept of all medicines administered to children, and inform the child's parent and/or carers on the same day, or as soon as reasonably practicable. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell.

### **What storage requirements for medicines are required?**

Generally non-emergency medication should be stored in a locked cupboard, preferably in a cool place. Items requiring refrigeration may be kept in a clearly labelled closed container in a standard refrigerator and the temperature monitored each working day (recommended temperature range of

between 2c C and 8° C.) Consideration should be given to how confidentiality can be maintained if the fridge is used for purposes in addition to the storage of medicines.

All storage facilities should be in an area which cannot be accessed by children without supervision. All emergency medication e.g. inhalers, adrenaline pens, dextrose tablets, must be readily accessible but stored in a safe location known to the applicable child and relevant staff. This location will be different in every school/setting; according to where the pupil normally has lessons/child spends most of their day, the size and geography of the school/setting and the pupil/child's age and maturity. Possible locations include the classroom, medical room, school/setting office or head's office. All schools should have a protocol in place for administering emergency medicines and this should be included in wider medicines policy.

Medication should always be kept in the original containers. Staff should never transfer medicines from original containers.

Local pharmacists and school nurses can give advice about storing medicines.

### **What staff training and support is required?**

As part of the wider medicines policy, schools should have a process in place to determine relevant training required for staff that may need to administer medicine. Parents or relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

Training should be sufficient to ensure staffs are competent and have confidence in their ability to support pupils with medication and to fulfil the requirements as set out in individual healthcare plans/agreement.

### **What is the position on cough sweets/lozenges for children?**

Schools will not administer non-prescription cough sweets to pupils.

### **What should a school do if the parent has requested a non-prescription (over the counter) medicine to be given to their child but the age of the child is not compatible with the guidance on the box?**

Administering either prescription or non-prescription (over the counter) medicines is at the discretion of each school. Schools should ensure that parents have completed the school's consent form/agreement and checked that instructions on the medicine are in line with what is being requested. No medicine should be administered if the situation is not compatible with the instructions on the medicine. If in doubt about any procedure, staff should not administer the medicines but check the parent or a healthcare professional before taking further action.

### **What should a school do if a parent requests that their child is given an increased dose of a non- prescription (over the counter) medicine which is more than the recommended dosage on the box?**

Administering either prescription or non-prescription (over the counter) medicines is at the discretion of each school. Schools should ensure that parents have completed the school's consent form/agreement and checked that instructions on the medicine are in line with what is being

requested. No medicine should be administered if the situation is not compatible with the instructions on the medicine. If in doubt about any procedure, staff should not administer the medicines but check the parent or a healthcare professional before taking further action.

## Medication Consent Register: SAMPLE TEMPLATE

**Pupil Name:**

**Date of Birth:**

**Address:**

**Signature:**

**Relationship to Pupil**

<b>Date</b>	<b>Name of person who brought medication in</b>	<b>Name of Medication</b>	<b>Amount supplied</b>	<b>Expiry Date</b>	<b>Dosage regime</b>	<b>Check - in original box/bottle? Age appropriate?</b>

<b>Date</b>	<b>Medication</b>	<b>Amount given</b>	<b>Amount left</b>	<b>Time</b>	<b>Administered by</b>	<b>Comments/actions /side effects</b>

Notes: