



United Learning

Supporting pupils with medical needs policy

This policy is in line with our equal opportunities statement and aims to support inclusion for all of our pupils. The policy covers all statutory elements and focuses on maintaining the highest expectations for all pupils and bringing out the 'best from everyone'.

Rationale

The number of pupils attending mainstream schools who have specific medical needs is increasing. Many children and young people have their participation in school affected by illness or a specific medical condition. This may result in a minor disruption or it may cause regular or permanent limitation to their access to education. Most children with medical needs are able to attend school regularly and with appropriate support from family and school, can take part in the normal school activities. However some children with long term, complex or individualised medical needs will need to have them carefully planned and monitored by school, parents/carers, medical and other professionals and where appropriate for the child, to maximise curriculum access, their inclusion and to safeguard the child's health and safety. It is crucial that all involved have an understanding of the policy and procedures the school is operating.

Introduction

The United Learning Trust is committed to ensuring that the necessary provision is made for every pupil within their schools' communities. The Trust celebrates the inclusive nature of their schools and strives to meet the needs of all pupils including those with medical needs and conditions.

Section 100 of The Children and Families Act 2014 places a duty on the governing body of each school to make arrangements for supporting children with medical conditions. The Department of Education have produced statutory guidance

'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

The Trust endeavours to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education.

Each school will ensure that all medical information will be treated confidentially by the Headteacher and staff.

All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document.

All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEND Code of Practice will also apply.

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



Banstead Prep School

Supporting Pupils with Medical Needs Policy

Context
This policy was developed in consultation with parents/carers, staff and pupils and has regard to: <ul style="list-style-type: none">• Statutory Guidance: Supporting pupils at school with medical conditions – DfE – December 2015• Section 100 of the Children and Families Act 2014 and associated regulations• The Equality Act 2010• The SEND Code of Practice (updated 2020)
Headteacher: Jon Chesworth
The named member of school staff responsible for this medical condition policy and its implementation is: Name: Julia Adams Role: Executive Assistant to Headteacher and Office Manager (Appointed Person)
Governor with responsibility for Medical Needs: Mr Noble Mathew
This policy will be reviewed annually
Agreed by Governing Body:
Review date: September 2023

This policy is to be read in conjunction with our:

- SEND Policy
- Safeguarding policy
- Equal Opportunities Policy
- Behaviour for Learning policy
- Care & Consideration (Anti-bullying) Policy
- Curriculum and Teaching policies
- Health and Safety Policy

- First Aid Policy
- School Visits Policy
- Complaints Policy

Aims and Objectives

Aim

To ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Objectives

- To establish a positive relationship with parents and carers, so that the needs of the child can be fully met
- To work in close partnership with health care professionals, staff, parents and pupils to meet the needs of each child
- To ensure any social and emotional needs are met for children with medical conditions
- To minimise the impact of any medical condition on a child's educational achievement
- To ensure that an Individual Healthcare Plan is in place for each child with a medical condition and for some children who may be disabled or have special educational needs, that their Education, Health and Care Plan is managed effectively
- To ensure as little disruption to our pupils' education as possible
- To develop staff knowledge and training in all areas necessary for our pupils
- To ensure safe storage and administration of agreed medication
- To provide a fully inclusive school.

Roles and Responsibilities

The Governing Body

- The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of Banstead Preparatory School.
- Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.

- Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that relevant training provided by specialists is delivered to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- Monitoring written records of any and all medicines administered to individual pupils and across the school population.
- Ensuring the level of insurance in place reflects the level of risk.

The Headteacher

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of Banstead Preparatory School.
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Ensure that all supply staff are aware of the policy and are briefed on individual pupil needs where appropriate
- Liaising with healthcare professionals regarding the training required for staff.
- Making staff who need to know aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHCPs).
- Ensuring that there are sufficient staff who have agreed to have supporting medical conditions as part of their job description and contract.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.

Staff Members

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Administering medication, if they have agreed, and are trained to undertake that responsibility.

- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- Fully aware of who is a named staff member responsible for administering injections.

There is no legal duty which requires staff members to administer medication; this is a voluntary role.

General Medical Practitioners & Other Medical Professionals

- Notify the school (with the parents' consent) when a child has been identified as requiring support in school due to a medical condition.
- Support staff on implementing a child's individual healthcare plan and provide advice where appropriate
- Liaising locally with lead clinicians on appropriate support.

Parents/Carers/Guardians

- Parents have prime responsibility for their child's health and should provide the school with up to date information about their child's medical conditions, treatment and/or any special care needed.
- Completing a parental agreement for school to administer medicine form before bringing medication into school. (Appendix 1)
- Providing the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- If their child has a more complex medical condition, they should work with the School Office and other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies.
- It is the parent/carers responsibility to make sure that their child is well enough to attend school.

The Pupil

- Pupils are often best placed to provide information about how their condition affects them.

- Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- In the case of extreme allergies or medical need, pupils will be allowed to carry their own medicines and devices. Where this is not necessary, their medicines will be stored in the medical room.
- If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- Where appropriate, pupils will be encouraged to take their own medication under the supervision of an adult.

Local Authorities

- Under Section 10 of the Children Act 2004, Local Authorities have a duty to promote co-operation between relevant partners with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.
- Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).
- Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- Local authorities should work with schools to support pupils with medical conditions to attend full-time.
- Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.
- Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Individual Healthcare Plans (Appendix 2)

- An Individual Healthcare Plan is a document that sets out the medical needs of a child, what support is needed within the school day and details actions that need to be taken within an emergency situation. They provide clarity about what needs to be done, when and by whom. The level of detail within the plans will depend on the complexity of the child's condition and the

degree of support needed. This is important because different children with the same health condition may require very different support.

- Individual healthcare plans may be initiated by a member of school staff, or another healthcare professional involved in providing care to the child. Plans must be drawn up with input from such professionals e.g. a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child and their parents.
- Plans should be reviewed at least annually or earlier if the child's needs change. They should be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan should be linked to the child's statement or EHC plan where they have one.
- Parents will receive a copy of the Individual Healthcare Plan (IHCP) with the originals kept by the School. Medical notices, including pictures and information on symptoms and treatment are placed in the staff room, medical room and given to the child's class teacher for quick identification, together with details of what to do in an emergency.
- In addition, an Individual Treatment Plan (ITP) is created for children with severe medical needs or allergies and this is displayed in the medical room and in private areas around the school for staff information.

Medicines

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form.
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines MUST be in date, labelled with the child's name, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- A maximum of four weeks supply of the medication may be provided to the school at one time.

- Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed.
- Medications will be stored in the Medical Room. All medicines must be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away;
- Any medications left over at the end of the course will be returned to the child's parents.
- Pupils with asthma are encouraged to carry their inhalers with them where they are responsible enough to do so. From Year 3 onwards this will be expected of children unless there are any factors preventing them doing so. However, a spare inhaler should also be kept in the School Office or classroom. Parents will be required to provide two (2) inhalers for their children for this purpose. Children with diabetes are encouraged to keep medication close to hand. They are able to take high energy snacks when needed and at any point in the day.
- Written records will be kept of any medication administered to children. When medicine has been administered at BPS it is recorded in the administration of medicine book. When on school trips a separate administration of medicine form is completed. (Appendix 3) When an inhaler is used an e-mail should be sent to the child's parent (see Appendix 4)
- Pupils will never be prevented from accessing their medication.
- Sharps boxes should always be used for the disposal of needles and other sharps.
- A defibrillator is kept in the School Office, all staff may use it if necessary as full instructions are given by the machine.
- Banstead Prep School cannot be held responsible for side effects that occur when medication is taken correctly.

Record keeping

- Parents must complete a 'Record of Administration of Medicine in School' form which should list the prescribed medication (Appendix 1). These forms are stored in a 'Medicines in School folder'. Medicines administered are recorded into a 'Medicines administered' book. Both are kept in the medical room within the School Office. Entries are in chronological order. It is in an approved format and entries are kept for three years after the pupil in question has left. Parents are asked to sign medication in and out of school, using the form they completed.

Medicines in School register entries:

- Are made at the time medication is received and dispensed
- Show the full name and date of birth of the pupil for whom the medicines were supplied

- Show the name and signature of the person handing over the medication
- Show the name of the person who accepted the medication
- Show the date the medicine was obtained or supplied
- Give the name of medicine supplied
- Detail the quantity and form (e.g. liquids, capsules) in which the medication is supplied
- Detail the dosage to be administered each time
- Details the amount left each time
- Note any special instructions for storing the medication (e.g. in the fridge)
- Note the expiry date of the medication
- Note the name of the person who prescribed it.

Educational Visits

- We actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities but are mindful of how a child's medical condition will impact on their participation. Arrangements will always be made to ensure pupils with medical needs are included in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.
- A risk assessment will be completed at the planning stage to take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the school nurse or other healthcare professional that are responsible for ensuring that pupils can participate. Details of the child's health care plan should be taken with the child on an Educational Visit.
- The class teacher must also ensure that medication such as inhalers and Epi-pens are taken on all school trips and given to the responsible adult that works alongside the pupil throughout the day. A First Aid kit must be taken on all school trips. The trip leader must ensure that all adults have the telephone number of the school in case of an emergency.
- The school will refer to the OEAP National Guidance documents on First Aid (4.4b) and Medication (4.4d) to ensure suitable provision at the planning stage of every trip.
- The party leader must ensure that all necessary medicines are taken on the trip. This will mean checking the medical requirements of the class and ensuring that any child with a specific medical condition has access to prescribed medicine whilst on the trip.
- Parents will need to complete an Administration of Medicine form for residential trips, administered medicine is recorded on the form and returned to the School Office after the trip to be recorded (Appendix 3).

Staff Training

- The school provides regular whole-school awareness training to ensure that all staff are aware of this policy and their role in implementing the policy. This is also included in induction arrangements for new staff.
- Any member of staff providing support to a pupil with specialised medical needs must have received suitable training. It is the responsibility of the Headteacher to lead on identifying with health specialists the type and level of training required and putting this in place. A suitably qualified healthcare professional should confirm that staff are proficient before providing support to a specific child.
- Training must be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
- It is important that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. The school ensures that training on conditions which they know to be common within their school is provided (asthma, epi pen, sickle cell, diabetes for example)
- Parents can be asked for their views and may be able to support school staff by explaining how their child's needs can be met but they should provide specific advice, nor be the sole trainer.

Emergency Procedures

- Medical emergencies will be dealt with under the school's emergency procedures
- Where an Individual Healthcare Plan (IHCP) is in place, it should detail
 - What constitutes an emergency
 - What to do in an emergency
 - Ensure all members of staff are aware of emergency symptoms and procedures
 - Other children in school should know to inform a teacher if they think help is needed

If a pupil needs to be taken to hospital, a member of staff will remain with the child until a parent arrives.

Unacceptable Practice

As outlined in the DfE statutory guidance.

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- 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; or 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 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, 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 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
- prevent 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.

Complaints

Please refer to the school's complaint's policy.

Other Considerations (delete as appropriate)

Defibrillators

The governing body will ensure the local NHS ambulance service has been notified of its location.

Emergency Inhalers

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. The BPS First Aid Policy includes guidance for the use of the emergency inhaler based on - [Guidance on the use of emergency salbutamol in schools \(DoH, 2015\)](#). The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Relevant Documents

Supporting pupils with medical conditions – DfE – December 2015

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Section 100 – Children and Families Act 2014

<http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted>

The Equality Act 2010

<https://www.gov.uk/guidance/equality-act-2010-guidance>

The SEND Code of Practice – 2015 (updated 2020)

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

Health Conditions in Schools Alliance – this site has Individual Healthcare Plan information for specific conditions

<http://medicalconditionsatschool.org.uk/>

Appendix 1

	<h3 style="margin: 0;">Administration of Medicine Form</h3>
Name of child:	Date of Birth:
Name of doctor/prescriber:	Dose and time of medicine to be administered:
Date medicine provided by parent:	Class/Form:
Expiry date:	Quantity received: Form e.g. liquid:
Name and strength of medicine:	Special Instructions e.g. refrigerate
If this is not a prescribed medicine, please list extenuating circumstances for it to be administered.	
Member of Staff Name:	Name of Parent/Caregiver
Staff signature:	Signature of parent/Caregiver:

Medicine can not be administered unless this form is completed. All medication must be handed to the School Office

All medicine administered must be recorded in the Medicine Book which is kept in the medical room.

Administration of Medicine Form Page 2 of 2

Signed In	Signed Out	Amount of medicine remaining on sign	
		In	Out
Staff/Date	Staff/Date		
Parent/Date	Parent/Date		
Staff/Date	Staff/Date		
Parent/Date	Parent/Date		
Staff/Date	Staff/Date		
Parent/Date	Parent/Date		
Staff/Date	Staff/Date		
Parent/Date	Parent/Date		
Staff/Date	Staff/Date		
Parent/Date	Parent/Date		
Staff/Date	Staff/Date		
Parent/Date	Parent/Date		

Signature(s) _____

Date _____

Appendix 2

	<h3>INDIVIDUAL HEALTH CARE PLAN</h3> <p style="font-size: 1.2em;">< Photo Inserted ></p>
Pupil's Name:	Pupil's address:
DOB:	Form/Class:
Medical diagnosis or condition:	
Date:	Review Date:
FAMILY CONTACT INFORMATION:	
Parent/s name:	Phone (work):
Parent/s signature:	Home: Mobile:
Relationship to child:	
Clinic/Hospital Contact	
Name:	Phone no:
GP Name:	GP Phone no:
Who is responsible for providing support in school:	

2.1 - Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

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

2.3 - Daily care requirements
2.4 - Specific support for the pupil's educational, social and emotional needs
2.5 - Arrangements for school visits/trips etc (not permitted to go on school visit/trips unless current medication is provided)
2.6 - Other information (including medication storage in school)
2.7 - Describe what constitutes an emergency, and the action to take if this occurs
2.8 - Who is responsible in an emergency (<i>state if different for off-site activities</i>)
2.9 - Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to:

Updated:

Appendix 3

	<h2 style="margin: 0;">RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL FOR SCHOOL TRIPS</h2>		
Name of child:	Date of Birth:		
Name of doctor/prescriber:	Dose and time of medicine to be administered:		
Date medicine provided by parent:	Class/Form:		
Expiry date:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Quantity received:</td> <td style="width: 40%;">Form e.g. liquid:</td> </tr> </table>	Quantity received:	Form e.g. liquid:
Quantity received:	Form e.g. liquid:		
Name and strength of medicine:	Special Instructions e.g. refrigerate		
<p>If this is not a prescribed medicine please list extenuating circumstances for it to be administered.</p>			
Member of Staff Name:	Name of Parent/Caregiver		
Staff signature:	Signature of parent/Caregiver:		

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

Signed by parent on return:

Date:

Appendix 4



Asthma Plan

To be complete by all children who have an inhaler in school.

NB: 2 inhalers are to be provided to the school to comply with policy

Name	
Class	
Date	

What are the signs we should look for prior to an asthma attack?	
Are there any key words your child may use to express their symptoms?	
Name of your child's reliever medicine and the colour of the device	
Does your child use a spacer?	
Does your child need help using their inhaler?	
Does your child need to carry their inhaler at all times?	

Please list your child's asthma triggers	
Should your child take their medication prior to exercise? If yes please provide details.	

I give my consent for the school staff to administer/assist my child with their own reliever inhaler as required. I understand it is my responsibility to ensure my child's inhaler is named and in date. I confirm I will update the school should any of these details change.

Signed	
Name	
Relationship to child	

I confirm I give consent for the use of the emergency salbutamol inhaler should it be required. I can confirm my child has been diagnosed with asthma and prescribed an inhaler.

Signed	
Name	
Relationship to child	

Office use only

- added to isams
- added to class medical lists
- 2 x inhaler received and named
- spacer received
- ITP created and shared with staff