

Woodland Academy Trust

**Supporting Pupils with Medical Conditions Policy**

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Owned by:	Director of Education
Date of approval:	Spring 2023
Approved by:	Executive Board
Date of next review:	Spring 2025

Woodland Academy Trust is committed to inclusion, diversity and promoting equal opportunity for all. All schools within the Trust share this commitment, providing an inclusive environment. This objective applies to all policies and procedures and the Trust will at all times adhere to the requirements of the Equalities Act 2010 and any other associated guidance.

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## **Statement of intent**

The Trustees of the Woodland Academy Trust have a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The Trust believes it is important that parents of pupils with medical conditions feel confident that the schools provide effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the schools' compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the schools' Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

## **1. Legal framework**

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Special Educational Needs and Disabilities (SEND) Policy
- Asthma Policy
- Complaints Policy
- Attendance Policy
- Admissions Policy

## **2. Roles and responsibilities**

The Trustees will be responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.

- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the schools' ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The headteacher will be responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs (individual healthcare plans), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse, where available, where a pupil with a medical condition requires support that has not yet been identified.

Parents will be responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.

- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

School staff will be responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

The school nurse, where available, will be responsible for:

- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes, sickle cell and epilepsy, where required.

Providers of health services are responsible for cooperating with the schools, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

### **3. Admissions**

Admissions will be managed in line with the schools' Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

#### **4. Procedures for medical conditions**

Each school completes a Medi-Alert Handbook identifying children who have asthma, diabetes, epilepsy, sickle-cell, and allergies (leading to anaphylaxis). The school nursing team, where one is available, complete an annual review of the handbook as well as ensuring all relevant staff (teaching and non-teaching) have up to date, bespoke training with regards to meeting these children's needs.

The Medi-Alert Handbook sets out procedures for named medical conditions: asthma, sickle cell disease, epilepsy, anaphylaxis and diabetes.

In cases when children are diagnosed with a medical condition that is not named in the Medi-Alert Handbook, the school will arrange for an Individual Healthcare Plan (see Appendix 1) to be completed which sets out the following:

- Medical condition (triggers, signs, symptoms and treatments)
- Pupil's resulting needs:
  - Medication, dose, side effects, storage of medication
  - Treatments, time, facilities, equipment testing, access to food and drink, dietary requirements, Environmental Issues
- Specific support for educational, social and emotional needs (management of absences, extra time in exams, rest periods, additional support and access to counselling/therapeutic support, external or internal)
- Level of support needed (emergency arrangements)
- Adult deployment (who will support, training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional, cover arrangements for when adults are unavailable)
- Staff awareness
- Arrangements for written permission from parents/carers and the Head of School for medication to be administered by a member of staff, or self-administered by the child during school hours
- Separate arrangements or procedures required for school trips or other school activities (risk assessments)
- Confidentiality issues
- Emergency arrangements (who to contact, contingency arrangements)
- Monitoring arrangements for the IHP

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

## 5. Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out on an annual basis for all staff, and included in the induction of new staff members.

Training will be commissioned by each school and could be provided by the following bodies:

- Commercial training provider
- The school nurse
- GP consultant
- The parents of pupils with medical conditions

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

## 6. Managing medicines

Prescription and over the counter medicines can be administered at school as long as parental consent is obtained and:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have Parents/Carers written consent (use of a localised agreement – Appendix 2)

Pupils will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

The school will only accept medicines that are:



- In-date
- Labelled with the child's name and class
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, **but it must be in date.**

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

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required/are out of date

Records are kept every time medication is administered (Appendix 3).

A member of staff will supervise the child taking the medication and with non-prescribed/non pre-planned medication (e.g. paracetamol) will inform the parents on the day that it was administered.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a secure non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

## **7. Emergency procedures**

Medical emergencies will be dealt with under the schools' emergency procedures.

Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher. If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

## **8. Day trips, residential visits and sporting activities**

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

## **9. Unacceptable practice**

The schools will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents/carers.
- Ignore medical evidence or opinion (although this may be challenged).
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

## **10. Liability and indemnity**

The Trustees will ensure that the appropriate level of insurance is in place and appropriately reflects the schools' level of risk.

The details of the school's insurance policy are:

Zurich Insurance – Employers' and Public Liability Insurance. This insurance is in place instead of the DfE RPA arrangements.

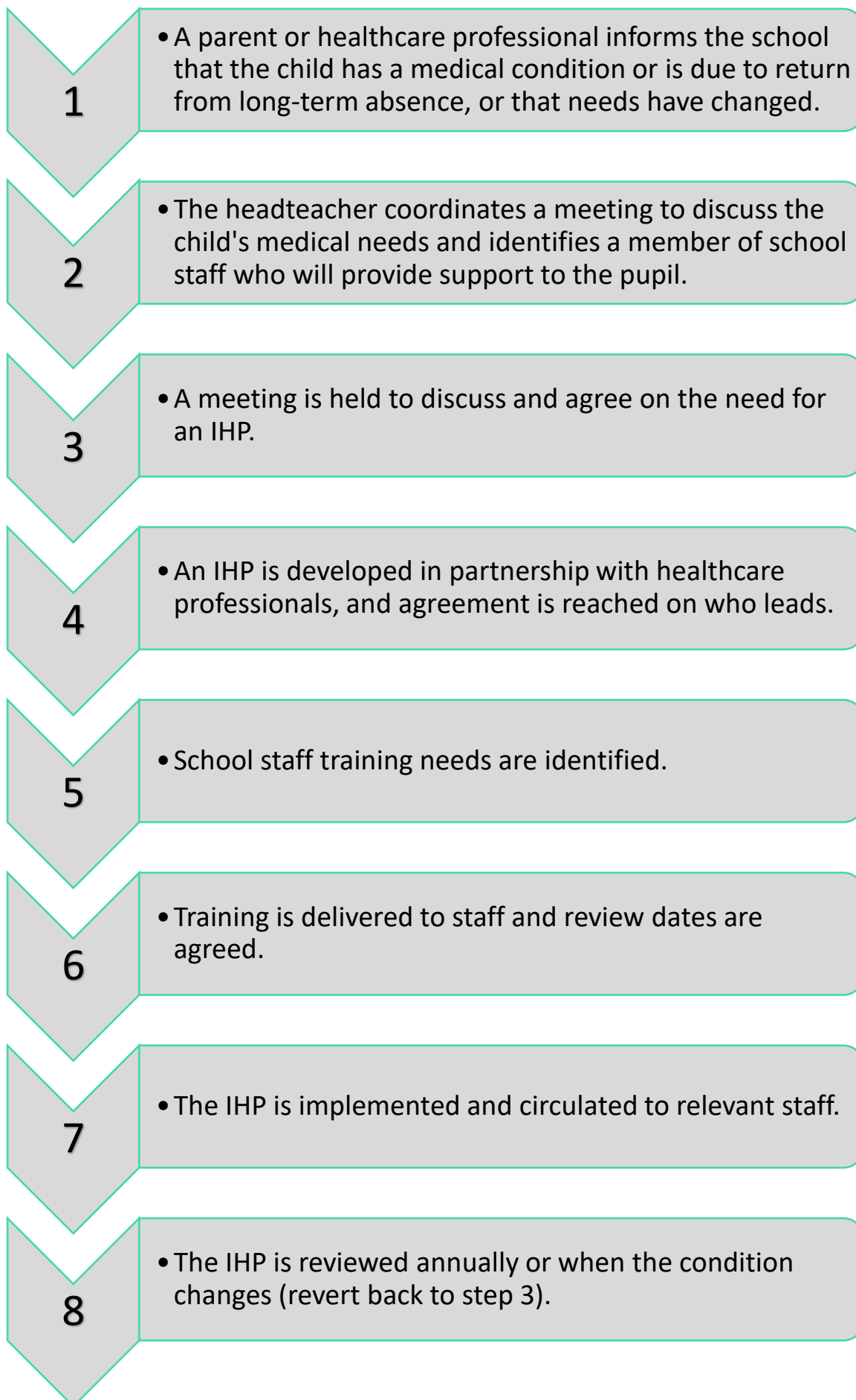
## **11. Complaints**

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Policy.

## **12. Monitoring and review**

This policy is reviewed every two years by the Director of Education, or sooner if there are changes to legislation. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

## Appendix 1- Individual Healthcare Plan Implementation Procedure



# Individual healthcare plan

## Pupil information

Pupil's name:	
Group/class/form:	
Date of birth:	
Pupil's address:	
Medical diagnosis or condition(s):	
Date:	
Review date:	

## Family contact information

Name:	
Phone number (work):	
Home:	
Mobile:	
Relationship to pupil:	
Name:	
Phone number (work):	
Home:	
Mobile:	
Relationship to pupil:	

Name:	
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<b>Phone number (work):</b>	
<b>Home:</b>	
<b>Mobile:</b>	
<b>Relationship to pupil:</b>	

### **Clinic/hospital contact**

<b>Name:</b>	
<b>Phone number (including extension):</b>	

### **Pupil's GP**

<b>Name:</b>	
<b>Phone number (including extension):</b>	

### **Pupil's medical needs**

<b>Description of the pupil's symptoms, triggers, signs, facilities, equipment or devices, environmental issues, etc.:</b>	
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<b>Description of the pupil's medication, including dose, method of administration, when it should be taken, all side effects relating to the medication, contraindications, administered by/self-administered with/without supervision:</b>	
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If the pupil's medication is stored at the school, where is it located, who has access, and how is it stored?

Who is responsible for administering medication to the pupil, has this been authorized by parents/the Headteacher?

If the pupil is self-managing their medication, this should be clearly stated

#### **Daily care requirements**

Does the pupil require any change to their routine, e.g. amended eating times?

Does the pupil require any extra care when eating, what care is required?

Include details of how the pupil's routine will be monitored to help manage their condition:

#### **Physical activity**

Are there any physical restrictions caused by the pupil's medical condition?

## Arrangements for school visits and trips

Include details of any extra care required before, during or after physical activity:

Does the pupil need additional care when attending a trip or visit away from the school, who will be responsible for this care?

Include details of what care the pupil needs, e.g. when and where the care will need to take place, and what medication or equipment will be required?

## Staff training

Who will be responsible for administering extra care to the pupil, including cover?

Will these people require extra training, if so what training will be required?

Has the training been completed and signed off by the Headteacher and a healthcare professional?



### **School environment**

Does the school environment have any affect on the child's medical condition?

How does the school environment affect the pupil's medical condition?

What reasonable adjustments can be put in place to mitigate the risk of these affects?

### **Other information**

Who is the responsible person in an emergency?

What constitutes an emergency, e.g. symptoms?

**What procedure should be followed in an emergency?**

**Specific support for the pupil's educational, social and emotional needs, e.g. how will catching up with lessons, absences and rest periods be handled?**

**Form copied to, the information in this IHP will remain private and confidential – consider when sharing this information how relevant it is to the recipient:**

## Appendix 2 - Parental Agreement for the School to Administer Medicine

The school will not be able to give your child medicine unless you complete and sign this form.

### Administration of medication form

Date for review to be initiated by:	
Name of child:	
Date of birth:	
Group/class/form:	
Medical condition or illness:	

### Medicine

Name and/or type of medicine <i>(as described on the container):</i>	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions and/or other instructions:	
Any side effects that the school needs to know about:	
Self-administration – Yes/No:	
Procedures to take in an emergency:	

**NB: Medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.**

### Contact details

Name:	
Daytime telephone number:	
Relationship to child:	
Address:	
I will personally deliver the medicine to:	<b><u>Name and position of staff member</u></b>

**The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.**

**Signature**

**Date**

**Appendix 3 - Record of Medicine Administered to an Individual Pupil**

<b>Name of pupil:</b>	
<b>Group/class/form:</b>	
<b>Date medicine provided by parents:</b>	
<b>Quantity received:</b>	
<b>Name and strength of medicine:</b>	
<b>Expiry date:</b>	
<b>Quantity returned:</b>	
<b>Dose and frequency of medicine:</b>	

<b>Date:</b>			
<b>Time given:</b>			
<b>Dose given:</b>			
<b>Name of member of staff:</b>			
<b>Staff initials:</b>			

<b>Date:</b>			
<b>Time given:</b>			
<b>Dose given:</b>			
<b>Name of member of staff:</b>			
<b>Staff initials:</b>			

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Dose given:			
Name of member of staff:			
Staff initials:			

**Record of All Medicine Currently Administered to Pupils**

Dates:From/ To	Pupil's name	Time	Name of medicine	Dose given Frequency	Reactions, if any	Staff signature	Print name