



# Supporting Pupils with Medical Conditions in School Policy

<b>Responsible Staff</b>	JM/HS
<b>Governors Committee Responsible</b>	Full Governing Board
<b>Date Approved</b>	05 October 2023
<b>Review Date</b>	Every 3 years

## Supporting Pupils with Medical Conditions in School Policy

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### Policy Statement

Exhall Grange Specialist School is committed to fostering an inclusive community that aims to support and welcome all pupils with medical conditions, including complex medical needs and sensory impairment, while also accounting for their social, emotional, communication, interaction difficulties and mental health needs.

As a school community, we strive to be an outstanding school that meets the complex needs of all our pupils.

We aim to ensure that all pupils, including those with medical conditions have the same opportunities as others at school, ensuring that all pupils are;

- healthy,
- safe,
- enjoy/achieve,
- make a positive contribution,
- achieve economic well-being.

Many of our children and young people are physically or emotionally extremely vulnerable or have life-limiting conditions. Some have a combination of these. Some of our pupils are highly anxious and require a calm, predictable and nurturing environment in order to access school.

- The school ensures all staff understand their duty of care to the children and young people in the event of an emergency.
- All staff feel confident in knowing what to do in an emergency.
- The school understands that certain medical conditions are serious and can be potentially life threatening and as such we will endeavour to work closely with parents/carers and professionals to ensure each child's safety.
- The school understands the importance of medication being taken as prescribed.
- All staff understand the common medical conditions that affect the children at school and staff receive training with regards to the impact of medical conditions on individual pupils, as appropriate.

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This policy has been drawn up in consultation with Exhall Grange Specialist Schools School Nurse and members of the health and safety committee, including the Headteacher, Helen Seickell.

### 1. **Aims**

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our school will support pupils with medical conditions.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school enrichment activities and sporting activities.

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained, including demonstrating competency, where appropriate.
- Making staff aware of pupils' conditions and the possible impact upon the pupil, 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 with medical conditions. School will ensure that supply staff are working with regular staff members who are aware of the pupils needs.
- Developing and monitoring individual healthcare plans (IHPs)

**The named person with responsibility for implementing this policy is Helen Seickell**

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### **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 (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

This policy also complies with our funding agreement and articles of association and any funding arrangements as set out in each individual pupil's Education and Health Care plans.

### **3. Roles and responsibilities**

#### **3.1 The governing board**

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board 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 an individual 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 with medical conditions.
- Ensure that systems are in place for obtaining information about a child's medical needs in a timely manner 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 may 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, from suitably qualified staff or external health professionals and will receive ongoing support from the School nurse and healthcare team. Staff will achieve the necessary level of competency before taking on such roles.

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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/Carers**

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs prior to admission and in the event of changes to their child's medical needs.
- Be involved in the development and review of their child's IHP and may be involved in its drafting.
- Sign to confirm and agree the contents of their child's IHP.
- 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. They are also expected to comply with their IHPs.

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

Exhall Grange Specialist School's School Nurse and Health Care team will endeavour to identify medical and health care needs from Education and Health Care Plans and supporting documents as part of their pre-admission process and before the pupil starts. The School Nurse and Health Care Team will consult with parents/carers and pupils, to write an Individual Health Plan, detailing how their child will be supported in school with their medical needs, as appropriate. Connect for Health, Warwickshire School Nursing Service, will notify the school if a pupil has been previously identified as having a medical condition that will require continued support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as the Continuing Care Nursing Team, Community Children's Nursing Team, Physiotherapists, Occupational Therapists and Speech and Language Therapists may also help or contribute to a child's IHP.

Exhall Grange Specialist School's Health Care Team may also seek further guidance, if appropriate, from a child's Consultant Paediatrician or Other Specialist Consultants with consent of the parent/carer.

## **4. Equal opportunities**

The school will actively support pupils with medical conditions to enable them to fully participate in all aspects of the curriculum, including external enrichment activities, residential and sporting activities.

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The school will consider and implement what reasonable adjustments need to be made to enable these pupils to participate fully and safely in all school related curriculum and enrichment activities, residential 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 a safe and appropriate way. To achieve this school will consult with, pupils, their parents/carers and any relevant healthcare professionals.

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

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an individual healthcare plan.

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.

### **6. Individual healthcare plans (IHPs)**

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions; this has been delegated to the School Nurse and the Health Care team.

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:

- Pupils' current medical needs
- What needs to be done to support those needs in school
- When
- By whom
- What constitutes an emergency, emergency responses and arrangements.

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers 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 by the school nurse in partnership with the school, parents/carers and a relevant healthcare professional, such as the child's named community nurse, specialist or Paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. Some IHPs may be drawn up by Specialist Nurses, such as Diabetes Nurse Specialists.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan.

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The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed.

The governing board and the Head Teacher, the School Nurse and the Health Care Team will consider the following when deciding what information to record on IHPs:

- The medical condition, what is normal for the pupil and routine management/treatment, plus potential triggers, signs, symptoms indicating deterioration and subsequent treatments or interventions.
- 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, heat, cold.
- 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 to ensure continued safety to all pupils.
- 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/carers for medication to be administered by a member of staff, or self-administered by the pupil during school hours. See Appendix
- Arrangements for Individual risk assessments to be conducted for any pupils who are able to self-administer medications and balanced against the potential risk to other pupils should their medication be mislaid or taken from their person. Competency forms required? Asthma Inhaler consent forms to be changed to reflect the fact that pupils carry their inhalers with them?
- Separate arrangements or procedures required for school enrichment activities or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments, additional training and competency assessments.
- Where confidentiality issues are raised by the parent/carer, pupil, designated individuals, School Nurse and Health Care Assistants will 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/carers' written consent

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

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

### **Administration – General**

- School health centre staff will endeavour to contact parents/carers when medicines/supplies are running low, however the onus is on the parent/carer to ensure that school has sufficient supplies of medicine and or equipment necessary to support their child's needs.
- All medication received into school will be documented in the 'Medication In' folder.
- Medication administration records (MARs) are transcribed using the pharmacy label and written consent from parents/carers as a guide, ensuring that the dose and timings are accurate and as prescribed.
- Each MAR needs to be signed/verified by a trained medical professional and will include the pupil's full name, date of birth, known allergies, class, to ensure safety.
- School will require parents/carers to complete a consent form for prescribed and non-prescribed medication administered to their child in school, see appendix .
- All medicines will be stored securely and safely within the health centre, unless specified otherwise.
- Pupils will be informed about where their medicines are kept and will be able to access them at all times and immediately with staff support.
- Medicines and devices such as asthma inhalers and adrenaline pens will be carried by pupils themselves in Secondary and not locked away, with back up school supplies, as per Government Guidance, kept in the Health Centre.
- Within Primary, inhalers and adrenaline pens will be kept securely but accessible within the primary pupil's classroom.
- Health Centre staff and competent trained staff administering medication for acute episode, e.g. Paracetamol, will first check maximum dosages in relation to the child's age and when the previous dosage was taken. Parents/carers will always be informed to ensure that any further doses are given safely once home.
- Health centre staff will contact parents/carers prior to administering acute medicines before 12midday even if they have prior consent, for all primary age pupils.
- Medicines will be returned to parents/carers directly to arrange for safe disposal when no longer required or if this is not possible, they will be returned to parents/carers via the Escort on the pupil's School Transport.
- Spare pupil specific blood glucose testing meters, testing strips, insulin, treatments and other supplies for diabetic pupil's are kept in the health centre but remain accessible at all times with the support of a member of staff.
- All discontinued medicines will be returned to parents/carers at the earliest opportunity, via transport escorts if necessary, using the Returned Medication Disposal Logbook.

### **Administration of prescribed medications**

The school will only accept prescribed medicines that are;

- In-date
- Labelled with the pharmacy label, with the pupil's name and correct dose.



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- 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. Parents/carers will inform health centre staff of its date of opening, if it has already been used.
- All medications will be dispensed and administered by two members of staff.
- If medication is prepared in advance, at least one staff member who was present while the medication was drawn up will be present when the medication is administered to the pupil.
- Staff will sign the appropriate paperwork in a timely manner, stating the time and date that the dose was given to the pupil.

### **Asthma management**

#### **Use of pupil's own reliever inhaler and emergency salbutamol inhalers in school**

- Pupil's who have been prescribed reliever inhalers for their Asthma will carry them with them, (secondary children,) primary pupil's inhalers and spacers will be kept in their classrooms.
- School maintains a list of pupils who have a diagnosis of Asthma which is kept in the health centre with the school's emergency salbutamol inhaler, information can also be readily found on the individual pupil's SIMS profile, section 7 'medical.'
- Parents/carers will be asked to help complete an Asthma Care Plan and consent form for 'Use of Emergency Salbutamol Inhaler.' The school's inhaler will only be used with parent/carer consent.
- If the pupil is prescribed an alternative reliever inhaler to Salbutamol and consent has been given by the parent/carer, it will still be in the best interests of the pupil to use the Salbutamol inhaler in the event of an Asthma attack, if their own inhaler is not available.
- Some pupils, but not all, may also have an IHP dependent upon additional medical needs.
- The emergency school inhaler will be used if the pupil's own inhaler is lost, damaged, empty or out of date and only if required.
- Pupil's will be supported to take their inhaler through an appropriate spacer device, 2 puffs initially, 30 seconds apart and up to 10 puffs. If no improvement is noted or the pupil continues to be short of breath, or any symptoms of concern, unable to complete sentences, a blue tinge/white around the lips appears, turns blue, appears exhausted, staff will call 999 for an ambulance. Parents/carers will be informed immediately.
- Staff will receive regular training with regards to Asthma, how to recognise an asthma attack and the use of reliever inhalers and can access support from the school health centre staff when necessary. Additional guidance below and in appendices.  
[How to use your inhaler | Asthma + Lung UK \(asthmaandlung.org.uk\)](https://www.asthmaandlung.org.uk)
- Use of the emergency inhaler will be documented on the individual pupil's Medication Administration Record and parents/carers will be informed if given.
- School will ensure there are sufficient designated staff to support pupils effectively when needing to use their inhalers. (support staff and health centre staff)
- Emergency inhalers are purchased and obtained as per Government guidance.
- Used or out of date inhalers will be returned to parents/carers for appropriate disposal as above.

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- Used or out of date emergency school inhalers will be returned to the dispensing pharmacist and disposed of accordingly.

### Administration of over-the-counter medications

- Parents/carers will be asked to provide any over-the-counter medications that are required regularly for their child.
- The school will only administer over-the-counter medicines that are provided in the original container and include instructions for administration, dosage and storage.
- School will hold small quantities of over-the-counter medications, as specified in the table below, for occasional use with parent/carer consent.
- Verbal consent will be accepted from a parent or carer for administration of over-the-counter medications, such as paracetamol, but will only be valid until the end of that school day.
- If written consent is not provided, the parent/carer's verbal consent will need to be obtained for each occasion.

Medication	Reason for medication	Dose	Route
Paracetamol, liquid or tablets	Pain/pyrexia	In accordance with manufacturers dose instructions, as stated on bottle/packaging. Minimum of 4 hours between doses, no more than 4 doses in 24 hours.	Oral, gastrostomy
Ibuprofen, liquid or tablets	Pain	In accordance with manufacturers dose instructions, as stated on bottle/packaging. Minimum of 4 hours between doses, no more than 3 doses in 24 hours.	Oral, gastrostomy
Piriton liquid (Chlorphenamine)	Mild allergic reaction- Only to be given in an emergency if pupil is having a mild allergic reaction	In accordance with manufacturers dose instructions, as stated on bottle/packaging. Minimum of 4 hours between doses.	

### 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 methylphenidate.

A pupil who has been prescribed a controlled drug may have it in their possession only after stringent assessment of their competence and ability to self-administer and safeguard their medication independently. The pupils must not pass it to another pupil to use, risk assessments will also be undertaken to consider the likelihood that the individual could pass it to another pupil to use.

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All other controlled drugs are kept in a secure cupboard within another secure medication cabinet in the school Health Centre and securely fixed to an internal wall, as per regulations. Only named Health Centre staff have access to these medications.

Emergency controlled drugs, such as Buccal Midazolam will be easily accessible in an emergency and a record of any doses used and the amount held will be kept. A separate medicines safe for such medicines can be found in the Health Centre and Reception, EYFS.

### **Administration of controlled medications**

- All controlled and partially controlled medications are counted and recorded by two staff members in the 'Controlled Drug Recording Book' under the individual pupil's name, when received into school.
- A running total is documented in the Controlled Drug Recording Book when each dose is given and documented on the Medication Administration Record, signed by two staff members.
- Any remaining stock of controlled drugs that have been discontinued for a pupil will be returned to the parent/carer at the earliest opportunity and signed out in the Controlled Drug Recording Book; such medications will be counted daily until they have been returned.
- In the event that any controlled drugs are missing and cannot be accounted for, the relevant authorities will be informed, as per regulations.

### **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/carers 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, but if they refuse to follow the procedure agreed in the IHP, staff will inform parents/carers so that an alternative option can be considered, if necessary.

If a pupil's refusal to administer medication places them at significant risk of harm/life threatening, e.g. insulin, hypoglycemic treatment, the parent/carer will be asked to collect them.

### **7.3 Key expectations of school and parents/carers when managing medical conditions**

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally expected that:

- Pupils can easily access their inhalers and medication, and administer their medication when and where necessary, in a dignified and private manner.
- Each pupil, even if they have the same condition as other pupils, will be treated as an individual, with an individual treatment/care plan as appropriate.
- Views of the pupils or their parents/carers are welcomed.
- School will follow medical evidence or opinion pertaining to each pupil (although in certain circumstances this may be challenged)
- School will make every effort to avoid sending pupils home due to reasons associated with their medical condition unless stated in their Individual Health Care Plan.

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- School will make every effort and reasonable adjustments to include all pupils in all normal school activities, including lunch, external educational visits and after school activities, unless this is specified in their IHPs
- If the pupil becomes unwell while in school, an appropriate adult will accompany them to the health centre for assessment, in emergency situations, health centre staff and or first aiders will attend the scene.
- Pupils' attendance records will be recorded and reported in a way that does not discriminate against them, if their absences are related to their medical condition, e.g. hospital appointments, rest periods etc.
- Pupils will not be discouraged from drinking, eating or taking toilet or other breaks in order to manage their medical condition safely and effectively.
- Parents/carers will only need to attend school to administer medication or provide medical support to their child for the purpose of supporting staff with training to support their child's medical needs. And only if appropriate and meaningful training cannot be provided by an appropriate medical professional.
- Pupils will have their medications or procedure administered in a hygienic, discrete, dignified and private manner, respecting each individual pupil's wishes.

### **8. Emergency procedures**

- Staff will follow the school's normal emergency procedures, for example, calling 999 in immediately life threatening emergencies.
- Contacting the school nurse/health care team in the first instance and first aiders, if not immediately life threatening.
- All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.
- IHPs can be found on each pupils' individual pupil profile.
- If a pupil needs to be taken to hospital to ensure timely treatment, staff will stay with the pupil until the parent/carer arrives and accompany the pupil to hospital by ambulance.

#### **Use of Automated External Defibrillators, AEDs**

- The school has two AEDs, one is situated outside the health centre before the top secondary corridor the second is in the York building in the corridor between the hall and fitness suite.
- School has sufficient staff with a valid First Aid at Work and emergency first aid at work certificates, who have completed use of AEDs as part of their training, as per first aid needs analysis.
- AEDs are also designed and are safe for use by none trained people.
- Health Centre Staff and First Aiders have been trained in cardiopulmonary resuscitation for both adults and children.
- The AEDs are routinely checked, and consumables replaced accordingly.
- In the event of use, those involved may request a debrief from the local ambulance service or alternatively speak to their own G.P regarding any concerns.
- The AEDs may store data regarding an event, school will contact the local ambulance service to download the data to assist with the individual's ongoing care. The AED may still be used in the interim.

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- In the event of use, Health Centre Staff are responsible for replacing consumables and ensuring any necessary checks/servicing are completed.

### **Use of adrenaline injectors in school**

- Staff are trained to recognise allergic reactions and anaphylaxis.
- School has sufficient Emergency first aiders at work and First Aiders at work, including health centre staff, distributed across the school site.
- All support staff are given awareness training regarding severe allergic reactions, anaphylaxis and how to use auto adrenaline injectors.
- For some pupils it will be necessary to carry Auto adrenaline injectors i.e. EpiPens, current guidance from Allergy UK recommends that they carry two devices and an anti-histamine as per their individual Allergy Action Plan, see example in guidance below.
- Parents/carers will provide school with an Allergy Action Plan as drawn up by the pupil's Allergy Specialist.
- All staff and pupils where necessary are made aware of pupils who have severe allergies and carry auto injectors.
- Staff are given additional training/refreshers, by the school nurse, prior to taking any pupils with severe allergies/auto adrenaline injectors for offsite activities.
- The health centre has spare school EpiPens, that may be used only with pupils who have a diagnosed severe allergic reactions/ anaphylaxis, an Allergy Action Plan and therefore consent from parent/carer to administer it, in the event that their own EpiPen is not available.
- In the event that a severe allergic reaction is suspected for a pupil that does not have a known allergy and does not meet the criteria above, staff will dial 999 and seek advice and guidance as to whether it is appropriate to use the spare auto adrenaline injector.
- In the event of any auto adrenaline injector needing to be used, staff will immediately dial 999 for an ambulance and paramedic assistance.
- It may be necessary to employ cross school bans on certain food stuffs/allergens if a pupil is recognised by their allergy specialist as being highly sensitive to an allergen, e.g. will react to airborne particles or to touch as a result of another person consuming the item and not simply ingesting it themselves.
- School has appropriate measures in place for safe disposal of used or out of date injectors.

## **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. Training and competency requirements will be discussed with the Learning Support Manager and identified staff required to support medical needs.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher, the Learning Support Manager and individual staff members concerned. Training will be kept up to date.

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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 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**

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/carers 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, in the pupil's profiles.

### **11. Liability and indemnity**

The governing board 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 insurance policy are:  
[RPA membership rules LAMS March 2023.pdf](#)

The above policy provides suitable and sufficient cover in undertaking medical procedures and provision of prescribed medicines subject to adherence with the statutory guidance on supporting pupils at school with medical conditions, December 2015 or similar amending statutory guidance.

### **12. Complaints**

Parents/carers with a complaint about their child's medical condition should discuss these directly with the School Nurse or Head of Year in the first instance. If the School Nurse cannot resolve the matter, they will direct parents/carers to the Headteacher and the school's complaints procedure.

### **13. Monitoring arrangements**

This policy will be reviewed and approved by the governing board every 3 years or in line with changes to Government Guidance.

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### 14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Attendance Policy
- Complaints
- Enrichment Activities Policy
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

#### **Government Guidance**

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

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

<https://www.gov.uk/government/publications/automated-external-defibrillators-aeds-in-schools>

<https://www.asthmaandlung.org.uk/living-with/inhaler-videos>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

#### **Allergy Action Plan**

<https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>



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**ADMINISTRATION OF MEDICATION IN SCHOOL CONSENT FORM:**

In order for your child to be supervised during the administration of any medicines at school, or to be given medication by a member of staff, the following information is required to be completed by the parent/carer and sent to the School Nurse. **If there are any subsequent changes in medicines or does to be given, then these must be notified immediately to the school.** All doses given by staff during school hours will be recorded on the school medicine record sheet.

Name of Pupil: \_\_\_\_\_

Class: \_\_\_\_\_

Name of Medicine	Dose	Frequency/Times	Date of completion of course (if known)
A :			
B:			
C:			
Special Instruction:			
Additional Information (about the medicine):			

Any prescribed medicine must be supplied to the school in a container clearly labelled (by the Pharmacist) with the name of the medication, full instructions for use and the name of the pupil. All medicine should be in the original container bearing the manufacturer’s instructions/guidelines. The school may refuse to administer any medicines supplied in inappropriate containers.

This form should be renewed by the parent/carer if there are any changes to a pupil’s medication.

I consent to receive text messages regarding my child’s medication.

Parent/Carer Signature: \_\_\_\_\_

Name (BLOCK CAPITALS): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Date: \_\_\_\_\_



## Supporting Pupils with Medical Conditions in School Policy

### Appendix 1: Being notified a child has a medical condition

