



DINGLE COMMUNITY PRIMARY SCHOOL
POLICY FOR SUPPORTING PUPILS AT SCHOOL
WITH MEDICAL CONDITIONS
(INCORPORATING ADMINISTRATION OF MEDICINES POLICY)

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	8 th March 2022
	11 th February 2025
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Reviewed by:	Governing Board Resources & Safeguarding Committee
Signed:	 (Acting Headteacher)
Signed:	 (Chair of Resources & Safeguarding Committee)
Date:	11 th February 2025

1. Aims

Dingle Community Primary School will work to promote positive attitudes to disability and the inclusion of pupils with medical conditions by enabling all people involved in the school community to contribute to and gain full access to all activities.

The Definition of Disability is:

"A person suffers a disability if he or she has a physical or mental impairment that has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities."

All children with medical conditions, in terms of both 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.

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 trips and sporting activities

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

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 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.

Any staff who have a concern about a child with a medical condition will report this immediately to the headteacher / SENDCO and record their concerns on CPOMS.

3.4 Parents/carers

Parents/carers 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. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

The School Nurse will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

Our school 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.

The school 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/carers and any relevant healthcare professionals will be consulted.

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 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 (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENDCO.

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/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 in partnership with the school, parents/carers 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 special educational needs (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 governing board and the headteacher / SENDCO 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/carers 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/carer or 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 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

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

7.1 Process for the Administration of Medicines in School – short term medical needs

Teachers have no legal obligation to administer medicines to pupils nor supervise when children are taking them, unless contracted to do so.

Parents/ carers are expected to keep school informed about any changes to their child's health.

Short term medical needs medicines should normally be administered at home and only taken into school when absolutely necessary. Medications will only be administered at school if it would be detrimental to the child not to do so.

The school will only accept:

- Medicines prescribed by a medical practitioner
- Medicines that are in date
- Medicines that need to be administered in excess of 3 times per day.
- Medicines in their original container, as dispensed by a pharmacist
- Containers with labelling identifying the child by name and with original instructions regarding administration, dosage and storage.

(For use of inhalers see Asthma Policy)

The school will not accept or administer:

- Medicines that are to be administered 3 times per day (unless the child is attending after school club and will not return home immediately after 3.15 p.m., or attending a residential visit)
- General medication (e.g paracetamol/ Piriton) that has not been prescribed.
- Herbal or homeopathic remedies.
- Aspirin, under no circumstances, unless prescribed by a doctor.

On accepting medication, the parent must sign a form disclosing all details and giving permission for the medication to be administered by a member of staff.

The medicine must be kept in a locked cupboard (except where storage in a fridge is required) and only accessed by named adults, or with the permission of the Headteacher.

When administering, the named adult must complete a record in the Medication Book showing the date and time and details/dosage of the medication. This must be counter-signed by another adult.

In the case of the child being allowed to administer their own medication, this must again be added to the record and counter-signed by another adult.

Under no circumstances should a parent send a child to school with any medicines, e.g. throat sweets/tablets, without informing the school. These could cause a hazard to the child or to another child if found and swallowed.

Parents are welcome to come into school to administer medicines themselves that the school refuse to administer, for reasons given above.

7.2 Process for the Administration of Medicines in School – long term medical needs

- Where a child has long-term medical needs, an individual health care plan must be written with the assistance of the school nurse and in the presence of the parent/carer of the named child. This may result in an individual risk assessment also being required. The care plan must be followed and reviewed at least annually.
- It is the parent's/carer's responsibility to inform the school of any changes to the child's condition that may require the details of the care plan to be altered.
- The Headteacher must ensure that named staff are trained to administer or give the level of care required by the details of the care plan.
- We ensure that we have sufficient information about the medical condition of any child with long-term medical needs and will request meetings with parents/carers and recognised medical practitioners regularly to provide the correct level of training. Training will be specific to the individual child concerned.
- There will be regular/annual training for all staff on more generalised needs e.g. asthma awareness and epi-pen training, diabetes and epilepsy. The school is supported by the School Nurse who provides staff with advice and any relevant training on request.
- The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

7.3 Process for the Administration of Medicines during residential visits – all medical needs.

- For the purpose of residential visits, there will be a named person with responsibility for the administration of medicines and care of children as above. Parents/carers will be asked to complete a form and may be required to meet with the named staff to ensure that staff are aware of all medical requirements.
- In the case of higher levels of care e.g. intimate care, the named member of staff will also meet with the School Nurse, or other recognised medical advisor, to ensure that they are trained in dealing with the level of care required.

7.4 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.

All 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

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/carer 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 / SENDCO 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 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 that all staff are aware of.

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.

We are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the headteacher / SENDCO in the first instance. If the SENDCO cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 3 years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Asthma Policy
- 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

