



FRAYS
Academy Trust

Frays Academy Trust

**Supporting Pupils with Medical
Conditions Policy**

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Approval

Signed by Chair of Directors	
Date of Approval/Adoption	November 2022
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This policy will be subject to ongoing review and may be amended prior to the scheduled date of the next review in order to reflect changes in legislation, statutory guidance, or best practice (where appropriate).

To enable continuous improvement, all readers are encouraged to notify the author of errors, omissions and any other form of feedback.

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1 Aims

Frays Academy Trust is an inclusive community that welcomes and supports pupils with medical needs. We aim to ensure that all pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full-time curriculum or as much as their medical condition allows. We are 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. Our schools will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely in activities such as school trips, visits and sporting activities.

2 Legislative basis

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on schools to make arrangements for supporting pupils 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 Key roles and responsibilities

3.1 The Local Authority

The Local Authority (LA) is responsible for:

- Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
- Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

3.2 The Board of Directors

The Board of Directors is responsible for:

- Ensuring arrangements are in place to support pupils with medical conditions.
- Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- Ensuring that all pupils with medical conditions can play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.
- Ensuring that relevant training is delivered to enough staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
- Ensuring written records are kept of all medicines administered to pupils.
- Ensuring the policy sets out procedures in place for emergency situations.
- Ensuring the level of insurance in place reflects the level of risk.

3.3 The Headteacher

The Headteacher is responsible for:

- The day-to-day implementation and management of the Supporting Pupils with Medical

Conditions Policy and Procedures of the school.

- Ensure the welfare officer is liaising with healthcare professionals regarding the training required for staff and to ask for advice on whom training should be commissioned and provided by.
- Identifying staff who need to be aware of a child's medical condition.
- Ensure the welfare officer is developing Individual Healthcare Plans (IHPs) in conjunction with medical advice.
- Ensuring enough trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of staff for delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Monitor the continuous two-way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- Ensuring confidentiality and data protection.
- Assigning appropriate accommodation for medical treatment/ care.
- Considering the purchase of a defibrillator.
- Ensuring that the school is holding 'spare' salbutamol asthma inhalers for emergency use.
- Monitoring Individual Healthcare Plans and their implementation.

3.4 Staff

Staff are responsible for:

- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. A first-aid certificate is not necessary.
- Knowing where controlled drugs are stored and where the key is held. Taking account of the needs of pupils with medical conditions in lessons.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with specialist training if they have agreed to undertake a medication responsibility.
- Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following statutory guidance.

3.5 School nurses

School nurses are responsible for:

- Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
- Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.
- Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training.

3.6 Parents and carers

Parents and carers are responsible for:

- Keeping the school informed about any new medical condition or changes to their child/children's health, this includes when a child has been newly diagnosed or a diagnosis is underway.
- Participating in the development and regular reviews of their child's IHP.
- Completing a parental consent form to administer medicine or treatment before bringing

medication into school.

- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.
- Parents will co-operate in training their children to self-administer medicine if this is appropriate, and that staff members will only be involved if this is not possible.

3.7 Pupils

Pupils are responsible for:

- Providing information on how their medical condition affects them.
- Contributing to their IHP if appropriate.
- Complying with the IHP wherever possible children should self-manage their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

4 Staff training

- All staff (including newly appointed teachers, regular supply or agency staff and support staff) will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction.
- Training for those with responsibility for a pupil with specific medical conditions will 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 an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- The clinical lead for each training area/session will be named on each IHP.
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing first aid training. The only exceptions for this would be in the emergency administering of Epi-Pens and Asthma inhalers, which staff will only administer if they have received formal training for. For further information regarding this please see individual school's Asthma and Anaphylaxis policies.
- School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

5 Medical conditions list/record keeping

- Our schools' admissions forms request information on pre-existing medical conditions. Parents must have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.
- A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. Each class should have an overview of the list for the pupils in their care, within easy access.
- Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.
- For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.
- A copy of all IHPs should be stored in a central file, which will be monitored Termly by the Head of School.

- When a pupil moves away from the school, all IHP and medical documentation will be sent to the new school along with their pupil file and child protection files.
- As part of the induction process all previous IHP and medical documentation will be requested from the previous setting as part of transition arrangements.

6 Individual Healthcare Plans (IHPs)

- Individual Healthcare Plans (IHPs) will be developed in collaboration with the pupil, parents/carers, Head of School, Special Educational Needs and Disabilities Coordinator (SENDCO), medical professionals and the school welfare officer.
- The aim of an IHP should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.
- IHPs will be written following the statutory Department of Education guidance.
- IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors /parent helpers etc. may enter. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage such as a locked file is more appropriate. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.
- IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner by the SENDCO or Welfare Officer.
- Where a pupil has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA/AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

7 Education Health Needs referrals

- All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils.
- To provide the most appropriate provision for the condition the Local Authority team accepts referrals where there is a medical diagnosis from a medical consultant.

8 Medicines

- Where possible, unless advised it would be detrimental to health, medicines should 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 consent to administration of medicine form.
- Children will only be given prescription medication with parental consent.
- Non-Prescription medicines may be administered on an occasional basis, as long as there is a permission form completed and it is labelled and purchased for that specific child. In such instances the parents are consulted via telephone for permission before administering the medications and there is a record kept of when the medication is given.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines **MUST** be in date, labelled, 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.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. The school should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency.
- Medications (Except Epi-Pens and Asthma Inhalers) will be stored in the Welfare Room.
- Any medications left over at the end of the course will be returned to the child's parents.
- Written records will be kept of any medication administered to children.
- Pupils will never be prevented from accessing their medication.
- Emergency salbutamol inhaler kits may be kept by school
- From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allows all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date). Please see the individual school's Anaphylaxis Policy for further guidance on this.
- Children at risk of anaphylaxis should have their prescribed AAI(s) at school for use in an emergency. The MHRA recommends that those prescribed AAIs should carry TWO devices at all times, as some people can require more than one dose of adrenaline and the AAI device can be used wrongly or occasionally misfire.
- Depending on their level of understanding and competence, children should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times. If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil's name but NOT locked in a cupboard or an office where access is restricted.
- In some circumstances, school can request a pupil's AAI(s) are left in school to avoid the situation where a pupil or their family forgets to bring the AAI(s) to school each day. Where this occurs, the pupil must still have access to an AAI when travelling to and from school. This should be arranged through consultation with the family.
- General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the staff room.
- The school cannot be held responsible for side effects that occur when medication is taken correctly.
- Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.

9 Emergencies

- Medical emergencies will be dealt with under the school's emergency procedures, which will be communicated to all relevant staff, so they are aware of signs and symptoms.
- Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
- IHP clearly defines what constitutes an emergency for individual pupils and outlines actions and arrangements that need to take place in the event one takes place.
- If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

10 Day trips, residential visits and sporting activities

- Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.
- To comply with best practice risk assessments should be undertaken, in line with guidance on

school trips to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.

- The school risk assessment will take the IHP into consideration and outline what actions need to be taken in the event of an emergency.

11 Equal opportunities

12 Avoiding unacceptable practice

Each case will be judged individually but in general the following is not considered acceptable.

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Making assumptions that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school.
- Sending the pupil to the medical room or school office alone or with an unsuitable escort.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to manage their condition.

13 Insurance

- Teachers who undertake responsibilities within this policy will be assured by the Headteacher that are covered by the school's insurance.
- Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Headteacher.

14 Complaints

- All complaints should be raised with the school in the first instance. The details of how to make a formal complaint can be found in our Complaints Policy.

15 Definitions

- 'Parent(s)' is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.
- 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either on-going or intermittently. This includes a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. Being 'unwell' and common childhood diseases are not covered.
- 'Medication' is defined as any prescribed or over the counter treatment.
- 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- A 'staff member' is defined as any member of staff employed by the Frays Academy Trust.

Appendix 1

Supporting Pupils with Medical Conditions

