

### **The Stables Independent School**

# **Supporting Pupils with Medical Conditions Policy**

This policy was reviewed and approved by the Proprietors in the Summer Term 2025. It will be reviewed annually and approved by the Proprietors.



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#### 1. Aims

This policy aims to ensure that:

Pupils, staff and parents 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 Proprietors will implement this policy by:

Making sure sufficient staff are suitably trained

Making staff aware of a pupil's condition, where appropriate

Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions

Developing and monitoring individual healthcare plans (IHPs)



The named person with responsibility for implementing this policy is Sarah Porter.

#### 2. Legislation and statutory responsibilities

This policy meets the requirements under <u>Section 100 of the Children and Families Act</u> <u>2014</u>, which places a duty on proprietors to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: <u>Supporting pupils at school with medical conditions</u>.

#### 3. Roles and responsibilities

#### 3.1 The Proprietors

The proprietors have ultimate responsibility to make arrangements to support pupils with medical conditions. The proprietors 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

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

Liaise with parents and LAC nurse during the school admission process and ensure all necessary health information is shared and that the appropriate support is in place

Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

Request up-to-date information from home following LAC nurse visits

Request up-to-date information as part of PEP, EHCP and LAC reviews

#### 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. 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 not be asked to perform acts of medical support beyond their level of competency.

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

A Parent is defined in Section 576, Education Act 1996 as:

- All natural parents, whether they are married or not;
- Any person who, although not a natural parent, has parental responsibility for a child or young person;
- Any person who has care of a child (having care of a child or young person means that the child lives with and is looked after by that person, irrespective of their relationship).

#### Parents 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

#### 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, according to their age and understanding. They are also expected to comply with their IHPs.

#### 3.6 Healthcare professionals

Healthcare professionals, such as GPs and paediatricians, will liaise with the home and notify them of any pupils identified as having a medical condition. School will request that home ensures all medical letters, reports and up-to-date information is shared with them.

School will seek up-to-date information from the LAC nurse at LAC reviews.

#### 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 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

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

Plans will be reviewed at least annually or earlier if there is evidence that the pupil's needs have changed. A review of this information will take place during PEP, EHCP and LAC reviews.

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 when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents 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 statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or 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 proprietors and the Headteacher 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, 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 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/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 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' written consent for regular administration of medication **and** Where we have verbal or written consent for unplanned administration of medicines e.g. Calpol, Piriton

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

Pupils under 16 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 will always be informed.

Clover Childcare Services home staff and parents may come onto the school site to administer medication, if appropriate, and a record of medicines administered will be completed.

The school will only accept prescribed medicines that are:

In-date

Labelled



Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The School Office Manager will check all medicines.

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 to arrange for safe disposal when no longer required.

#### 7.1 Controlled drugs

<u>Controlled drugs</u> are prescription medicines that are controlled under the <u>Misuse of Drugs</u> Regulations 2001 and subsequent amendments, such as morphine or methadone.

All controlled drugs are kept in a secure cabinet in the school office (Otters room) and all 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.

Two trained members of staff will be present when controlled drugs are administered. Records and actions will be checked by the second member of staff to ensure procedures are followed correctly as per training.

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

#### 7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary

Assume that every pupil with the same condition requires the same treatment Ignore the views of the pupil or their parents

Ignore medical evidence or opinion (although this may be challenged)



Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs

If the pupil becomes ill, send them to the school medical room unaccompanied or with someone unsuitable

Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments

Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively

Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs

Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child

Administer, or ask pupils to administer medicine in school toilets

#### 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 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. 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 Proprietors will ensure that written records are kept of all medicine administered to pupils. Parents 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.

#### 11. Liability and indemnity

The Proprietors 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 provided as an attachment to this policy and are available on request.

#### 12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents to the school's Complaints Policy.

#### 13. Monitoring arrangements

This policy will be reviewed and approved by the Proprietors annually.

#### 14. Links to other policies

This policy links to the following policies:

Accessibility plan

Complaints

Equality and diversity

First aid

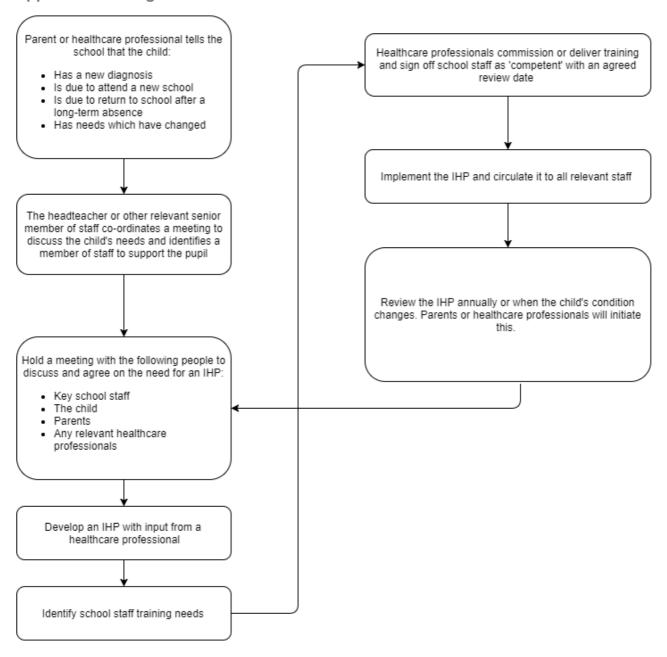
Health and safety

Safeguarding

Special educational needs



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







# Individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family Contact Information	
Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	
Who is responsible for providing support in school	



Describe medical needs and give details of child's symptoms, triggers, signs, treatments facilities, equipment or devices, environmental issues etc	,
Name of medication, dose, method of administration, when to be taken, side effects, con indications, administered by/self-administered with/without supervision	tra-
Daily care requirements	
Specific support for the pupil's educational, social and emotional needs	
Arrangements for school visits/trips etc	
Other information	
Describe what constitutes an emergency, and the action to take if this occurs	
Who is responsible in an emergency (state if different for off-site activities)	
Plan developed with	

Staff training needed/undertaken – who, what, when



Form copied to			



# Parent/Carer agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Medicine	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
NB: Medicines must be in the origin	nal container as dispensed by the pharmacy
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	





# Record of medicine administered to all children

### The Stables Independent School

DATE	CHILD'S NAME	TIME	NAME OF MEDICINE	DOSE GIVEN	ANY REACTIONS	SIGNATURE	PRINT NAME



## **Contacting emergency services**

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- 1. your telephone number
- 2. your name
- 3. your location as follows The Stables Independent School, The Old Rectory, Old Rectory Road, Brumstead, Norwich
- 4. state what the postcode is NR12 9EU please note that postcodes for satellite navigation systems may differ from the postal code
- 5. provide the exact location of the patient within the school setting
- 6. provide the name of the child and a brief description of their symptoms
- 7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
- 8. put a completed copy of this form by the phone







# Inviting parents to contribute to individual healthcare plan development

#### Dear Parent

#### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely