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## Supporting Pupils at School with Medical Conditions Policy

To be read in conjunction with:

1. Data Protection (GDPR) Policy 2018
2. Intimate Care Policy 2018
3. Supporting pupils at school with medical conditions – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, December 2015  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf)

### 1. Definition - Pupils' medical conditions may be summarised as being of two types:

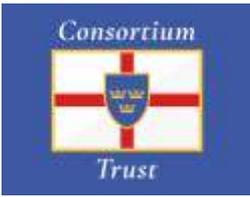
- > Short-term affecting their participation in school activities while they are on a course of medication (requiring a Medical Consent Form, Annex A).
- > Long-term potentially limiting their access to education and requiring extra care and support (requiring an Individual Healthcare Plan, see below).

### 2. Principles of the Policy - Aims of the Trust

- > Welcome and support pupils with medical conditions and make arrangements for them based on good practice.
- > Adopt and implement the 'statutory guidance'.
- > Assist parents in providing medical care for their children by developing healthcare plans on notification of their child's medical condition.
- > Educate staff and children in respect of providing support to children with medical conditions.
- > Arrange suitable training for staff as required to support pupils with medical conditions.
- > Liaise as necessary with parents and medical services in support of the individual pupil.
- > Provide emergency support to children in line with their individual healthcare plans.
- > Ensure that all children with medical conditions participate in all aspects of school life.
- > Monitor and keep appropriate records.
- > Provide information on school policies, plans, procedures and systems.

### 4. Rationale

- > The Children and Families Act 2014 (Section 100) places a duty on the appropriate authority for a school to make arrangements for supporting pupils at school with their medical conditions in line with the statutory guidance issued'. Task is delegated to the Locality Committee.
- > The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported at school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- > Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.



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## 4. Entitlement

4.1 The school accepts that pupils with medical conditions:

- > should be assisted if at all possible;
- > have a right to the full education available to other pupils;
- > should be enabled to have full attendance — where absence is unavoidable, appropriate support is put in place;
- > receive necessary proper care and support.

4.2 The school accepts that all employees have rights in relation to supporting pupils with medical needs as follows:

- > receive training as appropriate and work to clear guidelines;
- > bring to the attention of management any concern or matter relating to supporting pupils with medical conditions.

## 5. Roles and Responsibilities

- 5.1 The local governing body is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.
- 5.2 The local governing body must comply with other relevant duties, such as for disabled children or for children with an Education, Health and Care Plan (EHCP).
- 5.3 The Academy Head is responsible for ensuring that everyone in the school is aware of the policy and that they understand their role in its implementation. Parents are made aware through the school website, newsletters and the school prospectus.
- 5.4 School nursing services are responsible for notifying the school when a child has been identified as having a medical condition that will require support in school.
- 5.5 Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- 5.6 The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with all relevant, up to date information including changes in medication. Parents are responsible for ensuring the school has medication that is in date and in line with prescriptions provided by medical professionals (Medical Consent Forms and Healthcare Plans should be reviewed and updated regularly).
- 5.7 Where appropriate pupils should also provide information and be part of discussions about their medical support needs.
- 5.8 Any member of school staff may be asked to provide support to pupils with medical conditions and develop healthcare plans.



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## 6. Healthcare Plans

- 6.1 All staff are to be aware of and follow pupils' Individual Healthcare Plans, particularly with reference as to what to do in an emergency. This duty also extends to staff leading activities taking place out of normal school hours or off the school site. This could extend to a need to administer medication or call for help from the emergency services. In the absence of a healthcare plan, the school's standard emergency procedure will be followed.
- 6.2 Where a Healthcare plan is deemed necessary it should include:
- > the medical condition, its triggers, signs, symptoms and treatments;
  - > the pupil's resulting needs, including medication 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;
  - > specific support for the pupil's educational, social and emotional needs, e.g. how absences will be managed, additional support to catch up with lessons;
  - > the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies.
  - > if the pupil is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
  - > who will provide the support, their training needs, expectations of the role and (where necessary) confirmation from a healthcare professional that they are proficient in providing the support;
  - > cover arrangements for if/when named members of staff are not available;
  - > who in the school needs to be aware of the child's condition and the support required;
  - > agreed arrangements for medication to be administered during school hours ('Parental Agreement for Setting to Administer Medicine' Annex B, must have been completed by the parent/carer);
  - > any separate arrangements for the administering of medication when on an educational visit or outside of the normal school timetable;
  - > what to do in an emergency including whom to contact, and contingency arrangements.

## 7. Medications

- 7.1 Parents will be encouraged to support their child to learn to self-administer medication if this is practicable; members of staff will only be asked to be involved if there is no alternative. Staff will be expected to monitor pupils' self-administration of medication.
- 7.2 Parents are responsible for advising or training staff on the administration of prescription medication (in line with the printed advice that accompanies the medication).
- 7.3 Staff will receive professional training to administer medication where this is required.
- 7.4 Where parents have asked the school to administer the medication for their child they must complete a school ('Parental Agreement for Setting to Administer Medicine' Annex B). This ensures that the school is able to comply with the requirement to keep adequate records.



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- 7.5 School will only administer essential medication to a child where it would be detrimental to their health not to do so during the school day.
- 7.6 Medicines must be properly presented by parents through the school office and in accordance with the notes on the reverse of the Medical Information Consent Form.
- 7.7 Medications will be stored appropriately in line with the guidance. Pupils must have easy and appropriate access to their medications at all times (including school trips, PE and sporting events, school transport and before and after school clubs).
- 7.8 School will not create any unnecessary barriers to prevent children participating in any aspect of school life. Staff will allow pupils themselves to manage their medical condition effectively in line with their individual healthcare plans.

## 8. Summary

- > The academy head remains responsible for the overall implementation of the policy.
- > The local governing body will review compliance with the policy annually.
- > The school will keep proper documentation at all stages when considering the issue of support for pupils with medical conditions in school. Copies of all documentation to be available in the School Office and stored in line with the Trust's Data Protection (GDPR) Policy 2018.

## 9. Complaints

- 9.1 If a parents/carers are not satisfied with the support provided to their child they should discuss their concerns directly with the school.
- 9.2 If for whatever reason this does not resolve the issue they may make a formal complaint in line with the School Complaints Procedure  
<https://consortiumacademy.co.uk/suffolk/primary/consortium-mat/arenas/websitecontent/web/CMAT%20Complaints%20Policy%20-%20December%202016-84594.pdf>

## List of Annexes

- Annex A:** Medical Consent Form  
**Annex B:** Parental Agreement for Setting to Administer Medicine  
**Annex C:** Record of Medicine Administration to a Child  
**Annex D:** Record of Medicine Administered to all Children  
**Annex E:** Staff Training Record  
**Annex F:** Contacting Emergency Services  
**Annex G:** Model letter inviting parents to contribution to an individual healthcare plan



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## Annex A

### Individual Healthcare Plan (IHP)

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:



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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision:

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 / how / when::



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## Annex B

### Parental 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	
Name/type of medicine <i>(as described on the container)</i>	
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 original 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	[agreed member of staff]

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

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## Annex C

### Record of Medicine Administered to a Child

Name of school/setting:	
Name of child:	
Group/class/form:	
Date medicine provided by parent:	
Name and strength of medicine:	
Quantity received:	
Dose and frequency of medicine:	
Expiry date:	
Date returned to parent:	
Quantity returned:	

### Record of medicine administered to an individual child

Date			
Time given			
Dose given			
Name of employee			
Staff initials			

Date			
Time given			
Dose given			
Name of employee			



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Staff initials

Date

Time given

Dose given

Name of employee

Staff initials


Date

Time given

Dose given

Name of employee

Staff initials


Date

Time given

Dose given

Name of employee

Staff initials


Date

Time given

Dose given

Name of employee

Staff initials


Date

Time given

Dose given

Name of employee

Staff initials




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## Annex D

### Record of Medicine Administered to all Children

Name of school/setting:

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name



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## Annex E

### Staff Training Record – Administration of Medicines

Name of school/setting:

Name

Type of training received

Date of training completed

Training provided by

Profession and title


I confirm that (name): \_\_\_\_\_

(name): \_\_\_\_\_

(name): \_\_\_\_\_

(name): \_\_\_\_\_

Has/have received the training detailed above and is/are competent to carry out any necessary treatment.

I recommend that the training is updated on \_\_\_\_\_

For (name): \_\_\_\_\_

(name): \_\_\_\_\_

(name): \_\_\_\_\_

(name): \_\_\_\_\_

Trainers Name: \_\_\_\_\_ Trainer's signature: \_\_\_\_\_

Company: \_\_\_\_\_ Date: \_\_\_\_\_



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**I confirm that I have received the training detailed above.**

Staff Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Suggested Review Date: \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Suggested Review Date: \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Suggested Review Date: \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Suggested Review Date: \_\_\_\_\_



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## Annex F

### Contacting Emergency Services in a Medical Emergency

To request an ambulance - dial 999 and ask for an ambulance

Have the following information ready:-

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

1. your school telephone number: \_\_\_\_\_

2. your name: \_\_\_\_\_

3. your school name: \_\_\_\_\_

4. your location as follows (Insert full school address below):-

\_\_\_\_\_

\_\_\_\_\_

5. State what the postcode is (please note that postcodes for satellite navigation systems may differ from the postal code):

\_\_\_\_\_

6. Provide the exact location of the patient within the school setting.

7. Provide the name of the child and a brief description of their symptoms / injuries.

8. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

9. Put a completed copy of this form by the phone



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## Template G: Model Letter Inviting Parents to Contribute to an Individual Healthcare Plan

Date: XXXXXXXXXX

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 the 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 XXXXXXXXXX. 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



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## Document Control

### Changes History

Version	Date	Amended By	Details of Change
V1	18/10/18	Robin Chew	Updates from the Staff H&S Forum

### Approval

Name	Job Title	Signed	Date
Andrew Aalders-Dunthorne	Principal/CEO	Electronic signature	18./ 0/18
Dawn Carman-Jones	On behalf of the Trust Board	Electronic signature	18/10/18

### Equality Impact Assessment

Date	Name	Details

**END OF DOCUMENT**