



## Supporting Pupils with Medical Conditions Policy

### Ermysted's Grammar School

The Governing Body of Ermysted's Grammar School (the 'School') ratified this policy on 11 November 2021.

#### Rationale

The School values the abilities and achievements of all its pupils and is committed to providing for each pupil the best possible environment for learning. We actively seek to remove the barriers to learning and participation that can hinder or exclude individual pupils, or groups of pupils. This means that equality of opportunity must be a reality for our children.

We make this a reality through the attention we pay to the different groups of children within our School. This policy has been developed in line with Government Guidance<sup>1</sup> and with reference to the Special Educational Needs and Disability (SEND) Code of Practice<sup>2</sup>.

The named senior person responsible for implementing this policy is the Deputy Headteacher, **Mr Adam Jackson**.

This policy is to be read in conjunction with our: SEND Policy; Child Protection Policy; Equality Scheme; Drugs Policy; Behaviour Policy; and Anti-Bullying Policy.

#### Principles

The School has a responsibility for the health and safety of students in their care. The Health and Safety at Work Act 1974<sup>3</sup> makes employers responsible for the health and safety of employees and anyone else on the premises.

In the case of students with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all students at the school. This may mean making special arrangements for particular students so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required.

The School is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that students with medical conditions (short or long term) may need.

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Students with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.

However, teachers and other school staff in charge of students have a common law duty to act 'in loco parentis' and must ensure the safety of all students in their care.

To this end, the School reserves the right to refuse admittance to a child with an infectious disease, where there may be a risk posed to others or to the health of the child involved. This duty also extends to teachers leading activities taking place off the school site.

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<sup>1</sup> [Supporting pupils at school with medical conditions](#) (DfE, 2017)

<sup>2</sup> [SEND Code of Practice](#) (DfE, 2015)

<sup>3</sup> [Health and Safety at Work Act](#) (1974)

The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of sources, including the School Nurse, Health professionals and the child's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the child and others who may be affected.

This policy defines the ways in which the School supports the needs of students with medical conditions (short or long-term), whilst safeguarding staff by providing clear guidelines and parameters for the support they offer.

Students' medical needs may be broadly summarised as being of two types:

- **Short-term:** affecting their participation in school activities when they are on a course of medication.
- **Long-term:** potentially limiting their access to education and requiring extra care and support.

#### Our Aims

- To support students with medical conditions so that they have full access to education, including physical education, enrichment and educational visits
- To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication
- To comply fully with the Equality Act 2010 for students who may have disabilities or special educational needs
- To write, in association with healthcare professionals, Individual Healthcare Plans (IHCPs) where necessary
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support
- To keep, monitor and review appropriate records

#### Key roles and responsibilities

The **Governing Body** is responsible for:

- The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures at the School
- Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the School's Complaints Policy.
- Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- Keeping written records of any and all medicines administered to individual pupils and across the school population.<sup>4</sup>
- Ensuring that relevant external training is provided and delivered to staff members who take on responsibility to support children with medical conditions.<sup>5</sup>
- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- Ensuring the level of insurance in place reflects the level of risk.

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<sup>4</sup> Appendices 3 and 4

<sup>5</sup> Appendix 5

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.
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Liaising with healthcare professionals regarding the training required for staff.
- Making staff who need to know aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHCPs).
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Contacting the school nursing service in the case of any child who has a medical condition.

**Staff members** are responsible for:

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Administering medication, if they have agreed to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- School nurses are responsible for:
- Notifying the school when a child has been identified with requiring support in school due to a medical condition.
- Liaising locally with lead clinicians on appropriate support.

**Parents and carers** are responsible for:

- Keeping the school informed about any changes to their child/children's health.
- Completing a parental agreement for school to administer medicine form<sup>6</sup> before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- Where necessary, developing an Individual Healthcare Plan<sup>7 8</sup> (IHCP) for their child in collaboration with the DHT, other staff members and healthcare professionals.

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<sup>6</sup> Appendix 2

<sup>7</sup> Appendix 1

<sup>8</sup> Appendix 9

## Training of staff

- Teachers and support staff will receive training on the Supporting Pupils with Medical Conditions Policy as part of their new starter induction.
- Teachers and support staff will receive regular and ongoing training as part of their development.
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering
- No staff member may administer drugs by injection unless they have received training in this responsibility
- The AHT will keep a record of training undertaken<sup>9</sup> and a list of teachers qualified to undertake responsibilities under this policy
- First Aid at Work qualified staff
  - Ms Helen Stanley
  - Mrs Kayleigh Porter
  - Mrs Lisa Diccox
  - Mrs Pam Bradley
  - Mrs Elaine Ibbotson
  - Mr Sam Stewart
  - Mr Chris Stubbings
  - Mrs Lynda Reynoldson
  - Mr Andrew Mangham
  - Mr Alan Coney
- Emergency First Aid<sup>10</sup>
- EpiPen care plan<sup>11</sup>
- Asthma Attacks<sup>12</sup>

## The role of the child

- Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- Medicines will be located in Student Services. Students who require an EpiPen and or inhaler will have one on them on their person – a spare may be provided by parents and left at Student Services.
- If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- Where appropriate, pupils will be encouraged to take their own medication under the supervision of a teacher.

## Individual Healthcare Plans (IHCPs)

- Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil, parents/carers, the Assistant Headteacher, the Special Educational Needs Coordinator (SENCO), and medical professionals.
- IHCPs will be easily accessible whilst preserving confidentiality.
- IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

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<sup>9</sup> Appendix 3

<sup>10</sup> Appendix 6

<sup>11</sup> Appendix 7

<sup>12</sup> Appendix 8

- Where a pupil has an Education, Health and Care plan or special needs statement, the IHCP 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, we will work with parents and other professionals to ensure that the IHCP identifies the support the child needs to reintegrate.

### Medicines

- Where possible, it is preferable for medicines to 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 agreement for a school to administer medicine form.
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- Where a pupil is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- 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 of the medication may be provided to the school at one time.
- Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.
- Medications will be stored in Student Services and a locked fridge is available if required.
- 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.

The School cannot be held responsible for side effects that occur when medication is taken correctly.

### Emergencies

In a medical emergency, a number of staff have been appropriately trained to administer Emergency First Aid.

If possible, the School's First Aiders (see list above) will be asked to attend.

If an ambulance needs to be called, staff will:

- Outline the full condition and how it occurred
- Give details regarding the child's date of birth, address, parents' names and any known medical conditions.

Children will be accompanied to hospital by a member of staff if this is deemed appropriate. Staff cars should not be used for this purpose. Parents must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital.

## Unacceptable Practice

While school staff will use their professional discretion in supporting individual students, it is unacceptable to:

- Prevent children from accessing their medication
- Assume every child with the same condition requires the same treatment
- Ignore the views of the child or their parents / carers; ignore medical advice
- Prevent children with medical conditions accessing the full curriculum, unless specified in their Individual Health Care Plan
- Penalise children for their attendance record where this is related to a medical condition
- Prevent children from eating, drinking or taking toilet breaks where this is part of effective management of their condition
- Require parents to administer medicine where this interrupts their working day
- Require parents to accompany their child with a medical condition on a school trip as a condition of that child taking part.

## School Educational Visits and Trips

The school will make every effort to ensure that students with medical needs have the opportunity to participate in school trips, as long as the safety of the child concerned and that of other students is not compromised by their inclusion. The group leader will take additional measures as necessary, and/or request additional accompanying adults, to accommodate the inclusion of the child concerned. Parents must ensure that the group leader has full information on medical needs and any relevant emergency procedures.

## Liability and Indemnity

The School is a member of the Department for Education's Risk Protection Arrangement (RPA) which provides full liability and indemnity cover.

- Membership Number: 121716

## Complaints

Any complaints relating to this document will be heard under the School's general Complaints Policy. A copy of which can be found on the school website.

## Monitoring and Review

This policy will be reviewed and updated on a regular basis in light of any changes to government legislation.

## Appendix 1: Individual healthcare plan (IHCP)

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

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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, 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



## Appendix 2: 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	

### Medicine

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(s):

Date:

Appendix 3: Record of medicine administered to an individual child

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

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Appendix 4: 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

Appendix 5: 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 of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer’s signature \_\_\_\_\_

Date \_\_\_\_\_

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

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date

## Appendix 6: 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.

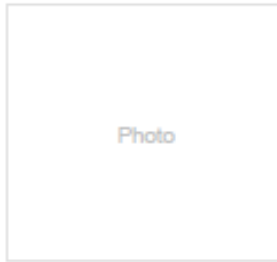
1. Your telephone number
2. Your name
3. Your location is as follows  

Ermysted's Grammar School,  
Gargrave Road,  
Skipton,  
North Yorkshire,  
BD23 1PL.
4. State what the postcode is – 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 telephone

**THIS CHILD HAS THE FOLLOWING ALLERGIES:**

Name:

DOB:



Photo

**Emergency contact details:**

1)



2)



Child's Weight: Kg

**PARENTAL CONSENT:** I hereby authorize school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: \_\_\_\_\_

(PRINT NAME)

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

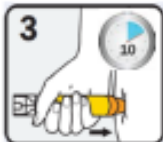
**How to give EpiPen®**



Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

©The British Society for Allergy & Clinical Immunology, 04/2017

**Mild-moderate allergic reaction:**

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

**ACTION:**

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:
- Phone parent/emergency contact (if vomited, can repeat dose)



**Watch for signs of ANAPHYLAXIS**

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

**AIRWAY:**

Persistent cough, hoarse voice  
difficulty swallowing, swollen tongue

**BREATHING:**

Difficult or noisy breathing,  
wheeze or persistent cough

**CONSCIOUSNESS:**

Persistent dizziness / pale or floppy  
suddenly sleepy, collapse, unconscious

**If ANY ONE (or more) of these signs are present:**

1. Lie child flat:  
(if breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector (eg. EpiPen) **without delay**
3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

**After giving Adrenaline:**

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a 2<sup>nd</sup> adrenaline dose using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

**Additional Instructions:**

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorization for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017.

This plan has been prepared by:

SIGN & PRINT NAME: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_



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

## What to do in an asthma attack

- 1 Sit up – don't lie down. Try to keep calm.
- 2 Take one puff of your reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 If you feel worse at any point while you're using your inhaler OR you don't feel better after 10 puffs OR you're worried at any time, call 999 for an ambulance.
- 4 If the ambulance is taking longer than 15 minutes you can repeat step 2.

**IMPORTANT!** This asthma attack information is not designed for people using a SMART or MART medicine plan. Speak to your GP or asthma nurse to get the correct asthma attack information for them.



**Any asthma questions or concerns?**  
Speak to our expert Helpline nurses,  
Monday to Friday from 9am to 5pm

**0300 222 5800**  
[www.asthma.org.uk](http://www.asthma.org.uk)



## Appendix 9: Model letter inviting parents to contribute to IHCP 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,



## Appendix 10: Individual Epilepsy Plan

School/setting:

Childs Name:

Date of Birth:

Emergency Contact:

Name:

Relationship with child:

Phone Number:

ARE THERE ANY TRIGGERS OR WARNING PRIOR TO SEIZURE?

DESCRIPTION OF USUAL SEIZURES:

Frequency of seizures (specify)

USUAL CARE DURING A SEIZURE

- Observe time at start of seizure
- Stay with .....and reassure them
- Summon help
- Protect head from injury
- Maintain privacy and dignity
- Other care .....

### Emergency Care/Medication:

(Please write name of medication and individual action i.e. when to give, when to repeat dose).

The emergency procedure may be repeated, if necessary, 4 hours after first initiated and twice in any 24-hour period.

POST SEIZURE Usual behaviour (e.g. disorientated/vomiting/sleepy/aggressive).

PLACE IN RECOVERY POSITION IF SLEEPY

Appendix 11: Model process for developing individual healthcare plans

