



**PEAK SCHOOL**

# **SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY**

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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 governing board will implement this policy by:

- Making sure sufficient staff are suitably trained for each task particularly when tasks are delegated to education staff by the health services.
- 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 (IHCPs)

**The named person with responsibility for implementing this policy is the Senior Leadership Team.**

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

This policy also complies with our funding agreement and articles of association.

## 3. Roles and responsibilities

### 3.1 The Governing Board

The governing board has ultimate responsibility to satisfy themselves that arrangements to support pupils with medical conditions have been put in place. The governing board will satisfy themselves that sufficient staff have received suitable training and are competent before they are responsible



for supporting children with medical conditions. This will be achieved through periodic reporting by the Headteacher to the board that they have carried out their responsibility as per below.

### 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 suitably trained staff available to implement this policy and deliver against all individual healthcare plans (IHCPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall accountability for the development of IHCPs
- 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 team.
- 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. Where medication training is required, the school staff will assist with the training or arrange for suitable and sufficient external training. Training will also be provided to appropriate staff on the safe administration of medication and how to record when medication is given. Keeping accurate medication records is vital. 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.



### 3.4 Parents

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 IHCP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHCP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

### 3.5 Pupils

For the majority of pupils at Peak School, they would be unable to provide information about how their condition affects them due to the difficulties with communication and levels of learning disability. Where appropriate pupils with medical conditions will often be best placed to provide information about how their condition affects them and should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs. They are also expected to comply with their IHCPs. Health care service and Parents/Carers are able to determine the competence of the child in supporting their own medical needs – This is only the case if the child is considered to be Gillick competent (term used in medical law to decide whether a child (a person under 16 years of age) is able to consent to their own medical treatment, without the need for parental permission or knowledge).

### 3.6 School nurses and other healthcare professionals

Our school nursing service 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 IHCP.

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 IHCPs.

## 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 IHCP.

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.

In some cases, the school may need to wait for a formal diagnosis and advice before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available medical evidence and in consultation with parent/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place, in the best interests of the child.

See Appendix 1.

### **6. Individual Health Care Plans**

The Headteacher has overall accountability for the development of IHCPs for pupils with medical conditions. This role can be delegated to the SENCo or other appropriate member of staff within school.

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 IHCP. It will be agreed with a healthcare professional and the parents when an IHCP 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 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.



IHCPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEND will be mentioned in the IHCP.

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/SENCo with responsibility for developing IHCPs, will consider the following when deciding what information to record on IHCPs:

- 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 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 Personal Resuscitation Plans (PRP's) and personal emergency evacuation plans (PEEP's), including who to contact, and contingency arrangements

## 7. Managing medicines

Please refer to the Esteem Safe Administration of Medication Policy

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



**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.

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 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**

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school Medical 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.

All medication coming into school will be recorded via the schools own internal recording mechanism.

### **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 IHCPs.

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, unless it is in an emergency, but will follow the procedure agreed in the IHCP 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 IHCP, 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 IHCPs
- If the pupil becomes ill, send them to the school office or 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 except for emergency medications for epilepsy including, but not limited to, medications such as buccolam

### 8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHCPs 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. Palliative Care and Non delegable clinical tasks



Sometimes it is necessary for us to support pupils who require care that includes non-delegable clinical tasks and/or palliative care. We respect the wishes of the child/young person and their family. If this includes supporting the child/young person to remain in school, we do what we can and is reasonably practicable to enable this to happen. Every child is unique and will have different medical and emotional requirements. We work with families and the relevant health professionals to agree suitable clinical support and plans to ensure the safety and well-being of the child/young person. Sometimes this requires Health Teams to provide additional medical/care staff to meet the needs of the child/young person. We also require up to date Care Plans to be in place, with all supporting documentation, to ensure the procedures are clear and that all relevant staff and agencies are fully informed. If there is a delay in organising the plans and resources, we will provide home learning for the pupil until the arrangements have been put into place. In these cases, we prioritise the needs of the child and work with families and relevant healthcare professionals to expedite the arrangements.

To fulfil our Duty of Care towards our employees, we work with staff to support their emotional well-being at all stages, and we provide a free and confidential Employee Assistance Programme, with counselling services. We recognise that education staff are not legally required to provide medical support, and that they have not chosen a profession that is related to such medically high needs care or palliative care.

#### **10. Procedures following a hospital admission**

If a child has been admitted into hospital, then the school will need to assess the arrangements for their return to school and ensure that they have up to date information on a child's medical needs. The following process should be followed:

- Meeting established with parent, school and health where applicable.
- Care plan to be reviewed
- Risk assessment put in place

If a pupil requires a phased return then a 'supporting attendance plan' will be put in place.

#### **11. 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 IHCPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

Where medical tasks have been delegated to the school via healthcare services, then the relevant healthcare professionals will lead on identifying the type, provider and level of training required and will agree this with the Headteacher/Senco. Training will be kept up to date based on the cycle recommended in the advice given by the health service delegating to the task to the school.

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 IHCPs
- 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 delegated clinical procedure, or in providing prescribed and control drugs medication.

Where education staff are undertaking a delegated clinical task it will be the healthcare professionals responsibility to:

- Ensure that they actively assess the competency of the person undertaking the task
- Ensure that training is of the required standard and competency framework for the task being undertaken
- Ensure that ongoing clinical supervision is in place to support the worker.

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.

## **12. 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 will be informed if their pupil has been unwell at school.

IHCPs are kept in a readily accessible place, which all staff are aware of.

## **13. 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.

The details of the school's insurance policy are kept in the school office at all times. Please discuss with the School Business Manager if required.

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

## **14. Complaints**



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

### 15. Monitoring arrangements

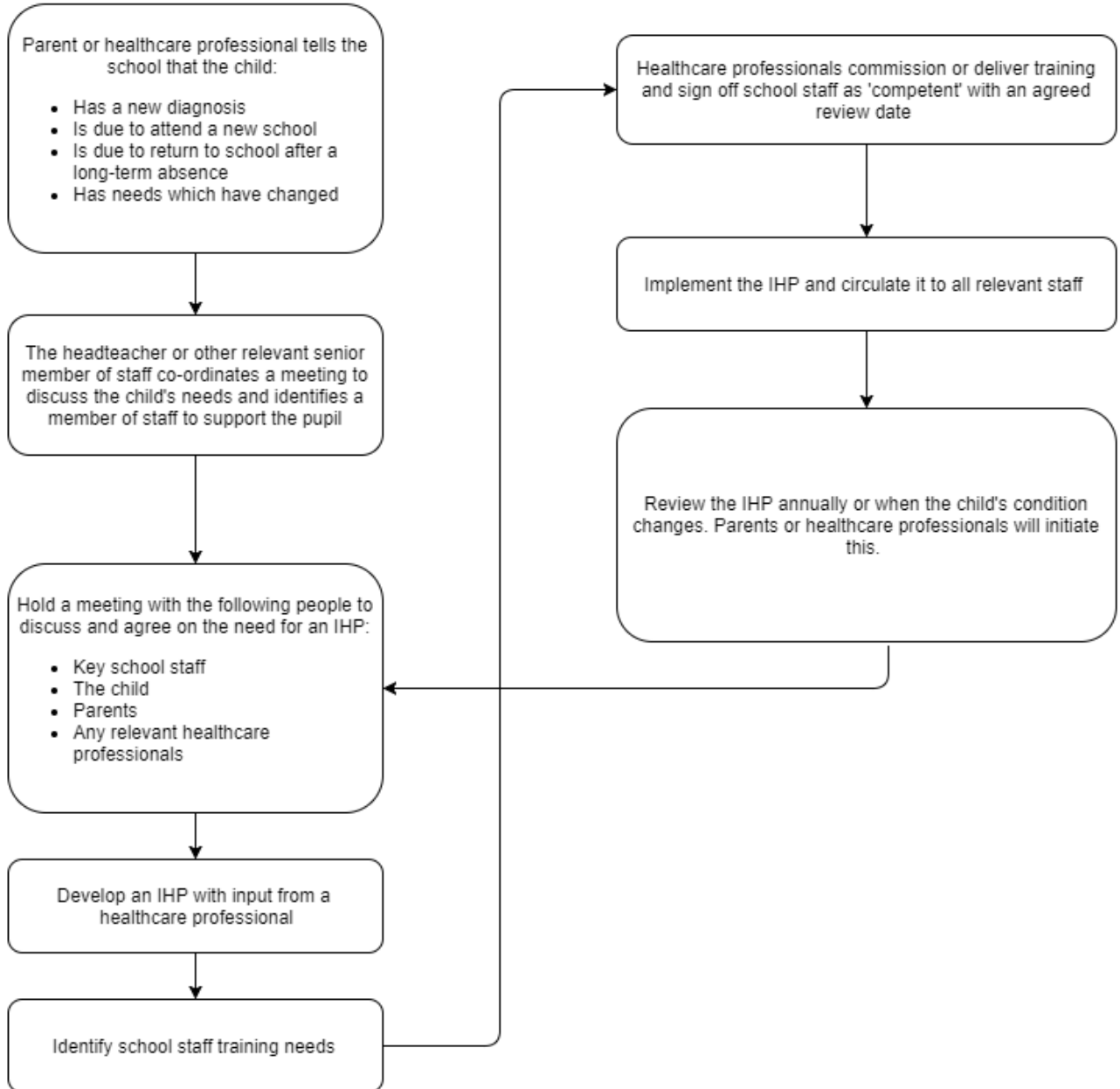
This policy will be reviewed and approved by the Governing Board every year.

### 16. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy
- Safe administration of medication Policy
- NICE guidance Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education  
<https://www.nice.org.uk/guidance/ng213#:~:text=Guidance,-Next&text=This%20guideline%20covers%20support%20for,and%20their%20families%20and%20carers.>
- Derbyshire County Council Guidance :Supporting students with medical needs  
<https://www.localoffer.derbyshire.gov.uk/site-elements/documents/education-and-learning/derbyshire-supporting-children-with-medical-needs.pdf>
- Derbyshire Medicines Management and Clinical policies  
<https://www.derbyshiremedicinesmanagement.nhs.uk/specials>

Appendix 1: Being notified a child has a medical condition





Appendix 2: IHCP template (please adjust to fit the requirements of your school)

Individual Health Care Plan

<b>Pupil Picture</b>	
<b>Name of Pupil</b>	
<b>Date of Birth</b>	
<b>Weight</b>	
<b>Allergies</b>	
<b>Date created</b>	
<b>Due for review</b>	
<b>Written by</b>	



EMERGENCY INFORMATION

<b>Diagnosis (presenting issues)</b>	<ul style="list-style-type: none"> <li></li> </ul>
<b>Airway ie Trache</b>	
<b>Breathing</b>	
<b>Circulation ie Gastro type</b>	
<b>Communication ie verbal/non Makaton/Pecs etc</b>	
<b>Care Plans attached</b>	<p>List all care plans associated with this health care plan and the date of issue;</p> <ul style="list-style-type: none"> <li></li> </ul>



### Emergency contacts

Name	
Relationship	
Contact number (s)	
When to contact	

Name	
Relationship	
Contact number (s)	
When to contact	





### How I communicate

- Happy –
- Sad –
- Scared -
- In pain -

### Keeping me safe (positions, turns, support)

*?Preferred position to lie on. ?Support aids. When positioned on their left/right side..... Their head is always supported with..... They are able/unable to move their self. ? muscle tone*

*?Physio positioning care plan*

How I'm moved –

- Sling type -
- Length -

### Elimination

- Pads –
- Size -
- Wipes -

How I like to be changed -

### Hygiene

How I like to be washed –

- Products –
- Creams -

### Additional Information



Please provide all information that would be required for trips and off site visits

### Current Medication

#### List all Medications below

*Name:*

*Dose: (in mls and mg)*

*Frequency:*

*Route: i.e oral/gastrostomy*

*Name:*

*Dose: (in mls and mg)*

*Frequency:*

*Route: i.e oral/gastrostomy*

*Name:*

*Dose: (in mls and mg)*

*Frequency:*

*Route: i.e oral/gastrostomy*

*Name:*

*Dose: (in mls and mg)*

*Frequency:*

*Route: i.e oral/gastrostomy*



*Name:*

*Dose: (in mls and mg)*

*Frequency:*

*Route: i.e oral/gastrostomy*

### Equipment List

List all equipment the I have in school

- 

Please contact the office if any required equipment becomes damaged and confirm what equipment would be required on school trips and visits



Epilepsy Plans

**Emergency Medication**

**Rescue medication for Epilepsy or Endocrine conditions should be referred to here.**

**If emergency medicine has been prescribed, who at work is trained to give this in my class?**

Name	Position

**Where is the emergency medicine stored and who has access to it?**

Please ensure you advise of arrangements for trips and visits

In this section



### Airway Plans

#### Detail any airway plans, review dates etc

Include plans when out on visits

#### Who is trained to help manage my airways in an emergency

Name	Position

#### What is the escalation plan in an emergency ?



**Do I have a PRP? If yes please attach to this document**

**Remember that PRP's don't have an expiry date, but it is good practice for them to be reviewed annually. If the date on the PRP is >1 year; ask parents if there has been a recent review.**

Feeding Plans

**Do I have a dietician or Salt plan**

For example gastro plans please indicate if these are attached to this health care plan. Please also include how feeding will be managed if on visits or trips.



## Chest Physio Plans

**Do I have a programme to follow – please detail how this will be delivered in school and my whom**

For example plans please indicate if these are attached to this health care plan

## Physiotherapy and Positioning Plans

**Do I have a Physio programme?**

For example please detail plan and who will be delivering this in school



### Declarations

#### Agreement:

This care plan corresponds with the most up-to-date medical information about [child's name].

It is the responsibility of parents/guardians to update the document holder with any and all changes to their child's health needs that may impact this document.

Please note; there is a duty of care when filling in this document to verify medical accuracy of the contents through access to clinical letters, written correspondence with relevant health professionals and appropriate access to Electronic Patient Records. Verbal confirmation/discussion between the document holder and parents or other professionals should not be accepted as verification of clinical accuracy.

This document should be reviewed annually with the parents to confirm that the information contained is the most up-to-date and accurate information.

#### Parent

<b>Name</b>	
<b>Signature</b>	
<b>Date</b>	

#### School

<b>Name and position</b>	
<b>Signature</b>	





<b>Date</b>	
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**Healthcare professional**

<b>Name and position</b>	
<b>Signature</b>	
<b>Date</b>	