



Managing Medical Conditions Policy

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Contents

1. Introduction and Duty of Care	2
2. Roles and Responsibilities	2-4
3. Staff Training and Support	4
4. Managing Medicine on School Premises	4-6
5. Record Keeping	6-7
6. Individual Healthcare Plans	7-8
7. Emergency Procedures and Reducing Health & Safety Risks and Triggers	9
8. Equal Opportunities	10-12
9. Unacceptable Practice	12-13
10. Attendance	13
11. Liability & Indemnity	13
12. Complaints	13

1. Introduction and Duty of Care

Springwood High School is an inclusive community that welcomes and supports pupils with medical conditions and provides all pupils with any medical condition the same opportunities as others at school. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

Springwood High School makes sure all staff are suitably trained and make sure staff are aware of pupil's conditions where appropriate.

The school makes sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions. Supply teachers will be provided with appropriate information about the policy and relevant pupils.

Individual healthcare plans and Educational Health Care Plans (IHPs and EHCPs) will be developed and monitored.

This policy meets the school's statutory requirements under section 100 of the [Children and Families Act 2014](#) which places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

This Policy pays due regard to the Department for Education's statutory guidance [Supporting pupils at school with medical conditions](#).

2. Roles and Responsibilities

2.1 The Governing Board must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

2.2 The Headteacher will ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child's condition, ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

The Headteacher has overall responsibility for the development of individual healthcare plans, will make sure that school staff are appropriately insured and are aware that they are insured to support pupils

in this way. The Headteacher will ensure that contact is made with Norfolk health care professionals (HCP) in cases where further guidance to support the management of the pupil's health need is required. This may include signposting to other HCP or organisations.

- 2.3 Parents will provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times. Where a child is identified as having complex health needs which may require additional staff funding, or the management of more specialised equipment please consult the NCC Guidance for managing Children and Young People with complex medical care needs in educational settings.
- 2.4 Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.
- 2.5 Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).

- 2.6 The school has access to school nurses and other health practitioners via the Just One Number (0300 300 0123) Single Point of Access: www.justonenorfolk.nhs.uk. Schools can contact the service for advice and support when a young person has a health condition and needs additional support and advice. Where a health condition is impacting on school attendance, schools can also refer young people for a Health assessment to help explore the impact of their health needs. Where a child is already open to more specialist/community nursing or medical services, the HCP

team may recommend liaison with the specialist service in the first instance. School/community/specialist nursing services may be able to provide advice on developing individual healthcare plans and support associated staff training needs. The Children & Young People's Health Services (Norfolk HCP) website also offers a range of online information and resources for children, young people, families and professionals: www.justonenorfolk.nhs.uk/ourservices

- 2.7 Other healthcare professionals, including GPs, paediatricians and mental health professionals, may communicate with schools when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

3. Staff Training and Support

Any member of school staff providing support to a pupil with medical needs should have received suitable training, including:

- The development or review of individual healthcare plans [IHPs]
- An understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
- Whole-school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy
- Relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs
- Training for specific conditions may be available via external websites for example: www.asthma.org.uk www.anaphylaxis.org.uk www.epilepsy.org.uk To discuss sources for training for specific health conditions contact the Just One Number (0300 300 0123)
- Awareness of other relevant NCC policies including those for pupils with complex medical care needs/intimate care needs

4. Managing Medicine on School Premises

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

- No child under 16 will be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the

child or young person to involve their parents while respecting their right to confidentiality.

- The school has clear arrangements in which non-prescription medicines may be administered.
- Children under 16 will never be given medicine containing aspirin unless prescribed by a doctor.
- Medication, e.g. for pain relief, will not be administered without first checking maximum dosages and when the previous dose was taken or without first informing parents.
- Where clinically possible, the school will seek to ensure that parents request that medicines are prescribed in dose frequencies which enable them to be taken outside school hours.
- The school will only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- Where medication is stored in school e.g. inhalers, Epi-Pens (or other auto-injectors), insulin, emergency medication for diabetes/ epilepsy etc, it is parents' responsibility to ensure that expiry dates are noted and that medication is replaced in good time.
- All medicines should be stored safely. Children will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a nonportable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school.

- Self-management by pupils; wherever possible, students are allowed to carry their own medicines and relevant devices or are able to access their medicines for self-medication quickly and easily. Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, then relevant staff will help to administer medicines.
- If a pupil misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's disciplinary procedures are followed.

4.1 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 LOCKED cupboard in the relevant year office and only Year manager or Head of Year will 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.

5. Record Keeping

- 5.1 The School will ensure that written records are kept of all medicines administered to children – including medication refusals or errors.
- 5.2 Parents at this school are asked if their child has any medical conditions on the admissions form.
- 5.3 We use an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.
- 5.4 We have a centralised register of IHPs, and an identified member of staff has the responsibility for this register.
- 5.5 IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- 5.6 The pupil (where appropriate), parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- 5.7 We make sure that the pupil's confidentiality is protected.

- 5.8 Springwood High School seeks permission from parents before sharing any medical information with any other party.
- 5.9 We meet with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed.
- 5.10 We keep an accurate record of all medication administered, including the dose, time, date and supervising staff.
- 5.11 We make sure that all staff providing support to a pupil, where necessary, has received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/ school nurse/other suitably qualified healthcare professional will confirm their competence, and this school keeps an up-to-date record of all training undertaken and by whom.

6. Individual Healthcare Plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENDCO and Medical Needs Officer.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Special consideration needs to be given to reviewing the plan when a young person is transitioning to a different setting or reintegrating back into school after a period of absence.

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 and parents/carers with advice from a relevant healthcare professional, such as a member of the HCP team, a specialist nurse, allied health professional or paediatrician who can best advise on the pupil's specific needs.

The pupil will be involved wherever appropriate. If healthcare professionals cannot offer advice in person they may provide written guidance or information.

IHPs will be linked to, or become part of, any 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. When developing IHPs, the school 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, access to toilets
- 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
- Who outside the school needs to be aware of the pupil's condition and the support required (with appropriate consent from the young person and family) – for example school transport provided by local authority
- 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. Please consider large or split school sites
- 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 medication administration errors), including who to contact, and contingency arrangements.

7. Emergency Procedures and Reducing Health and Safety Risks and Triggers

Governing bodies should ensure that the school's policy sets out what should happen in an emergency situation.

As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK. Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems. It is important to ensure emergency treatments (for example asthma inhalers/adrenaline auto injectors) are always available – this may include consideration of when pupils are off-site but also accessing multiple areas across a large school site for different parts of their curriculum.

- 7.1 Where a student has an individual healthcare plan, this should clearly set out what constitutes an emergency for that student and what to do, including ensuring all relevant staff are aware of emergency symptoms and procedures.
- 7.2 If a medical situation arises with a student who does not have an individual healthcare plan, for example they become ill or are involved in an incident which causes them injury, a member of staff who is trained in first-aid should administer first-aid appropriately and assess whether or not the student requires further medical treatment.
- 7.3 For any student, if the student requires further medical treatment, but the condition is not urgent enough to call an ambulance, the student's parents should be contacted. They will normally be asked to take their child to the doctor or hospital so that they can be there to give permission for treatment as appropriate. If the parent is not available, the first-aider may decide to call an ambulance, in which case a member of staff will go to hospital and stay with the student until the parent is able to get to the hospital.
- 7.4 If the situation is deemed to be urgent or life-threatening, the school should call an ambulance immediately and contact the parents to meet their child at the hospital. A member of staff should go to the hospital and stay with the student until the parent arrives.

7.5 Staff should always call an ambulance in the following circumstances:

- In the event of a serious injury or critical illness;
- In the event of any serious head injury, causing significant blood loss, loss of consciousness or vomiting;
- In the event that an Epi-Pen has been administered.
- In the event that the first-aider does not consider that they can adequately deal with the presenting condition by the administration of first aid or if they are unsure of the correct treatment.

7.6 Springwood High School is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.

7.7 The school is committed to identifying and reducing triggers both at school and on out of-school visits.

7.8 School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. We have a list of triggers for pupils with medical conditions.

7.9 The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities.

7.10 Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.

7.11 We work in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

7.12 We will review all medical emergencies and incidents to see how they could have been avoided, and change school policy according to these reviews.

8. Equal Opportunities

The Governing Board will ensure that the school enables 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.

The school acknowledges the [Equalities Act 2010](#) and works proactively to support all its pupils.

- 8.1 Springwood High School ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.
- 8.2 We are committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.
- 8.3 We make sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- 8.4 All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- 8.5 We understand the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports. We make sure that pupils have the appropriate medication/equipment/food with them during physical activity.
- 8.6 We make sure that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.
- 8.7 We make sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

- 8.8 All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- 8.9 This school will not penalise pupils for their attendance if their absences relate to their medical condition, provided this is supported by medical evidence.
- 8.10 We will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.
- 8.11 This school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.
- 8.12 Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), we will work with the local authority and education provider to ensure that the child receives the support they need to reintegrate effectively.
- 8.13 We are committed to keeping in touch with a child when they are unable to attend school because of their condition.

9. Unacceptable Practice:

Although school staff are encouraged to use their professional discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents; or 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 individual healthcare plans
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise children 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 child, 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 children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

10. Attendance

A child or young person with a medical condition may have difficulties attending school at certain times. This could be due to planned appointments or surgery, or as a result of an increase in symptoms or deterioration of their overall health condition.

- Parents have a responsibility to advise schools of any planned appointments or predicted absence due to surgery/therapeutic intervention
- Schools have a responsibility to [code this absence appropriately](#). If a school does not have sufficient information regarding a young persons' health condition, and it is impacting on school attendance, they may contact the Just One Number (0300 300 0123) Single Point of Access: www.justonenorfolk.nhs.uk to request a school nurse attendance health check. If this process does not identify sufficient information schools can also contact GP's with parental consent, utilising the NCC [Joint Protocol between Health Services and Schools](#)
- If absence due to a medical condition is noted to be for more than 15 days, schools should consult the [NCC Medical Needs Service](#) for advice and support

11. Liability & Indemnity

Proprietors of academies will ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangement (RPA).

12. Complaints

If there is a complaint concerning support provided to pupils with medical conditions then the school's compliant policy is which details the procedure to follow is available on the school's website: www.springwoodhighschool.co.uk