



Enable Trust

Supporting Pupils with Medical Needs Policy

Our Vision

Achieving More Together

Our Mission

Working together passionately to achieve the best outcomes for our SEND children and young people

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Related Policies:	See Section 14

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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. Where necessary, we will work with Health Services to secure appropriate training, resources and support.

The Board of Trustees will implement this policy by ensuring that:

- Staff identify pupils' medical needs and ensure that appropriate assessment of these needs takes place, to determine whether an IHCP is required. A pupil may have pre-existing medical needs when they join us, or they may develop medical needs at any point during their time at school.
- Sufficient staff are suitably trained. An appropriate person in school must be designated to review the medical needs and identify the most suitable training. This may involve working with Health Services to secure specialist training.
- Staff are aware of pupils' conditions, where appropriate.
- There are cover arrangements to ensure someone is always available to support pupils with medical conditions, as far as reasonably practicable.
- Supply teachers are provided with appropriate information about the policy and relevant pupils.
- Where Individual Health Care Plans are required, these will be developed in conjunction with Healthcare Professionals as required.
- Individual health care plans (IHCPs) are developed, implemented and monitored.

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 (DfE)'s statutory guidance on supporting pupils with medical conditions at school.

3. Roles and responsibilities

3.1 The Board of Trustees

The Board of Trustees has ultimate responsibility to make arrangements to support pupils with medical conditions.

The Board of Trustees will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

The Board of Trustees will ensure that school staff are appropriately insured.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Make sure that an appropriate person is designated to oversee medical needs
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual health care 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 responsibility for the development and monitoring of IHCPs
- Ensure that staff are aware that they are insured to support pupils in this way
- Contact the relevant nursing/health service in the case of any pupil who has a medical condition that may require support at school.
- 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. 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. When classes change, Class Teachers must highlight any medical training needs to the Medical Lead in their school.

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

The government guidance states that pupils with medical conditions will often be best placed to provide information about how their condition affects them and that pupils 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 to the best of their ability. Enable Trust is a specialist trust and 100% of our pupils have SEND and an EHCP, therefore we will involve pupils in this process wherever appropriate.

3.6 Healthcare professionals

The table below sets out the support provided by different healthcare professionals.

Medical Need	Healthcare Team
Allergy	School Nurse
Asthma	School Nurse
Dietary/feeding	Dietician Team
Epilepsy	Epilepsy Team (in some circumstances)
Lifetime	Lifetime Team

Respiratory	Respiratory Team
Other, e.g. diabetes, heart, stoma, etc.	A variety of healthcare professionals, depending on the medical need. The Health Lead works with the parents to identify and communicate with the relevant teams.

4. Equal opportunities

Our schools are 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 schools 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

We are usually notified about pupils' medical needs via the EHCP. This is sent to us before the pupil starts school, wherever possible. A member of the Senior Leadership Team and the Health Lead read the EHCP before the child starts. If a medical need is identified, the Health Lead will take the necessary steps to decide whether an IHCP is required, and if so, to follow the steps described in Appendix 1.

If the pupil develops a new medical condition, the parents will notify us, and again we will follow the process in Appendix 1.

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.

6. Individual health care plans (IHCPs)

The headteacher has overall responsibility for the development of IHCPs for pupils with medical conditions. The headteacher may delegate the duties to appropriate members of

staff, but remains accountable for the implementation of this policy. 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. The decision will be recorded in CPOMs.

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.

There are 4 different types of IHCP document which could be used. The table below sets out the different types of plans. All plans must be reviewed and logged by the School Health Lead before they are recorded.

Type of Plan	Written by	Template provided by	Appendix
IHCP	School Health Lead	Enable Trust	Appendix 2
Epilepsy Plan	Epilepsy Team or Lifetime	Medical professional	n/a
Asthma Plan	School Health Lead	Enable Trust	n/a
Other	Occasionally a pupil may have a rare or complex condition which results in a unique plan.		

If the pupil has multiple conditions, the School Lead will assess the available information and decide whether to maintain separate plans or combine into one document. In addition to these plans, the pupil may have an Intimate Care Plan or Toileting Recommendations Document. Arrangements for these are covered in the Intimate Care & Toileting Policy.

The EHCP must make reference to the IHCP and it is the responsibility of the Chair of the EHCP review to ensure that this information is included.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The headteacher / role of the individual with responsibility for developing IHCPs, 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. the layout of the school buildings
- 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 who to contact, and contingency arrangements

The Health Lead will maintain a spreadsheet, containing the following information to ensure that plans are kept up to date:

- Name of all pupils with an IHCP
- Reason(s) for the IHCP
- Date of the IHCP

The Health Lead will ensure that each class has a Class Folder containing the IHCP information.

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

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

Normally, non-prescription medication is only administered in school for short-term needs or for specific needs, e.g. broken limb, menstruation, for pupils who are awaiting an operation, etc.

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
- If we receive unlabelled prescribed medication, we return it to the parents to be labelled and returned by the pharmacist.

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, where appropriate, for example, Ventolin inhaler. 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 or expired, and all medicines will be returned to parents at the end of Term 6.

On the first school day of Term 1, staff time will be allocated in the morning to sign in all medicines and new consent form, check that all forms are correctly completed, check that all medicines have been received and contact parents for any queries.

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.

All controlled drugs are kept in a secure cupboard in a suitable location and appropriate 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.

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, 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. The only exception would be for intimate medical procedures, e.g. suppositories.

8. Emergency procedures and life limiting conditions

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.

Sometimes it is necessary for us to support pupils who have life limiting conditions which may involve palliative care. Please see Appendix 3 for further information.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. All staff must alert the Medical Lead if they identify a gap in medical needs training for the pupils in their class.

The training will be identified during the development or review of IHCPs. Staff who know the pupils with medical conditions will be involved in meetings where this is discussed.

The relevant healthcare professionals will advise on the type and level of training required and will agree this with the relevant school contact. Training will be kept up to date. Where there is no training expiry date, the headteacher will ensure that the staff member knows how to request refresher training when required. 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
- Ensure that staff know what to do in the event of an emergency such as an adverse reaction, or a mistake in the administration of medication

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication, e.g. a training certificate.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The Board of Trustees 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 child has been unwell at school. IHCPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The Board of Trustees will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. The Trust is part of the Department for Education Risk Protection Arrangement. Full details can be found [here](#).

12. Complaints

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

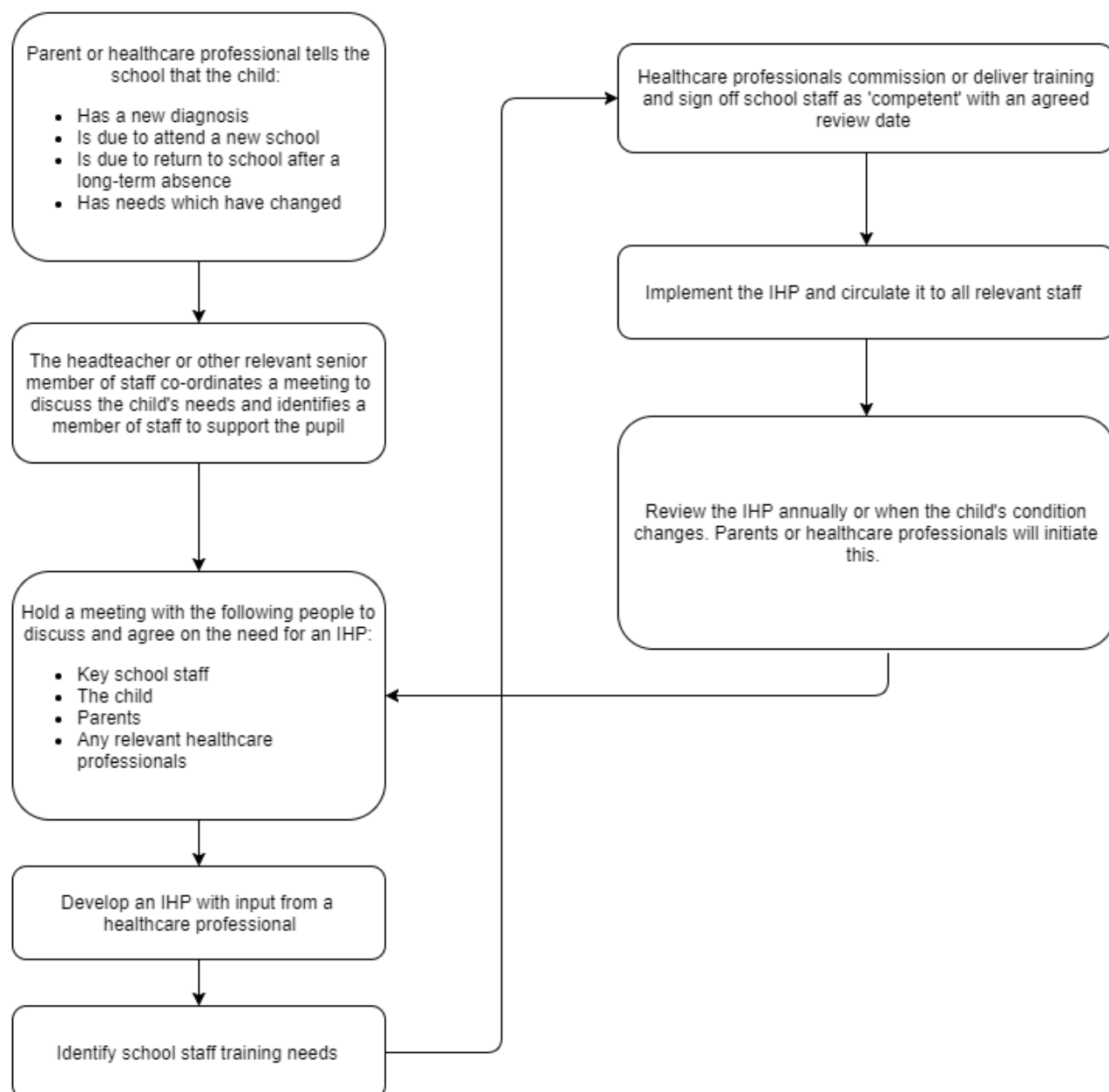
13. Monitoring arrangements

This policy will be reviewed and approved by the Board of Trustees every three years, or earlier in the event of a complaint or an incident involving an adverse reaction, an error in administration of medication or another incident involving medication which requires investigation.

14. Links to other policies

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding & Child Protection

Appendix 1 Being Notified a Child has a Medical Condition



Appendix 2 Individual Health Care Plan template

Pupil full name:			<i>Pupil photograph to assist with administering medicine in school</i>
Pupil date of birth:			
Pupil address:			
Allergies:			
This plan covers the following condition(s):			
Any other linked health plans?	Yes / No * Circle as appropriate and if yes, provide name of other plan(s).		
Date of plan:		Review date of plan:	
Home Contact 1: (Name & Tel.)		Home Contact 2: (Name & Tel.)	
Home Contact 1 Relationship to pupil:		Home Contact 2 Relationship to pupil:	
Clinical Contact 1 Name:		Clinical Contact 2 Name:	
Clinical Contact 1 Tel:		Clinical Contact 2 Tel:	
Clinical Contact 1 Position:		Clinical Contact 2 Position:	
Agreement to share Individual Health Care Plan: • I agree that this information can be shared with school and transport staff. • I give permission to use my/my child's photograph on health documents. • As a parent/carer, I am responsible for supplying in date medication to school. • I also consent to share the information in this plan with relevant health professionals. • I agree to contact the School Health Nurse if there are any changes that need to be made to this health care plan. This Individual Health Care Plan has been discussed and agreed between the following persons:			
Head Teacher or representative name:		Head Teacher or representative signature & date:	
Parent/carer with parental responsibility name:		Parent/carer with parental responsibility signature & date:	
Child/young person name:		Child/young person signature & date:	

Pupil name:		Pupil date of birth:	
Daily care requirements:			
List of possible medical emergencies and actions:			
If there are any key medical documents relating to this plan, list them here:			

Appendix 3 Pupils with life limiting conditions / palliative care arrangements

Sometimes it is necessary for us to support pupils who have life limiting conditions which may involve 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 whatever 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 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.

In order 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 a range of counselling services. We recognise that education staff are not legally required to provide medical support, and that they have not chosen a profession related to palliative care.