Supporting Pupils at School with Medical Conditions Policy

Meadowfield

To inspire and motivate all pupils and staff who learn and work together to aspire to endless possibilities.

1. 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**.**

2. Roles and Responsibilities

2.1 The Governing Body

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

2.2 The Principal/Deputy Principal

- The Principal/Deputy Principal 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 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 responsibility 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
    - Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

2.3 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.

- Be aware of the pupils' medical needs and conditions in their class by reading their IHCP and data collection sheet, these are kept in each class in their yellow folder. IHCP's are uploaded to 'Medical Tracker' system and are available at any time.

- All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

2.4 Parents

Parents will:

- The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review including signing of their child's IHCP (Individual Healthcare Plan) 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

2.5 Pupils

- Pupils with medical conditions will often be best placed to provide information about how their condition affects them.
- Pupils, if able, should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs.

2.6 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.
- Our school nurses will check the healthcare plans emergency procedures are correct before the plans are finalised.

3. 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.

4. Individual Healthcare Plans (IHCPs)

- Individual Health Care Plans will be written by the IHCP administrator and reviewed by a member of the Leadership Group together with the class teacher and, if appropriate, a school nurse. However, it will be the responsibility of all members of staff supporting the individual child to ensure that the Plan is followed.
- The class teacher will be responsible for the child's development and ensuring that they, and their medical conditions, are supported at school.
- Individual Health Care Plans will help to ensure that the School effectively supports pupils with medical conditions.
- They will provide clarity about what needs to be done, when, why and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed.
- They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex.

- 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.

5. Managing and Administrating Medication

Please see the Standard Operating Procedure for Administrating Medications in School.

6. Pupils Managing their Own Needs

- If it is deemed, after discussion with the Parents/Carers, that a child is competent to manage their own health needs and medicines the School will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans.
- Wherever possible, children should be able to access their medicines for self-medication quickly and easily; these will be stored in a locked cupboard in the Medical Room/Classroom to ensure that the safeguarding of other children is not compromised.
- The School also recognises that children who can take their medicines themselves, or manage procedures, may require an appropriate level of supervision.
- If a child is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them.
- If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parents/Carers must be informed.

7. Unacceptable Practice

Although School staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:

- Prevent children from easily accessing when and where necessary.
- Assume that every child with the same condition requires the same treatment Ignore the views of the child of their Parent/Carer; or ignore medical evidence or opinion, (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plan.
- 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/Carers or otherwise make them feel obliged to attend the School to administer medication or provide medical support to their child, including toileting issues.
- No Parent/Carer 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/Carers to accompany the child.

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. Training

- Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

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/Medication Officer will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- 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.

10. 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.

11. Liability and Indemnity

- In the event of legal action over an allegation of negligence, it is the employer rather than the employee who is likely to be held responsible. The need for accurate records in such cases is crucial. Therefore, thorough and accurate record-keeping systems have been drawn up to be maintained by staff involved in supporting pupils with medical needs

Insurance Details

- Kent County Council Insurance Provision for Medical Treatment/Procedures

12. Complaints

- Should parents/carers or pupils be dissatisfied with the support provided, they should discuss their concerns directly with school. If, for whatever reason, this does not resolve the issue they may make a formal complaint via the complaint's procedure.

13. Monitoring Arrangements

- This policy will be reviewed and approved by the governing board yearly.
- This policy should be read in conjunction with Standard Operating Procedure for Administration of Medication at Meadowfield School

School Policy **Approved by Governors**	
Policy Adopted	Date: September 2024
Policy Approved	Date: May 2025
Next Review	Date: Academic Year 2026/27

Appendix A

Ambulance Calling Protocol

Meadowfield School
Swanstree Avenue
Sittingbourne
Kent
ME10 4NL

Telephone: 01795 477788

Meadowfield

To inspire and motivate all pupils and staff who learn and work together to aspire to endless possibilities.

Ambulance Calling Protocol

The decision to call an ambulance is the responsibility of staff present at the scene of the emergency; remember to stay calm, but do not delay making the call …. minutes can make all the difference. A senior member of staff does not have to be present to make the decision for you.

Always call an ambulance in the case of serious and life-threatening conditions such as, but not limited to:

- Severe difficulty in breathing (eg unable to talk in full sentences, gasping for breath)
- Chest pain
- Anaphylactic shock when an EpiPen has been administered
- Convulsions or epileptic seizures in accordance with the pupil's health care plan
- Severe asthma attacks where inhalers do not appear to be helping
- Severe loss of blood
- Suspected spinal injuries
- Serious head injuries involving heavy bleeding and suspected skull damage
- Unconsciousness, where patient does not regain full awareness
- Unconsciousness for a person under 18 where the patient regains full awareness
- Suspected heart attacks or strokes
- Strong abdominal pain
- Shock
- Drowning

A pupil or member of staff will need to go to A&E if:

- Broken limbs where patient cannot move unaided
- Broken bones with an obvious deformity

- Choking – where emergency (Abdominal thrust under ribs) procedure has been used (not required in cases relieved by pat on back)

Consider seeking further medical attention or calling 111 in cases of:

- Allergic reactions (to stings, bites etc) where Piriton, or similar, has been administered without easing symptoms
- Large cuts where blood loss has been controlled but stitches are probably needed
- Fractures, or suspected fractures, where patient can move but is clearly in great discomfort
- Unconsciousness where patient over 18 regains awareness very quickly
- Serious eye injury or chemicals in the eye
- Severe burns
- Nosebleeds lasting 30 minutes.

Procedure

To call an ambulance: DIAL **999 or 112 and specify "Ambulance Service required"**

1. The ambulance should be called from the location of the casualty, call from the nearest available phone, if telephone not enabled for emergency calls obtain ambulance phone , which is kept in the main office)

2. The Ambulance controller will need information including:

    - Age (or approximate age if not known) and gender of patient
    - Exact location of the patient, including postcode:
        - ***Meadowfield School, ME10 4NL (01795 477788)***
        - ***Meadowfield 6th Form Centre ME10 1JB (01795 342147)***
    - What has happened and how long ago it happened
    - Does the patient have any conditions which may have caused what happened
    - Has it happened before
    - Is the patient allergic to anything (penicillin, tetanus etc)
    - Is the patient breathing
    - Is the patient conscious
      Has the patient been unconscious

3. As soon as the ambulance has been called, contact the School Office and the site team to inform them and let them know exactly where you are; a member

of the Office team will inform Senior Management of the situation. A member of the site team will wait outside for the ambulance to arrive and escort them directly to the patient

4. If the nearest telephone is in use please use the next nearest available telephone, walkie-talkie, or ask another member of staff to go to the office or site team directly. A member of the Office team will be able to provide a copy of the pupil (or staff member's) emergency contact details, including any known allergies; this may be required by the Paramedics. A copy of the Healthcare Plan is available in class.

5. If the patient is a child, as soon as the ambulance has been called, contact the parent and inform them of the situation. Ask if they can get to school to go to hospital with the child in the ambulance, or whether they will meet them at the hospital. In the latter case, ascertain to which hospital the patient will be taken. If the parent is not able to accompany their child in the ambulance, a member of school staff should go instead. As soon as a family member arrives at the hospital, the member of staff may leave; the School Office will provide details of a taxi company they can call to bring them back to school - this will be an account payment and staff will not be expected to carry cash for paying the taxi. A school mobile telephone is available if required.

   If the patient is a member of staff, and is able to communicate, ask them who they would like you to contact. If they are unable to communicate, contact the first emergency contact held by the School Office. A decision will be made by a member of the Senior Management Team as to whether anyone should accompany the patient in the ambulance.

6. Consent is not generally required for life saving emergency treatment given in Accident and Emergency Departments. Consent may in extreme circumstances be required for medical treatment and/or the administration of anaesthetic; if this is the case and the parent/carer/other family representative is not present or contactable, advice must be sought from a member of the Leadership Group – **do not give permission for any treatment yourself.**

Appendix B

Individual Healthcare Plan

Please complete all boxes; those which do not apply should be completed as "Not Applicable"

Child's Name	
Class	
Date of Birth	
Medical diagnosis or condition	
Date Printed	
Date of Completion	
Review Date	

Clinic/Hospital Contact

Hospital/Clinic Name	
Consultant's Name	
Telephone Number	

GP

Surgery Name	
GP's Name	
Telephone Number	

1. Describe what constitutes an emergency, and the action to take if this occurs

In the event of my child requiring emergency treatment (except treatment already outlined in this plan) and the principal (or his/her representative) being unable to contact me, I give consent for the member of staff accompanying my child to approve the application of emergency treatment, including anaesthetic, advised by the medical authorities for the wellbeing of my child.

SCHOOL USE ONLY Emergancy plans have been seen and checked by a registered nurse (if applicable) -

2. Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

3. Name of medication, dose, method of administration, when to be taken, side effects, administered by/self-

4. Daily care requirements – e.g. personal care, feeding – does food need to be puréed/cut into small pieces, food preferences, any food intolerances or allergies.

5. Specific arrangements necessary for school visits/trips – e.g. is a buggy/wheelchair required for trips out – please give reason, is the pupil likely to run off, any fears when in the community – dogs, birds, unexpected noise etc.

6. Other information – please list anything school need to be aware of relating to your child's needs

School Use Only

Who is responsible for providing support in School	Class Team, Nursing Team
Appendix	N/A
Who is responsible in an emergency	Class Team
Plan developed with	Parents, Class Team
Staff training needed/undertaken – who/what/when	No specific training needed
Form copied to	Class x2, Office x2, Copy sent home

Signatures

	Print	**Sign**	**Date**
Parent/Carer*			
Class Teacher			
Senior Manager			

Other ***(specify role)***			

***Parents/Carers must sign this plan before the school makes any of the arrangements specified in the Healthcare Plan.**

Two bound copies of the signed Healthcare Plan will be made; one will be retained by the parent/carer and one will be kept on the pupil's school file. All further copies must be certified copies, stamped for authenticity by the School Office.

Appendix C

Meadowfield School -

Return to school after ill health or hospital stay or operation.

To be completed with school representative e.g. class teacher and parent.

Pupil Name……..

Class……

Describe nature of absence, e.g. illness, hospital visit, operation – provide details.

What adjustments need to be made on the students return to school? Consider moving and handling, medication, diet, staffing ratio, reduced hours etc.

Are there any other details school staff need to know to support the student on their return to school?

DECLARATION

I declare that the above information is correct and I have passed all relevant information onto school staff to ensure the well being of the young person in question on their return to school.

Signed…….. Parent/ Guardian

Date……

If there is a short course of mediaction to follow a period of ill health or absence please complete separate medication permission form.

If following period of ill health or hospital vist/ operation and there is a change to routine medication a new Health Care Plan needs to be drafted and signed within 5 school days. Failure to do so will result in the school being unable to accept the young person in school until the appropriate plans are completed and signed.

Appendix D

IHCP Guide

This guide, based on the DfE Supporting Pupils at School with Medical Conditions, outlines the steps Meadowfield School should take to determine if a pupil requires an Individual Healthcare Plan (IHCP).

Background and Context:

Legal Duty: Schools have a legal duty to support pupils with medical conditions to ensure they have full access to education. This includes activities that take place off-site as part of normal school activities.

Proactive Approach: Schools should not wait for a formal diagnosis to offer support. The school should use their judgement, based on available medical evidence and consultation with parents, to decide what support is needed.

Early Notification: Ideally, the school nurse should notify the school before a child with a medical condition starts school. Other healthcare professionals (GPs, paediatricians) should inform the school nurse if a child needs support at school.

Impact on Health and Attendance: The key question is whether the medical condition could negatively affect the pupil's health or school attendance if it's not managed during school hours.

Considering the Individual: Each child is different. The focus should be on the individual child's needs and how their specific medical condition affects their school life.

Open Communication: Schools should consult with healthcare professionals, parents, and the pupil themselves to understand how the medical condition impacts the child's life and learning.

Determining the Need for an IHCP

An IHCP may be appropriate if the medical condition is:

- Long-term and Complex: The condition requires ongoing management and support from the school.
- Fluctuating: The condition varies in severity, requiring the school to adapt support.
- Recurring: The condition occurs episodically, requiring a plan for managing these episodes
- High Risk of Emergency Intervention: The condition has a high likelihood of needing immediate medical attention.
- Requiring Medication or Treatment During School Hours: The pupil needs to take prescribed medication or requires medical procedures during the school day.

Principal's Decision: The Principal/Deputy Principal makes the final decision about whether an IHCP is necessary. This decision should be based on medical evidence and in consultation with parents and relevant healthcare professionals.

Collaborative Development: The IHCP should be developed in partnership with the school, parents, the pupil (when appropriate), and relevant healthcare professionals (school nurse, specialist nurse, paediatrician).

Review: IHCPs must be reviewed at least annually or sooner if the child's needs change.

Determining the Need for an IHCP: A Series of Yes/No Questions

1. Does the pupil have a medical condition?

Yes: Proceed to question 2.

No: An IHCP is not necessary.

2. Could the medical condition have a negative impact on the pupil's health or school attendance if it is not managed during the school day?

Yes: Proceed to question 3.

No: An IHCP may not be necessary. The school should, however, consider what support might be appropriate for the pupil.

3. Is the medical condition long-term and complex, meaning it requires ongoing management and support from the school?

Example: A severe allergy requiring allergen avoidance and procedures for managing reactions.

Yes: An IHCP may be appropriate. Proceed to question 4.

No: Proceed to question 4.

4. Is the medical condition fluctuating, meaning it varies in severity, and the school would need to adapt its support?

Example: A chronic illness with periods of remission and flare-ups.

Yes: An IHCP may be appropriate. Proceed to question 5.

No: Proceed to question 5.

5. Is the medical condition recurring, meaning it occurs episodically, and there needs to be a plan for managing these episodes? Examples: Epilepsy, asthma, migraine.

Yes: An IHCP may be appropriate. Proceed to question 6.

No: Proceed to question 6.

7. Does the medical condition have a high risk of requiring emergency intervention?

Example: A severe peanut allergy requiring an EpiPen and trained staff.

Yes: An IHCP may be appropriate. Proceed to question 7.

No: Proceed to question 7.

8. Does the pupil require medication or treatment during school hours?

Example: A pupil who needs daily medication for a chronic condition.

Yes: An IHCP may be appropriate.

No: An IHCP may still be appropriate depending on the answers to the previous questions.

If the answer to any of questions 3-7 is yes, the school, in consultation with parents and healthcare professionals, should carefully consider whether an IHCP is the most suitable and proportionate response to support the pupil's needs.