

Supporting pupils with medical conditions

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1. Statement of intent

- 1.1. The Board of Trustees of The Corinium Education Trust (the Trust) has a duty to ensure arrangements are in place to support pupils with medical conditions.
- 1.2. The aim of this over-arching statement is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.
- 1.3. Schools within The Trust have their own policies for supporting pupils with medical conditions. These are tailored to each school's context and they are reviewed annually by our local governing bodies.
- 1.4. This overarching statement includes the core principles for supporting pupils with medical needs which apply to all schools within The Trust and draws on the Department for Education's 'Supporting pupils at school with medical conditions, Statutory guidance for governing bodies of maintained schools and proprietors of academies in England', 2015.
- 1.5. The Trust believes it is important that parents/carers of pupils with medical conditions feel confident that their child's school provides effective support for their child's medical condition, and that all pupils feel safe in our school environments.
- 1.6. The Trust also recognises that there are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and can be subject to bullying. This over-arching statement is designed to ensure that our schools' policies for supporting pupils with medical needs minimise the risks of pupils experiencing these difficulties.
- 1.7. Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This over-arching statement contains procedures to help schools minimise the impact of long-term absence and effectively manage short-term absence.
- 1.8. Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The Trust, and all schools within our multi-academy trust, have a duty to comply with the Act in all such cases.
- 1.9. In addition, some pupils with medical conditions may also have special educational needs and disabilities (SEND) and have an Education, Health and Care Plan (EHCP) collating their health, social and SEND provision. For these pupils, compliance with the Department for Education's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.
- 1.10. To ensure that the needs of pupils with medical conditions are fully understood and effectively supported across The Trust, our schools consult with health and social care professionals, pupils and their parents/carers.

2. Legislative framework

- 2.1. This policy has due regard to legislation including, but not limited to:
The Special Educational Needs and Disability Regulations 2014;
The Children and Families Act 2014;
The School Premises (England) Regulations 2012 (as amended);
The Equality Act 2010;
The Education Act 2002;
The NHS Act 2006;
The Education Act 1996 (as amended);
The Children Act 1989;
The Health and Safety at Work etc. Act 1974;
The Misuse of Drugs Act 1971;
The Medicines Act 1968.
- 2.2. This policy also has due regard to the following guidance:
'Education inspection framework', Ofsted 2021 (updated July 2023);
'First aid in schools, early years and further education' DfE (Updated 2022);
'Special educational needs and disability code of practice: 0-25 years' DfE (2015);
'Supporting pupils at school with medical conditions' DfE (2015).

3. Roles and responsibilities

- 3.1. The Trustees of The Trust have delegated the responsibility for supporting pupils with medical needs to each school's local governing body. Therefore, our local governing bodies are responsible for fulfilling The Trust's statutory duties under legislation.
- 3.2. The Trustees of The Trust ensure all school staff are appropriately insured and are aware of these insurance arrangements.
- 3.3. Our local governing bodies ensure:
- Arrangements are in place to support pupils with medical conditions;
 - Pupils with medical conditions can access and enjoy the same opportunities as any other child at the school;
 - School staff work with the local authority, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education;
 - Pupils with medical conditions are reintegrated effectively after long term period of absence;
 - The focus is on the needs of each pupil and what support is required to support their individual needs;
 - Confidence in parents/carers and pupils in the school's ability to provide effective support;
 - All members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed;
 - No prospective pupil is denied admission to the school because arrangements for their medical condition have not been made;
 - Pupils' health is not put at unnecessary risk. As a result, it holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease;
 - Policies, plans, procedures and systems are properly and effectively implemented;
 - The Trust's statutory duties under legislation are fulfilled.
- 3.4. The Chairs of our local governing bodies hold overall responsibility for policy implementation.

3.5. The Trust's headteachers ensure:

- The principles of this over-arching statement are reflected in their school policies for supporting pupils with medical conditions and that their policies are effectively implemented with partners;
- All staff are aware of the need to support pupils with medical needs and understand their role in the implementation of their school's policy;
- A sufficient number of staff are trained and available to implement their school's policy and deliver against all individual healthcare (IHC) plans, including in emergency situations;
- Recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported are considered;
- Overall responsibility for the development and management of IHC plans is clear;
- The school nursing service is contacted where a pupil with a medical condition requires support that has not yet been identified.

3.6. Parents/carers are expected to:

- Inform the individual school if their child has or develops a medical condition and, where appropriate, provide the school with appropriate medical evidence and/or advice relating to their child's medical condition;
- Ensure the regular and punctual attendance of their child at their school where possible and notify their child's school of the reason for any of their child's absences without delay;
- Consult with the school concerned and relevant healthcare professionals in order to produce an Individual healthcare plan for their child;
- Work in partnership with their child's school and other agencies, including those within the local authority to ensure the best possible outcomes for their child. This includes where appropriate, Child and Adolescent Mental Health (CAMHs), the Gloucestershire Hospital Education Service (GHES) and Gloucestershire County Council's Education and Inclusion Team;
- Provide their child's school with sufficient and up-to-date information about their child's medical needs including any referrals made such as a Consultant's Level 3 referral which provide access to GHES;
- Attend meetings to discuss how support for their child should be planned.
- Be involved in the development and review of their child's IHC plan;
- Carry out any agreed actions contained in the IHC plan;
- Ensure that they, or another nominated adult, are contactable at all times.
- Inform the school concerned where their child will require either prescription or non-prescription medication (see Section 7) to be taken at school and parents are responsible for the supply of this medication to the school. It is also the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of a pupil's need for medication. The Trust requests that medication is only taken at its schools when it is essential and where it would be detrimental to the pupil's health not to administer the medication during the school day. Where possible, medicines should be taken at home, before and after attending school.

3.7. Trust staff will not administer any medication to a pupil without obtaining prior, written permission from parents.

3.8. Pupils with medical conditions are expected to:

- Be fully involved in discussions about their medical support needs;
- Contribute to the development of their IHC plan and follow agreed procedures;
- Be welcomed into any school where other pupils will be sensitive to their needs.

- 3.9. School staff are expected to:
- Take the needs of pupils with medical conditions in their lessons into account when deciding whether or not to volunteer to administer medication;
 - Engage in relevant training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions;
 - Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help;
 - Provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.
- 3.10. The school nurse/hub for each school is expected to:
- Notify the individual school when a pupil has been identified as having a medical condition which requires support in school at the earliest opportunity;
 - Support staff to implement IHC plans and provides advice and training;
 - Liaise with lead clinicians locally on appropriate support for pupils with medical conditions.
- 3.11. Clinical Commissioning Groups are expected to:
- Ensure that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions;
 - Make joint commissioning arrangements for education, health and care provision for pupils with SEND;
 - Be responsive to LAs and schools looking to improve links between health services and schools;
 - Provide clinical support for pupils who have long-term conditions and disabilities;
 - Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.
- 3.12. Other healthcare professionals, including GPs and paediatricians are expected to:
- Notify the individual schools' nurse when a child has been identified as having a medical condition that will require support at school;
 - Provide advice on developing IHC plans;
 - Provide specialist support in the school for children with particular conditions where appropriate, e.g. asthma, diabetes and epilepsy.
- 3.13. Providers of health services will co-operate with all schools within The Trust, including ensuring communication is clear and timely, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.
- 3.14. With regard to children with medical conditions, the local authority:
- Commissions school nurses for all schools within The Trust;
 - Promotes co-operation between relevant partners;
 - Makes joint commissioning arrangements for education, health and care provision for pupils with SEND;
 - Provides support advice and guidance, and suitable training for school staff, ensuring that IHC plans can be effectively delivered;
 - Works with The Trust's schools to ensure pupils with medical conditions can attend school full time.

- 3.15. Where a child is away from school for 15 days or more (whether consecutively or across a school year), the local authority has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school. [Ensuring a good education for children who cannot attend school because of health needs \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/61222/Ensuring_a_good_education_for_children_who_cannot_attend_school_because_of_health_needs.pdf) (see The Trust's Policy for children with health needs who cannot attend school).

4. Admissions

- 4.1. No child is denied admission to any school in The Trust or prevented from taking up a school place because arrangements for their medical condition have not been made.
- 4.2. A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

5. Individual Health Care Plans (IHCPs)

- 5.1. The Trust requires its schools to focus on the needs of each individual pupil and how their medical condition impacts on their school life, their ability to learn and will take steps to help increase pupils' confidence and ability to self-care.
- 5.2. Where identified as being necessary, Individual Health Care Plans (IHCP) will be developed by Headteachers, assisted by their SENCOs, and relevant healthcare professionals and parents so that the steps needed to help a pupil manage their condition and overcome any potential barriers to their education are agreed and implemented.
- 5.3. As appropriate, the IHCP will include:
- The pupil's medical condition, its triggers, symptoms, medication needs and the level of support needed in an emergency. Also, it must include any treatments, time, facilities, equipment, testing and access to food or drink (where it is used to manage their condition), dietary requirements and environmental issues such as crowded corridors and travel time between lessons;
 - Specific support for the pupil's education, social and emotional needs, such as how will absences be managed, requirements for extra time to complete exams, use of rest periods or counselling sessions
 - Who will provide this support, their training needs, expectations of their role and, where required, confirmation of proficiency to provide support from a healthcare professional;
 - Cover arrangements and who in the school needs to be aware of the pupil's condition and the support required including supply staff;
 - Arrangements or procedures for school trips or other school activities outside the normal timetable; completion of risk assessments for visits and school activities outside the normal timetable;
 - The designated individuals to be entrusted with the above information;
 - Procedures in the event of the pupil refusing to take medicine or carry out a necessary procedure.
- 5.4. Headteachers will have the final decision on whether an Individual Health Care Plan is required.
- 5.5. Where appropriate, the IHCP should be linked with a pupil's statement of Special Educational Needs (SEND) and/or Education Health and Care Plan (EHC).
- 5.6. Where a pupil has SEND but does not have a statement or EHC, their SEN should be mentioned in their IHCP.

- 5.7. The IHCP will be presented to the parents for approval prior to its implementation to ensure each school holds accurate information about the medical condition of any pupil with long term needs.
- 5.8. The IHCP will be reviewed at least annually or more frequently if a pupil's needs change. Each school's SENCO will coordinate this process.

6. Training

- 6.1. Headteachers will ensure that there are members of staff who are appropriately trained in their schools to manage medicine as part of their duties. Any staff responsible for the administration of medicine will have access to pupils' IHCPs and will be briefed as to its contents.
- 6.2. Where required, if the administration of medication involves technical, medical or other specialist knowledge, appropriate training tailored to the individual pupil will be provided to identified staff by a qualified health professional.
- 6.3. Staff must not undertake health care procedures without appropriate training as identified in the IHCP.
- 6.4. Specific protocols to deal with individual pupils' medical conditions such as anaphylaxis, asthma, epilepsy and diabetes will be detailed in the IHCP.
- 6.5. All new staff will be made aware of the terms of this policy during their induction, and of details of protocols relevant to those pupils under their care as appropriate.

7. The Administration of Medicine

- 7.1. Medicines are only administered at a school when it would be detrimental to a pupil's health or school attendance not to do so.
- 7.2. Any parent/carer requesting the administration of medication will be signposted to their child's school's policy for supporting pupils with medical conditions.
- 7.3. Subject to the requirements of paragraph 3.6 above, prescribed medication will be accepted and administered in The Trust's schools.
- 7.4. Non-prescription medication will only be accepted and administered when a young person has regular allergies, headaches, menstrual pain or toothache or on residential visits where it may not be practicable to have medication prescribed. Pupils will never be given medicine containing aspirin unless it is prescribed by a doctor. Parents must provide their written consent for this to happen.
- 7.5. Headteachers will have the final say as to whether medication will be administered or not.
- 7.6. Parents of all pupils at The Trust's schools are required to complete the relevant parental agreement to administer medicine form before medication is administered to their child.
- 7.7. Only reasonable quantities of medication will be accepted. Each item of medication should be delivered in its original dispensed container. Each item of medication should be clearly labelled with the following information:
 - Pupil's name;
 - Name of medication;
 - Dosage and frequency of dosage;
 - Date of dispensing (prescription only);
 - Storage requirements (if important);
 - Expiry date (if available).

- 7.8. Schools will not accept items of medication which are in unlabelled containers or not in their original container.
- 7.9. Staff administering medicines will record and sign each time a medicine is administered. Written records of all medication administered to every pupil will be held by each school in a secure location and may be made available to parents on request.
- 7.10. If a pupil refuses their medication, staff will record this, report to parents as soon as possible and follow the protocol laid down in the IHCP.
- 7.11. The Trust's insurance will cover liability relating to the administration of medication.

8. Specific arrangements for Asthma

- 8.1. It is the policy of The Trust that each of its schools hold an emergency inhaler and spacer for the emergency treatment of an asthma attack where they have a pupil on roll who is diagnosed with asthma.
- 8.2. In such circumstances, the following arrangements shall be in place: Identified staff in each school will be responsible for ensuring the following:
- Instructing all staff on the existence of this policy;
 - Establishing arrangements for the safe and secure storage, care and disposal of the emergency inhaler;
 - Instructing all staff on how to check the pupil medical register;
 - Instructing all staff on the symptoms of an asthma attack;
 - Instructing all staff on how to access and use the emergency inhaler;
 - Making all staff aware of who are the designated staff and how to access their help;
 - Keeping records of administration of the emergency inhaler.
- 8.3. Identified school staff will ensure that there has been written consent from parents/carers for the administration of the emergency inhaler and spacer. The emergency inhaler/spacer will only be available for pupils who have been prescribed a reliever inhaler AND for whom parental consent has been given. Where necessary, this information will be recorded in the pupil's IHCP plan. This duty will be balanced against the duty of Trust staff to act 'in loco parentis' and act as the reasonable and prudent parent would in any emergency situation.
- 8.4. Identified school staff will be responsible for ensuring parents are informed in writing when the emergency inhaler/spacer has been used.

9. Specific Emergency Arrangements for Anaphylaxis

- 9.1. It is the policy of the Trust that each of its schools shall hold an emergency adrenaline autoinjector for the treatment of an anaphylaxis attack where they have a pupil on roll who is diagnosed with anaphylaxis.
- 9.2. In such circumstances, the following arrangements shall be in place: Identified staff in each school will be responsible for ensuring the following:
- Instructing all staff on the existence of this policy;
 - Establishing arrangements for the safe and secure storage, care and disposal of the auto-injector;
 - Instructing all staff on how to check the pupil medical register;
 - Instructing all staff on the symptoms of anaphylaxis;
 - Instructing all staff on how to access and use the auto-injector;
 - Making all staff aware of who are the designated staff and how to access their help;
 - Summoning the Emergency Services following the use of the auto-injector;
 - Keeping records of administration of the auto-injector.

- 9.3. Identified school staff will ensure that there has been written consent from parents for the administration of the AAI. The AAI will only be available for pupils who have been diagnosed with anaphylaxis and have been prescribed an AAI AND for whom parental consent has been given. This information shall be recorded in the pupil's IHCP plan.
- 9.4. Identified school staff will be responsible for ensuring parents are informed in writing when the AAI has been used.

10. Self-Medication

- 10.1. Where appropriate, The Trust recognises that pupils should be allowed to carry their own medicines and relevant devices (such as inhalers) or should be able to access their medicines for self-medication quickly and easily.
- 10.2. Following consultation between the school, parents and the pupil, a pupil will be permitted to store and carry their own medication if they are sufficiently competent to do so. This will be reflected in a pupil's IHCP. Schools will also consider the safety of other children and medical advice from the prescriber in respect of the pupil in reaching this decision.
- 10.3. It is essential that pupils with asthma, diabetes and anaphylaxis have immediate access to their medication whenever they need them. Medicines such as asthma inhalers, adrenalin or insulin pens and blood testing meters should be readily available to the pupil and will not be locked away. If the pupil is too young or immature to take personal responsibility for their medication, staff should make sure that it is stored in a safe but readily accessible place and clearly marked with the pupil's name. IHCPs will clarify these details.
- 10.4. Pupils will be made aware the medication is strictly for their own personal use and it should not be passed to any other pupils under any circumstances.

11. Storage of medication

- 11.1. Medicines will be securely stored in accordance with individual product instructions.
- 11.2. All medicines will be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.
- 11.3. In the case of medication that is not required in an emergency, a secure location will be identified for each school where medication is stored. Where required, the facility to refrigerate certain medicines such as anti-biotics will be provided.
- 11.4. Parents should collect all medicines belonging to their child at the end of each academic year and are responsible for ensuring that any date-expired medication is collected from their particular school and replaced as necessary. Date expired medication or uncollected medicines will be disposed of by the school at the end of each year.

12. Emergency procedures

- 12.1. Medical emergencies are dealt with under the individual school's emergency procedures

13. Day trips, residential visits and sporting activities

- 13.1. Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.

- 13.2. Prior to an activity taking place, the individual school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals.

14. Complaints

- 14.1. Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the headteacher of the individual school in the first instance.
- 14.2. If they are not satisfied with the school's response, they may make a formal complaint via The Trust's Concerns and Complaints Policy and Procedure.
- 14.3. Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

15. Monitoring and review

- 15.1. This overarching statement and our individual school's policies will be reviewed annually.

Document History

Creation Date	July 2021
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Approved by	Trustees
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Review frequency	Annually

Review date	Significant amendments	Made by	Next review
September 2021	New over-arching statement at Trust level based on DFE guidance: 'Supporting pupils at school with medical conditions - Statutory guidance for governing bodies of maintained schools and proprietors of academies in England - December 2015.	CXH	September 2022
October 2022	Checked against current DFE guidance, still relevant. No changes.	CXH	October 2023
September 2023	Checked against current DfE guidance and updated 'First aid in schools, early years and further education' (2022). Still relevant. 2.1: Legal framework re-ordered into reverse chronological order. 2.2: guidance references checked and updated. No further changes.	CXH	September 2024