



Supporting Pupils with Medical Conditions

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Supporting Pupils with Medical Conditions

The Trust will support pupils with medical conditions in accordance with Statutory Guidance 'Supporting pupils at school with medical conditions' dated December 2015 (due for review later in 2026). References to the left-hand side of this text refer to the paragraph numbers of the Statutory Guidance. Further guidance may be found in Appendix 1 of this document.

The Trust will make arrangements to support pupils with medical conditions, tailored to their particular circumstances, so that they can access and enjoy the same opportunities as any other child.

These arrangements will support the child's ability to learn, increase their confidence and promote self-care. Staff will be trained appropriately.

The Headteacher will ensure these arrangements are sufficient to meet statutory responsibilities and will ensure the policies, plans, procedures and systems are properly and effectively implemented and regularly reviewed.

School leaders will consult health and social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are properly understood and effectively supported.

No child with a medical condition will be denied admission to a school so long as pupils' health is not put at unnecessary risk from, for example, infectious diseases. Reasonable adjustments will be made to ensure the inclusion of all pupils as far as this is safe.

Procedure to be followed when notification is received that a pupil has a medical condition

When notification is received, the procedures are that arrangements will be made to: -

- Talk with parents/carers about the medical condition and decide whether an Individual Healthcare Plan needs to be put into place
- Contact the school nurse and/or a healthcare provider responsible for the child's healthcare
- Ensure an Individual Healthcare Plan is drawn up, in discussion with the child's parents/carers, if this is agreed to be necessary (see Appendix 7 for template of letter inviting parents/carers to contribute to Individual Healthcare plan)
- Make a risk assessment of the child's, other pupils and staff needs
- Arrange any staff training that is needed as a result of the medical condition (see Appendix 5 for staff training record template)
- Enable a reintegration to school
- Manage any change in medical need

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- Ensure that any cover staff are made aware of the medical condition
 - Cover any transitional arrangements between schools where this is applicable
 - Ensure that, where possible, all arrangements are put in place within two weeks

Individual Healthcare Plans (IHP)

The schools will work in partnership with the relevant healthcare professionals to ensure Individual Healthcare Plans for children with medical conditions are developed and put in place. The Inclusion Lead at each school is responsible for their implementation once they have been drawn up by the relevant healthcare professionals, e.g. the school nurse, the child's GP, another healthcare professional involved in the child's health care and agreed with the parents/carers and the school.

The Individual Healthcare Plans should be developed with the child's best interests in mind and should ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimizes disruption.

The following items should be considered for inclusion in the IHP: -

- 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 eg. crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- If the child has Special Educational Needs (SEN), this will be included in the IHP. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.
- Any flexibility required in respect of the need for part-time attendance in combination with alternative provision, such as that arranged by the local authority or hospital schools, and how children will be reintegrated back into school after periods of absence.
- The level of support needed (some children will be able to take responsibility for their own health needs) included in emergencies. If a child is self-managing their medication, this should 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 child'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 child's condition and the support required.

- Arrangements for written permission from parents/carers and the relevant 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 child can participate, eg risk assessments.
- Where confidentiality issues are raised by the parent/carer or child, the designated individuals to be entrusted with information about the child's condition.
- What to do in an emergency, including whom to contact, and contingency arrangements (see Appendix 6 for emergency services contact template). Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Inclusion Leads will ensure plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

The process for developing Individual Healthcare Plans is shown in section 12 of Appendix 1, and the template for an Individual Healthcare Plan can be found in Appendix 2.

Roles and responsibilities

Roles and responsibilities regarding this policy are as follows: -

The Trust must make sure that a policy for supporting pupils with medical conditions in schools is developed and annually reviewed.

The Headteacher must have oversight of the arrangements that are in place to support pupils with medical conditions in school, including making sure that the policy is adhered to 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.

The responsibilities of the Headteacher, school staff, school nurses and other healthcare professionals, including GP's and paediatrician's, pupils, parents/carers, local authorities, providers of health services, Clinical Commissioning Groups (CCG) and Ofsted are detailed in Section 11 of the attached guidance.

Staff training and support

The Inclusion Lead and the relevant Healthcare professionals are responsible for identifying and agreeing the type and level of training required to ensure that any member of school staff providing support to a pupil with medical needs has received suitable training.

They are also responsible for whole school awareness training.

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

Schools are required to install a defibrillator as part of their first-aid equipment.

The child's role in managing their own medical needs

After discussion with parents/carers, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within the IHP which should indicate what, if any, level of support and supervision is required.

Parents/carers should make the school aware if their child suffers from any allergies, in particular if allergens have been identified and the child requires an EpiPen. The presence in school of a susceptible child must be made aware to all staff, especially including the catering staff. **Children are identified by photographs displayed in a manner and location that allows the data to be as secure as possible.**

Anaphylaxis, EpiPens and asthma inhalers

General epipens and asthma inhalers are stored at each school as spares in case of emergency. Storage of Epipens should be relevant to the manufacturer's guidelines eg. in the school medical fridge, the classroom or the medical cupboard.

First Aiders in school need to be up to date with resuscitation procedures and the treatment of anaphylaxis.

A written protocol for treatment of anaphylaxis should be kept at each EpiPen location.

If a child cannot self-manage, then relevant staff should help to administer medicines and manage procedures for them.

Adrenaline (EpiPen) should only be administered to children to whom it has been prescribed except in an exceptional emergency. This should be by a person who has received training and feels competent to use the device.

If a child is suspected of having an anaphylactic reaction for the first time the Emergency Services should be called immediately (999). The operator will tell you how to manage the casualty while you wait for the ambulance.

A child's refusal to take a medicine or carry out a necessary procedure should be dealt with in accordance with the IHP.

For further information, please refer to our Allergy Policy (due to be produced for the new regulatory guidance)

Managing medicines on school premises

The procedures to follow are: -

- Medicines should only be administered at school when it is detrimental to a child's health or school attendance not to do so.
- Medicines (both prescription and non-prescription) must only be administered to a child where written permission for that medicine has been obtained from the child's parent/carer. All schools must keep a written record each time a medicine is administered to a child and inform the child's parents/carers on the same day, or as soon as reasonably practicable.
- Non-prescription medicines, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.

NB: The schools only administer non-prescription medicines on residential school trips and then with prior written parental/carer consent (see Appendix 3 for parental agreement template). Any situations when non-prescription medicines are administered on residential trips are logged and signed by a witness.

- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- The schools should only accept prescribed medicines that are in-date, labelled with the child's name and date of birth, provided in the original container as dispensed by a doctor, dentist, nurse or 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 the school inside an insulin pen or a pump, rather than in its original container.
- All medicines should be stored safely. Children should always know where their medicines are and be able to access them immediately. Where relevant, they should 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, eg on school trips.
- A child who has been prescribed a controlled drug (except for attention deficit hyperactivity disorder medication) 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. The schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access.
- Controlled drugs should be easily accessible in an emergency, and reference must be made to the accessibility of medicines in the Business Continuity Plan for the school. A record should be kept of any doses used and the amount of the controlled drug held in school (see Appendix 4 for template of record).
- 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.

- When no longer required, medicines should be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Record keeping

The Headteacher should ensure that written records are kept of all medicines administered to children.

Emergency procedures

A child's IHP will clearly identify what constitutes an emergency and explains what to do including ensuring all relevant staff are aware of emergency symptoms and procedures.

Day trips, residential visits and sporting activities

The Trust's arrangements are clear and unambiguous about the need to support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The Risk Assessment for the trip or visit or sporting activity will consider these medical conditions.

Unacceptable practice

The Trust considers that the following practice is not generally acceptable:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that every child with the same condition requires the same treatment.
- Ignoring the views of the child or their parents; or ignoring medical evidence or opinion (although this may be challenged).
- Sending children with medical conditions home frequently or preventing them from staying for normal school activities, including lunch, unless this is specified in their Individual Healthcare Plans.
- If the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalising children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Requiring parents/carers, or otherwise making them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs.

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- Preventing children from participating or creating unnecessary barriers to children participating.
 - In any aspect of school life, including school trips, eg by requiring parents/carers to accompany the child.

Liability and indemnity

The Trust Board will ensure that the appropriate level of insurance to cover administering medicine and healthcare procedures as necessary is in place.

Complaints

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

Appendix 1

Section 1

Each school is an inclusive community that aims to support and welcome pupils with medical conditions

- Spring Trust schools are welcoming and supportive of pupils with medical conditions. They strive to provide children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils.
- Trust schools will listen to the views of pupils and parents/carers.
- Parents/carers of pupils with medical conditions feel secure in the care their children receive at the schools.
- Staff at the schools understand that certain medical conditions are serious and can be potentially life- threatening, particularly if ill managed or misunderstood.
- All staff understand their duty to care for children and young people and know what to do in the event of an emergency.
- All staff understand the common medical conditions that affect children at schools. Staff receive training on the impact this can have on pupils.
- Pupils with medical conditions are encouraged to take control of their condition. Staff at the schools provide support to help them do this.
- The medical conditions policy is understood and supported by the schools and local health community.

Section 2

The Trust's medical conditions policy has been drawn up in consultation with a wide range of local key stakeholders within both the school and health settings

These stakeholders include:

- Pupils with medical conditions
- Parents/carers
- School nurse
- The Senior Leadership Team
- All staff

Section 3

The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation

- Parents/carers are informed and regularly reminded about the medical conditions policy:
 1. Via the school's website, where it is available all year round
 2. When their child is enrolled as a new pupil
- School staff, including sports coaches, are informed and regularly reminded about the medical conditions policy:
 1. At scheduled medical conditions training

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2. Through copies of individual pupils' Health Care Plans being distributed to staff involved in their care
 3. Through being made aware of where to locate pupil medical information
- All supply and temporary staff are informed of the policy and their responsibilities.
 - Relevant local health staff are informed and regularly reminded about the Trust's medical conditions policy:
 1. via clinical commissioning group links and the school/community nurse
 2. when the policy is significantly updated (when new guidance is released)

Section 4

All staff understand and are trained in the relevant school's general emergency procedures

- All staff know what action to take in the event of a medical emergency. This includes:
 1. How to contact emergency services and what information to give
 2. who to contact within the relevant school.
- Training is refreshing for all staff at least once a year.
- Action to take in a general medical emergency is displayed in prominent locations for staff. These include classrooms, the staff room, food preparation areas and sporting facilities.
- If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent/carer arrives. The schools try to ensure that the staff member will be one the pupil knows.

Section 5

The Trust has clear guidance on the administration of medication at school

Administration – emergency medication

- Emergency medication can be easily accessed by all pupils at the schools with medical conditions.
- All pupils are encouraged to carry and administer their own emergency medication, when their parents/carers and health specialists determine they are able to start taking responsibility for their condition. This is also the arrangement on any off-site or residential visits.
- Pupils who do not carry and administer their own emergency medication know where their medication is stored and how to access it.

Administration – General

- All use of medication defined as a controlled drug (as defined in the Misuse of Drugs Act 1971), even if the pupil can administer the medication themselves, is done under the supervision of a named member of staff at the schools.

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- Schools understand the importance of medication being taken as prescribed.
 - Some members of staff at the schools have been specifically trained to administer medication.
 - Many other members of staff are happy to take on the voluntary role of administering medication. For medication, where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written consent of the pupil's parent/carer.
 - Training is given to all staff members who agree to administer medication to pupils where specific training is needed. Full indemnity is provided by a medical insurance policy.
 - All school staff are aware that they are required, under common law duty of care, to act like any reasonably prudent parent/carer in an emergency. This may include taking action such as administering medication.
 - In some circumstances medication is only administered by an adult of the same gender as the pupil and preferably witnessed with a signature by a second adult.
 - Parents/carers at the schools understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.
 - If a pupil refuses their medication, staff record this and follow procedures. Parents/carers are informed as soon as possible.
 - All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.
 - If a trained member of staff who is usually responsible for administering medication is not available, the relevant school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.
 - If a pupil misuses medication, either on their own or another pupil's, their parent/carers are informed as soon as possible. These pupils are subject to the Trust's usual disciplinary procedures.

Section 6

The schools have clear guidance on the storage of medication at school.

Safe storage – Emergency Medication

- Emergency medication is readily available to pupils who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.
- All pupils are encouraged to carry and administer their own emergency medication, when their parents/carers and health specialists determine they are able to start taking responsibility for their condition.
- Pupils, whose healthcare professionals and parents/carers advise the school that their child is not yet able or old enough to self-manage and carry their own emergency medication, know exactly who to ask and where to access their emergency medication.

Safe Storage – Non-Emergency Medication

- All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place.
- Pupils with medical conditions know where their medication is stored and how to access it.
- Staff ensure that medication is only accessible to those for whom it is prescribed.

Safe Storage – General

- There is an identified member of staff who ensures the correct storage of medication at school.
- All controlled drugs are kept in a locked safe and only named staff have access, even if pupils normally administer the medication themselves.
- A system is in place to flag expiry dates for all medication stored at school.
- All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- Medication is stored in accordance with instructions, paying particular note to temperature.
- Some medication for pupils may need to be refrigerated. All refrigerated medication is stored in its own container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.
- All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays.
- It is the parents/carers' responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

Safe Disposal

- If parents/carers do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.
- Sharps boxes are used for the disposal of needles. Parent/carers obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps' boxes in this school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.
- If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for
 - its safe storage and return to a local pharmacy or to school or the pupil's parent/carer.
 - Collection and disposal of sharps boxes is arranged with the advice of the school nurse.

Section 7

The schools have clear guidance about record keeping.

Enrolment Forms

- Parents/carers are asked if their child has any health conditions or health issues on the enrolment form, which is filled out when the child first starts school. Parents/carers of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.

Individual Healthcare Plans

Drawing up Individual Healthcare Plans (see Appendices)

- The schools use an Individual Healthcare Plan to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Individual Healthcare Plan if required.

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- If a pupil has a short-term medical condition that requires medication during school hours, a medication form is given to the pupil's parents/carers to complete.
 - The parents/carers, healthcare professionals and pupil (when appropriate) with a medical condition (as appropriate), are asked to fill out the pupil's Healthcare Plan together. The school also ensures that a relevant member of school staff is present, if required, to help draw up a Healthcare Plan for pupils with complex healthcare.

School Individual Healthcare Plan Register

- A centralised register of pupils with medical needs is kept at each school. The relevant Inclusion Lead has responsibility for the register.
- The Inclusion Lead follows up with the parents/carers any further details on a pupil's Individual Healthcare Plan if required or if permission for administration of medication is unclear or incomplete.

Ongoing Communication and Review of Individual Healthcare Plans

- Parents/carers at the schools are reminded to update their child's Individual Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.
- Every pupil with an Individual Healthcare Plan at the school has their plan discussed and reviewed at least once a year.

Storage and Access to Individual Healthcare Plans

- Parents/carers of pupils are provided with a copy of the pupil's current agreed Individual Healthcare Plan.
- Individual Healthcare Plans are kept in a secure central location at the relevant school and on the school's shared drive.
- As well as the central copy, the Inclusion Lead securely holds copies of pupils' Individual Healthcare Plans. These copies are updated at the same time as the central copy.
- All members of staff who work with groups of pupils have access to the Healthcare Plans of pupils in their care.
- When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Individual Healthcare Plans of pupils in their care.
- Schools ensure that all staff protect pupils' confidentiality.
- The schools discuss with the parent/carer when sharing any medical information with any other party, such as when a pupil takes part in a school outing or residential school visit.

Use of Individual Healthcare Plans

Individual Healthcare Plans are used by the schools to:

- Inform the appropriate staff and supply teachers about the individual needs of a pupil with a medical condition in their care.
- Identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. Schools use this information to help reduce the impact of common triggers.
- Ensure the school's local emergency care services have a timely and accurate summary of a pupil's
- current medical management and healthcare in the event of an emergency.

Consent to administer medicines

- If a pupil requires regular prescribed medication at school, parents/carers are asked to provide consent on their child's Individual Healthcare Plan, giving the pupil or staff permission to administer medication on a regular/daily basis, if required. A separate form is sent to parents/carers for pupils taking short courses of medication.
- If a pupil requires regular/daily help in administering their medication, then the school outlines the school's agreement to administer this medication on the pupil's Individual Healthcare Plan. The school and parents/carers keep a copy of this agreement.
- Parents/carers of pupils with medical conditions at this school are all asked during medical/ Individual Healthcare Plan reviews if they and their child's healthcare professional believe the child is able to manage, carry and administer their own emergency medication (as appropriate).

Residential visits

- Parents/carers of children with Individual Healthcare Plans are sent a residential visit form to be completed and returned to school and meet with designated school staff shortly before their child leaves for an overnight or extended day visit. This form/meeting covers up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupils manage their condition while they are away. This includes information about medication not normally taken during school hours.
- All residential visit forms are taken by the relevant staff members on visits and for all out-of-school hours' activities where medication is required. These are accompanied by a copy of the pupil's Individual Healthcare Plan.
- All parents/carers of pupils with medical conditions attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.
- The residential visit form also details what medication and what dosage the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupils manage their condition while they are away.

Other record keeping

- Parents/carers will be informed if their child has been unwell at school.
- The schools keep an accurate record of each occasion an individual pupil is given or supervised by taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents/carers are informed as soon as possible.
- The schools hold training on common medical conditions once a year. A log of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive training.
- All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The schools keep a register of staff who have had the relevant training.
- The schools keep an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

Section 8

The schools ensure 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.

Physical environment

- The schools are committed to providing a physical environment that is accessible to pupils with medical conditions.
- The school commitment to an accessible physical environment includes out-of-school visits. The schools recognise that this sometimes means changing activities or locations.

Social interaction

- Schools ensure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.
- Schools ensure the needs of pupils with medical conditions are adequately considered to ensure they have full access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits. This may include providing additional 1:1 support if the pupil's Individual Support Assistant cannot be present.
- All staff are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the Trust's behaviour policy.
- Staff use various opportunities to raise awareness of medical conditions amongst pupils and to help create a positive social environment such as our days that raise awareness of specific medical conditions.

Exercise and physical activity

- The schools understand the importance of all pupils taking part in sports, games and activities.
- The schools ensure all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.
- The schools ensure all classroom teachers, PE teachers and sports coaches understand that pupils should not be forced to take part in an activity if they feel unwell.
- Teachers and sports coaches are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities.
- The schools ensure all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimize these triggers.
- The schools ensure all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.
- Schools ensure all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

Education and learning

- The schools ensure that pupils with medical conditions can participate fully in all aspects of the curriculum and ensure that appropriate adjustments and extra support are provided.
- If a pupil is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers understand that this may be due to their medical condition.

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- Schools ensure that lessons about common medical conditions are incorporated into appropriate parts of the curriculum.
 - Pupils learn in time about what to do in the event of a medical emergency.

Residential visits

- Risk assessments are carried out prior to any out-of-school visit and medical conditions are considered during this process. Factors this school considers include how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.
- The schools understand that there may be additional medication, equipment or other factors to consider when planning residential visits.
- Risk assessments are carried out before pupils start any off-site educational placement. It is the relevant school's responsibility to ensure that the placement is suitable, including travelling to and from the venue for the pupil. Permission is sought from the pupils' parents/carers before any medical information is shared with another education provider.

Section 9

The schools are aware of the common triggers that can make medical conditions worse or can bring on an emergency.

- The schools are committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.
- School staff have been given training on medical conditions. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions.
- The schools use Individual Healthcare Plans to identify individual pupils who are sensitive to particular triggers.
- Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, including residential visits, taking into account the needs of pupils with medical conditions.
- Schools review medical emergencies and incidents to see how they could have been avoided.
- Changes to the Trust's policy and procedures are implemented after each review as appropriate.

Section 10

Each member of the school and health community knows their roles and responsibilities in maintaining an effective Medical Conditions Policy.

The schools work in partnership with all interested and relevant parties including all school staff, parents/carers, community healthcare professionals and pupils to ensure the policy is planned, implemented and maintained successfully. The following roles and responsibilities are used for the Medical Conditions Policy at the schools. These roles are understood and communicated regularly.

The Trust has a responsibility to:

- Ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips.
- Ensure health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions.
- Make sure the Supporting Pupils with Medical Conditions Policy is effectively monitored and evaluated and regularly updated.
- Approve the policy according to review recommendations and recent local and national guidance and legislation
- Provide indemnity for staff who volunteer to administer medication to pupils with medical conditions.

The Headteachers have a responsibility to:

- Manage the day-to-day implementation and management of the Supporting Students with Medical Conditions Policy and procedures.
- Make staff aware of this policy.
- Make staff who need to know aware of a child's medical condition.
- Develop Individual Healthcare Plans (IHPs).
- Ensure a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- If necessary, facilitate the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Ensure the correct level of insurance is in place for teachers in line with this policy.
- Contact the school nursing service in the case of any child who has a medical condition.
- Ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks.
- Liaise between interested parties including pupils, school staff, the Assistant Head with Inclusion, the Family Worker, education welfare officers, teaching assistants, school nurses, parents/carers, the school health service, the local authority transport service, and local emergency care services.
- Ensure the policy is put into action, with good communication of the policy to all.
- Ensure every aspect of the policy is maintained.
- Ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils' Individual Healthcare Plans.
- Ensure pupil confidentiality.
- Assess the training and development needs of staff and arrange for them to be met.
- Ensure all supply and new staff know the Supporting Pupils with Medical Conditions Policy.
- Delegate a staff member to check the expiry date of medicines kept at school, keep the electronic record up to date and maintain the school medical conditions register.
- Monitor and review the policy at least once every 3 years, with input from pupils, parents/carers, staff and external stakeholders
- Report back to all key stakeholders about implementation of the Supporting Pupils with Medical Conditions Policy.

All staff at the schools have a responsibility to:

- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- Understand the Trust's Supporting Pupils with Medical Conditions Policy
- Know which pupils in their care have a medical condition and be familiar with the content of the pupil's Individual Healthcare Plan
- Allow all pupils to have immediate access to their emergency medication
- Maintain effective communication with parents/carers including informing them if their child has been unwell at school
- Ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom
- Be aware of pupils with medical conditions who may be experiencing bullying or need extra social support
- Understand the common medical conditions and the impact it can have on pupils (pupils should not be forced to take part in any activity if they feel unwell)
- Ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- Ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

Teachers at the schools have a responsibility to:

- Ensure pupils who have been unwell receive support to catch up on missed schoolwork.
- Be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it.
- Liaise with parents/carers, the pupil's healthcare professionals, the Inclusion Lead welfare officers if a child is falling behind with their work because of their condition.
- Use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

The school nurses have a responsibility to:

- Help provide regular training for school staff in managing the most common medical conditions at school.
- Provide information about where the schools can access other specialist training courses.

First aiders have a responsibility to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school.
- When necessary, ensure that an ambulance or other professional medical help is called.

The Inclusion Leads have the responsibility to:

- Help update the Trust's Supporting Pupils with Medical Conditions Policy.
- Liaise with healthcare professionals regarding the training required for staff.
- Know which pupils have a medical condition and which have special educational needs because of their condition.
- Keep a database of medical needs
- Make the necessary arrangements if a pupil needs special consideration or access arrangements in SATs and ensure that teachers are aware of their responsibility to make the equivalent arrangements for other test situations

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- Ensure the policy is developed effectively with partner agencies
 - Help update the Trust's Supporting Pupils with Medical Conditions Policy.
 - Know which pupils have a medical condition and which have special educational needs because of their condition.
 - Ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.

Individual doctors and specialist healthcare professionals caring for pupils who attend the schools, have a responsibility to:

- Complete the pupil's Individual Healthcare Plans provided by parents/carers.
- Where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours.
- Offer every child or young person (and their parents/carers) a written care/self-management plan to ensure children and young people know how to self-manage their condition.
- Ensure the child or young person knows how to take their medication effectively.
- Ensure children and young people have regular reviews of their condition and their medication.
- Provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents/carers).
- Understand and provide input to the Supporting Pupils with Medical Conditions Policy.

Emergency care service personnel in this area have a responsibility to:

- Have an agreed system for receiving information held by the schools about children and young people's medical conditions, to ensure best possible care.

The pupils at the schools have a responsibility to:

- Treat other pupils with and without a medical condition equally.
- Tell their parents/carers, teacher or nearest staff member when they are not feeling well.
- Let a member of staff know if another pupil is feeling unwell and let any pupil take their medication when they need it and ensure a member of staff is called.
- Treat all medication with respect.
- Know how to gain access to their medication in an emergency.
- If mature and old enough, know how to take their own medication and to take it when they need it.
- Ensure a member of staff is called in an emergency situation.

The parents*/carers of a child at the schools have a responsibility to:

- Tell the school if their child has a medical condition.
- Ensure the school has a complete and up-to-date Individual Healthcare Plan for their child.
- Inform the school about the medication their child requires during school hours.
- Inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities.
- Tell the school about any changes to their child's medication, what they take, when, and how much.
- Inform the school of any changes to their child's condition.
- Ensure their child's medication and medical devices are labelled with their child's full name.
- Provide the school with appropriate spare medication labelled with their child's name.
- Ensure that their child's medication is within expiry dates.
- Keep their child at home if they are not well enough to attend school
- Ensure their child catches up on any schoolwork they have missed.

- Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional.
- Ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

* The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

The Local Authority have a responsibility to:

- Promote co-operation between relevant partners – such as clinical commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.
- Along with clinical commissioning groups (CCGs) make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).
- Provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- work with the school to support pupils with medical conditions to attend full-time.
- Make other arrangements where, because of their health needs, pupils are not able to receive a suitable education in this mainstream school.
- Be ready to make arrangements when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Section 11

This policy is regularly reviewed, evaluated and updated.

The Supporting Pupils with Medical Condition policy is reviewed at least once every three years and updated every year as needed in line with the Trust's policy review timeline. New Department for Education and Department of Health and Social Care guidance is actively sought and fed into the review.

In reviewing and evaluating the Policy, the schools seek feedback on the effectiveness and acceptability of the policy with a wide range of key stakeholders within the school and health settings. These key stakeholders include:

- Pupils
- Parents/carers
- School nurse and/or school healthcare professionals
- Head teacher
- Teachers and support staff
- The Special Educational Needs Coordinator/ Inclusion Lead
- The school's Family Worker
- First aiders
- All other school staff
- Trustees

The views of pupils with various medical conditions are actively sought and considered central to the evaluation process.

Spring Trust

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