



SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY

1 Policy Statement Aims and Principles

- 1.1 Cannock Chase High School is an inclusive community that welcomes and supports students with medical conditions. The school aims to ensure that all students with a medical condition can access and enjoy the same opportunities as any other student at school.
- 1.2 We will help students to:
 - be healthy;
 - stay safe;
 - enjoy and achieve;
 - make a positive contribution;
 - achieve economic wellbeing once they leave school.
- 1.3 The school is committed to ensuring that all staff understand their duty of care to children and young people in the event of an emergency and that all staff feel confident in knowing what to do when emergency assistance is required.
- 1.4 The policy framework describes the essential criteria for how Cannock Chase High School can meet the needs of children and young people with long-term medical conditions.
- 1.5 This policy aims to:
 - Set out a clear structure for how our school will support students with medical conditions;
 - Ensure that students with medical conditions are properly supported to participate fully in all aspects of school life and access the same education as other students, including school trips, visits, physical and other activities.
- 1.6 The Governing Body is responsible for the implementation of this policy by:
 - Ensuring that sufficient relevant staff receive appropriate training to enable them to carry out their role to support students with medical conditions;
 - Ensuring that staff are made aware of medical conditions of students where appropriate;
 - Ensuring that there is sufficient cover to enable continuous support for students with medical conditions in the event of staff absence;
 - Ensuring that any agency supply teachers understand their duty of care to students in an emergency are provided with appropriate information about both this school policy and about relevant students in their care;

- Developing and monitoring individual healthcare plans (IHPs) in conjunction with parents, students and actively engaging relevant healthcare professionals.

1.7 Key definitions used within this policy:

- **‘Medication’** is defined as any prescribed over the counter medicine;
- **‘Prescription medication’** is defined as any drug or device prescribed by a doctor;
- **‘Home remedies’** is defined to mean any medication that can be purchased over the counter in a pharmacy or herbal supplier that is designed to alleviate discomfort from illness.

The named person with responsibility for implementing this policy is Mr P Harvey.

2. Legislation and Statutory Responsibilities

2.1 This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on the Governing Body to make arrangements for supporting students at their school with medical conditions.

2.2 It is also based on the Department for Education’s statutory guidance on [supporting pupils with medical conditions at school](#).

2.3 This policy also complies with our funding agreement and articles of association.

3. Roles and Responsibilities

The Governing Body

- 3.1 The Governing Body has ultimate responsibility to make arrangements to support students with medical conditions to enable the fullest participation possible in all aspects of school life. The Governing Body will ensure that:
- sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions;
 - any members of school staff who provide support to students with medical conditions are able to access all relevant healthcare information and other support materials when needed.

The Headteacher

- 3.2 The Headteacher 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 (IHPs), including in contingency and emergency situations;
 - Ensure that all staff who need to know are made promptly aware of a child’s condition, including agency supply staff where appropriate;

- Take overall responsibility for the development of IHPs;
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way;
- Ensure that contact is made with the school nursing service in the case of any student 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;
- Work with the local authority and education provider to ensure that a child returning to school following a period of hospital education or alternative provision (including home tuition) receives the support they need to reintegrate effectively.

Staff

- 3.3 Supporting students 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 students with medical conditions, although they will not be required to do so. This includes the administration of medicines.
- 3.4 Those staff who take on the responsibility to support students with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.
- 3.5 Teachers will take into account the needs of students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

Parents

- 3.6 Parents will:
- Provide the school with sufficient and up-to-date information about their child's medical needs;
 - Be involved in the development and review of their child's IHP and may be involved in its drafting;
 - Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

Students

- 3.7 Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

School nurses and other healthcare professionals

- 3.8 The school nursing service will notify the school when a student has been identified as having a medical condition that will require support in school. This will be before the student starts at the school, wherever possible. They may also support staff to implement a child's IHP through the provision of advice, training and other support, including liaison with other medical professionals.
- 3.9 Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any students identified as having a medical condition that will require support at school. They may also provide advice on developing IHPs.

4. Equal Opportunities

- 4.1 Our school is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- 4.2 The school aims to be an inclusive environment and will therefore endeavour to obtain good attendance from all students, including those with medical needs. We will not send students home frequently or prevent them from taking part in activities at school where possible. Where absences relate to their condition then students will not be penalised.
- 4.3 The school understands that students with the same condition may require different treatment and support, therefore it is our policy to involve the student (if applicable) and their parents when making support arrangements for an individual. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- 4.4 The school will consider what reasonable adjustments need to be made to enable these students to participate fully and safely in lessons, on school trips, visits and sporting activities. Where reasonable adjustments are not possible, the school will inform the student/parents of any alternative arrangements that will be put in place.
- 4.5 Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents and any relevant healthcare professionals will be consulted.

5. Being Notified that a Child has a Medical Condition

- 5.1 When the school is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHP.
- 5.2 Where a new student with a pre-existing medical condition commences education at our school, arrangements will be put in place by the beginning of the relevant term. In cases

where students start at school mid-way through a term or have a new diagnosis, the school will make every effort to ensure that arrangements are put into place within 2 weeks.

See Appendix 1.

6. Individual Healthcare Plans (IHP)

- 6.1 The Headteacher has overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to Assistant Headteacher Behaviour and Attitudes.
- 6.2 There is a centralised register of IHPs, and the Assistant Headteacher Behaviour and Attitudes has the responsibility for ensuring that this register is kept up to date.
- 6.3 **A physical copy of all IHPs are kept in the Reception Office** and, where relevant, every teacher of the student is provided with a copy, e.g. if a student has diabetes.
- 6.4 Plans will be reviewed at least annually or when a student's medical circumstances change, whichever is sooner.
- 6.5 Plans will be developed with the student's best interests in mind and will set out:
 - What care a child needs in school;
 - When they need care;
 - Who is going to administer it;
 - What help the child needs in the event of an emergency.
- 6.6 Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.
- 6.7 Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nursing service, paediatrician or medical specialist who can best advise on the student's specific needs. The student will be involved wherever appropriate. The IHP will include information on the impact any health condition may have on a student's learning, behaviour or classroom performance.
- 6.8 IHPs will be linked to, or become part of, any education, health and care (EHCP) plan. If a student has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.
- 6.9 It is the responsibility of the parent/carer to advise the school of any changes to the treatment and support required.
- 6.10 The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Assistant Headteacher Behaviour and Attitudes with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:
 - The medical condition, its triggers, signs, symptoms and treatments;

- The student’s resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;
- Specific support for the student’s educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student’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 student’s condition and the support required;
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the student 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 student can participate, through completion of a risk assessment. Staff leading and supervising the visit will be made aware all students with a medical condition in attendance on the trip, relevant medication required including any triggers and what reasonable adjustments need to be made in order to accommodate them. The school will ensure that identified staff attending the trip or visit have received relevant training before the trip takes place. A Risk Assessment will be completed accordingly;
- Where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student’s condition will be agreed between the parents/student and the Assistant Headteacher Behavior and Attitudes;
- What to do in an emergency, including who to contact and contingency arrangements;
- Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings. The school seeks permission from parents before sharing any medical information with any other party;
- The school will make every endeavor to keep in touch with a child when they are unable to attend school because of their condition and to provide remote learning where this is appropriate.

7. Training

All staff receive training on how to deal with common medical conditions and are aware of their duty of care to students in the event of an emergency.

- 7.1 Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training to do so, including what to do in an emergency.

- 7.2 The training will be identified during the development or review of IHPs. Staff who provide support to students with medical conditions will be included in meetings where this is discussed.
- 7.3 The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with Assistant Headteacher Behaviour and Attitudes. Training will be kept up to date through an ongoing refresher training programme.
- 7.4 Training will:
- Be sufficient to ensure that staff are competent and have confidence in their ability to support the students;
 - Fulfil the requirements in the IHPs;
 - Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures;
 - Ensure that staff are aware that Reception is the main point of contact to seek First Aid support and is also where all medication is held.
- 7.5 Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- 7.6 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 signs and symptoms of illness and what action to take when a problem occurs. This will be provided for new staff during their induction.
- 7.7 Records of training undertaken and a list of staff members qualified to undertake responsibilities under this policy will be maintained in the Business Services Office.

8. Emergencies

- 8.1 Staff will follow the school's normal emergency procedures (for example, calling 999) unless an IHP is in place which amends the emergency procedures for a student. All students' IHPs will clearly set out what constitutes an emergency and will explain what to do.
- 8.2 If a student needs to be taken to hospital, a member of staff will remain with the student until the parent or known carer arrives.
- 8.3 All staff will be made aware of the procedures to be followed in the event of an emergency. Students will be informed in general terms of what to do in an emergency i.e. telling a member of staff.
- 8.4 All medical emergencies and incidents will be reviewed to identify how they could have been avoided or procedures for dealing with emergencies can be improved and changes are made to school policy and procedures accordingly.

9 Managing Medicines

9.1 Medication administration within school

9.1.1 Where possible, it is preferable for medicines to be prescribed at frequencies that allow the student to take them outside of school hours. If this is not possible, the following policy will apply.

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

- When it would be detrimental to the student's health or school attendance not to do so; **and**
- Where the parent has given written consent.

The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parents. In such circumstances, every effort will be made by relevant school staff to persuade the student to inform parents.

9.1.3 Each item of medication must be delivered to the First Aid Coordinator, or to Reception if the First Aid Coordinator is not available. Medications provided by other individuals, and passing medication to another student will not be permitted on school premises and if found will be dealt with under the **Behaviour Policy** and **Drug Policy**.

9.1.4 Medication must be provided in the original secure container with the dispensing label. Medication will only be accepted if the school has received a completed Administering and Storing Medication Form (available from the school or attached to this policy) and each item of medication must be clearly labelled with the following information:

- Student's Name;
- Name of medication;
- Dosage (how much and for how long);
- Frequency of administration;
- Date of dispensing;
- Storage requirements (if important);
- Expiry date;
- Amount of medication provided – please note that the academy will only accept a maximum of four weeks supply or until the end of the current term, whichever is sooner.

Medicines which do not meet these criteria will not be administered.

9.1.5 The school will make sure that there is more than one member of staff who has been trained to administer the medication and meet the care needs of an individual child. The school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies that may arise.

9.1.6 It is the responsibility of the parents to renew medication when supplies are running low, to ensure that the medication supplied is within its expiry date and to notify the school in writing if the student's need for medication has ceased.

9.1.7 The school may request additional information (such as doctor's note or prescription slip) prior to administering medication. This will only be done in rare situations where the school

believes that this is a reasonable request. Renewed authorisation or additional information may also be requested where medication is taken for a prolonged period without diagnosis, this will ensure that the correct medication and dosage are still being administered by the school.

9.1.8 The school will not make changes to dosages on parental instructions alone. For prescription medication, a doctor's note or new prescription slip will be required and for non-prescribed medication any alteration must be within the recommended guide appropriate for the type of medication.

9.1.9 Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

9.1.10 Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be contacted to give consent to administer ad-hoc medication such as pain relief and this consent will be recorded.

9.1.11 The school will only accept prescribed medicines that are:

- In-date;
- Labelled;
- Provided in the original container, as dispensed by the pharmacist and include instructions for administration, dosage and storage.

9.1.12 The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

9.1.13 Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

9.2 Storage

9.2.1 **All medicines will be stored securely in the Reception Office (Lower Site).** Students will be informed about where their medicines are and will be able to access them immediately when they are needed. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to students and not locked away.

9.2.2 Only authorised academy staff will have access to where medication is stored. No student will be left unaccompanied where medication is accessible.

9.3 Disposal of medication

9.3.1 Medicines will be returned to parents to arrange for safe disposal when no longer required.

9.3.2 Academy staff will not dispose of any medicines.

9.4 Controlled drugs

- 9.4.1 [Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.
- 9.4.2 A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another student to use. All other controlled drugs are kept in a secure cupboard in the school Reception Office and only named staff have access.
- 9.4.3 If a controlled drug is required to be administered, this will only be done by a qualified staff member who is fully trained in administering that particular type of drug. Medication will be administered by a First Aider in the Reception Office as agreed with parent/carer.
- 9.4.4 Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept in Reception.

9.5 Students managing their own needs

- 9.5.1 Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHP.
- 9.5.2 Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school. This will be assessed by the First Aid Coordinator and will depend on the type of medication (and potential consequences if mis-administered) and the competency of the child to self-administer.
- 9.5.3 In some cases, a child may be given permission to self-administer the medication under supervision from a staff member to safeguard against accidental overdose. In these cases, the medication will be appropriately stored by the school who will allow the student access as needed.
- 9.5.4 Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed. Any refusal to take medication will be recorded.
- 9.5.5 If a student does not take the medication expected to be taken on a day or for a period, then the reason for this will be recorded. Reasons could include: student absence; parents collecting the student to administer medication themselves; student not turning up for medication where this is the arrangement.
- 9.5.6 Other medication required on a short term or ad-hoc basis will be administered by a First Aider in the Lower Site Reception Office as agreed with the parent/carer (e.g. paracetamol/antibiotics).

9.5.7 The school cannot be held responsible for side effects which occur from any medication taken. Any side effects suffered by the student will be noted and the school first aid or emergency procedures will be implemented when necessary.

9.5.8 Staff members may refuse to administer medication. If a staff member refuses to administer medication, the Headteacher will delegate the responsibility to another staff member.

9.6 Record keeping

9.6.1 The school will keep written records of all medicine administered to students. Records will be held in Reception and will include:

- The medication stored;
- The quantity;
- When the medication has been taken;
- Reasons for medication not being administered when medication was expected to be taken;
- Any medication returned to parents/carers and the reason.

9.6.2 Parents will be informed if their child has been unwell at school.

9.6.3 Medication records will be made available for parents on request.

9.6.4 Physical copies of IHPs are held in Reception and also attached to the student's medical record on SIMS. Where appropriate, every teacher of the student will be provided with a copy.

9.7 Unacceptable practice

9.7.1 School staff should use their discretion and judge each case individually with reference to the student's IHP, but it is generally not acceptable to:

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary;
- Assume that every student with the same condition requires the same treatment;
- Ignore the views of the student or their parents;
- Ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs;
- If the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise students for their attendance record if their absences are related to their medical condition and this is confirmed by medical evidence, e.g. hospital appointments;
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No

parent should have to give up working because the school is failing to support their child's medical needs;

- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child;
- Administer, or ask students to administer, medicine in school toilets.

10. Liability and Indemnity

- 10.1 The Governing Body will ensure that a suitable level of insurance is in place that appropriately reflects the school's level of risk.
- 10.2 Full written insurance policy documents are available to be viewed by members of staff who are providing support to students with medical conditions. Those who wish to see the documents should contact the Executive Business Manager.

11. Complaints

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

12. Monitoring arrangements

- 12.1 This policy will be reviewed and approved by the Governing Body every 3 years or earlier if the following circumstances apply:
- Changes in legislation and/or Government guidance;
 - As a result of any other significant change or event;
 - In the event that the policy is determined not to be effective.
- 12.2 If there are urgent concerns these should be raised with the Headteacher in the first instance for them to determine whether a review of the policy is required in advance of the review date.

13. Related Policies

Accessibility Arrangement Policy/Plan
Complaints Policy
Equality within CCHS
First Aid Policy
Health and Safety Policy
Safeguarding Policy
Special Educational Needs Policy

Being Notified a Child has a Medical Condition

