



<b>Name of Policy</b>	<b>Supporting pupils with a medical condition policy</b>
<b>School Lead</b>	Assistant Head Pastoral
<b>Governor Lead</b>	FGB
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<b>Chair of Governors sign off signature and date</b>	<i>B. Temple</i> 11.3.24

## Contents

1. Policy Statement.....	2
2. Aims .....	2
3. Roles and responsibilities .....	2
4. Equal opportunities .....	3
5. Identifying a need for an Individual healthcare Plan .....	3
6. Individual healthcare plans .....	4
7. Managing medicines.....	4
8. Controlled drugs.....	5
9. Pupils managing their own needs .....	5
10. Unacceptable practice .....	6
11. Emergency procedures.....	6
12. Record keeping.....	6
13. Training .....	6
14. Liability and indemnity.....	7
15. Complaints .....	7
Addendum: Eating disorders.....	8
Appendix 1: Identifying the need for an IHP.....	98
Appendix 2: Individual Healthcare Plan.....	910
Appendix 3; medication consent.....	11
Appendix 4a: Individual child .....	13
Appendix 4b: Record of administration.....	14
Appendix 5: Emergency procedure .....	17

## 1. Policy Statement

Pilgrim School is committed to providing as full an education as possible for all of our pupils.

Pupils receiving an education through our provision are not attending their mainstream school due to a diagnosed medical illness. As such, our provision is bespoke and pupil led.

The Pilgrim School is a hospital school. The profile of need within the school is predominately mental health. Individual Health Care Plans are only to be established and maintained when the health needs of the young person go beyond the normal day-to-day provision of the school.

Our 'normal' offer includes a range of measures to meet both physical and mental health needs and pupils often find that their previous health related barriers to learning are significantly decreased.

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

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

## 2. Aims

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access an education in line with their peer group

The school and governing body will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

## 3. Roles and responsibilities

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions. This includes the administration of medicines. Staff should be made aware that administering medication is a voluntary task.

### **The Governing body:**

- Has ultimate responsibility to make arrangements to support pupils with medical conditions.
- Will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### **The Head teacher 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 individual health care plans are located within an individual pupil passport.

- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way

#### **The Assistant Head Pastoral will:**

- Take overall responsibility for the management of IHPs
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

#### **All school staff will:**

- Liaise with the Children's Nursing team / or other health professionals in the case of any pupil who has a medical condition that may require support at school,
- Ensure they have sufficient and suitable training, and achieve the necessary level of competency before supporting those with medical conditions. Junior members of staff (apprentices) and volunteers will not be asked to administer medication.
- Take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Ensure health needs are met as they develop including medications and retraining.
- Complete required paperwork when administering medication

#### **Parents will:**

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Where relevant, 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

#### **Pupils will:**

- Often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs
- Contribute as much as possible to the development of their IHPs.
- Comply with their IHPs.
- Develop their independent ability to manage their needs.

#### **Healthcare professionals will be asked to:**

- Notify the school when a pupil's medical needs and the support they require in school change
- Liaise with the school to ensure provision is appropriate and relevant to the medical condition

## **4. Equal opportunities**

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will therefore consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

## **5. Identifying a need for an Individual healthcare Plan**

Individual healthcare plans are requested from mainstream schools at point of referral.

When the Pilgrim school is notified that a pupil has a medical condition which may impact on attendance or pose a risk in the school environment, the process outlined in appendix 1 will be followed.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

## 6. Individual healthcare plans

(See appendix 2 – alternative formats are accepted if sent directly from a health professional)

The head teacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Mrs Bev Lee, Assistant Head Pastoral.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans are stored with medication.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an 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 not a consensus, the head teacher will make the final decision. Generally speaking, an individual health care plan is required when the health needs of an individual pupil go beyond the normal provision of the school.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the Assistant Head Pastoral, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. 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
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

## 7. Managing medicines

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

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent (appendix 3). In some circumstances (ad hoc pain relief), we may gain verbal consent e.g. For the administration of paracetamol.
- If pain relief is required on a regular basis and is unprescribed, parents should sign consent and always be contacted administration. Contact may be made with health

professionals if ongoing concern.

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

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

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

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

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

All medicines will be stored safely. Pupils with an IHP will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Non-prescribed medications and medicines may also be collected in from pupil possession dependent on risk factor and other ongoing issues within the school or the individual's needs.

The storage of medication on school trips will be included in individual risk assessments.

Administration of medicines should be logged on the appropriate sheet by the supervising staff member. If staff are required to draw the recommended dosage, a counter-signature should be obtained.

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

Medication is stored in a locked cabinet:

Amber Hill: filing cabinet in store room

Baumber: locker in kitchen

Lincoln: filing cupboard in main office

Any fridge based medication is in staff kitchen in a locked tin.

## 8. Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

All controlled drugs are kept in a secure cupboard on the school premises.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

The medicine log should always be countersigned by two staff members for the administration of controlled drugs.

## 9. Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible and safe to do so. Due to the vulnerability of our cohort, consideration will be given to the type of medication and risk it may pose should other pupils gain access. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

## 10. Unacceptable practice

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues.
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips.
- Administer, or ask pupils to administer, medicine in school toilets

## 11. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until medical professional takes over or the parent arrives, or accompany the pupil to hospital by ambulance.

In some cases there may be a specific procedure to follow which will be highlighted before the pupil starts their Pilgrim journey.

## 12. Record keeping

(See appendix 4a: prescription meds given regularly and 4b: ad hoc medication)

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

Records are kept with medication.

## 13. Training

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

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Assistant Head Pastoral. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. Records will be kept in CPD folders.

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

Emergency procedures are outlined in appendix 5.

## 14. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are with the Local Authority as we are a community maintained school12.

## 15. Complaints

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





## **Addendum: Supporting pupils who present with disordered eating, eating disorders and compulsive exercise**

We recognise that eating disorders are serious illnesses and that there is a strong likelihood that a number of our pupils are affected at any time.

### **We aim to:**

Support pupils who are undergoing treatment, in partnership with the family and treatment providers.

Raise any new concerns around a pupil so that they can get diagnosis and treatment as soon as possible

Take care with the messages we give around eating, exercise and body-shape

### **Our pastoral team**

Arrange or attend meetings with parents and clinicians and keep records.

Liaise with other members of staff and monitor that agreed actions are carried out.

Complete training about eating disorders and compulsive exercise.

Signpost to support agencies where appropriate, eg. BEAT.

### **All other school staff**

Will have basic awareness about eating disorders.

Will share any concerns with the pastoral team and/or Designated Safeguarding Leads.

### **Supporting pupils**

Eating disorders are serious medical conditions that require expert treatment. We will take our lead from supporting health professionals.

We value teamwork with parents. We appreciate they are experts on their child and are often the main asset in a young person's eating disorder treatment.

We will find out from parents and clinicians what we can do to help the pupil in school.

The child's welfare is paramount.

Confidentiality must be subordinate to the need to protect the interest of the child

Strategies may include:

- Providing a quiet room and staff support for pupils to eat at agreed times. The staff's role will be to supervise, not to help the child manage eating.
- We can message parents after each meal to report if it was successful or whether some food was uneaten.
- School staff should not be expected to coax a pupil to eat.

- We will discuss with parents and clinicians what measures need to be taken around exercise.
- Flexible timetabling.
- Monitoring of exercise/caffeine intake/food intake as requested by health.
- Risk assessments for partaking in physical activity.

We appreciate that pupils may need time in hospital, while for others there could be a phase of treatment at home, during which attending school would be counter-productive and studies need to be put on hold.

We will take advice from the parents and the clinical staff. We can provide learning materials or arrange visits from teachers and will support the pupil with a phased return to school when ready.

We strive to make the school a judgement-free place where the whole person is valued, not their looks. We do not comment on people's weight or shape or appearance. We discourage 'fat talk' or 'body talk'. We want to create an ethos of body confidence and reduce stigma.

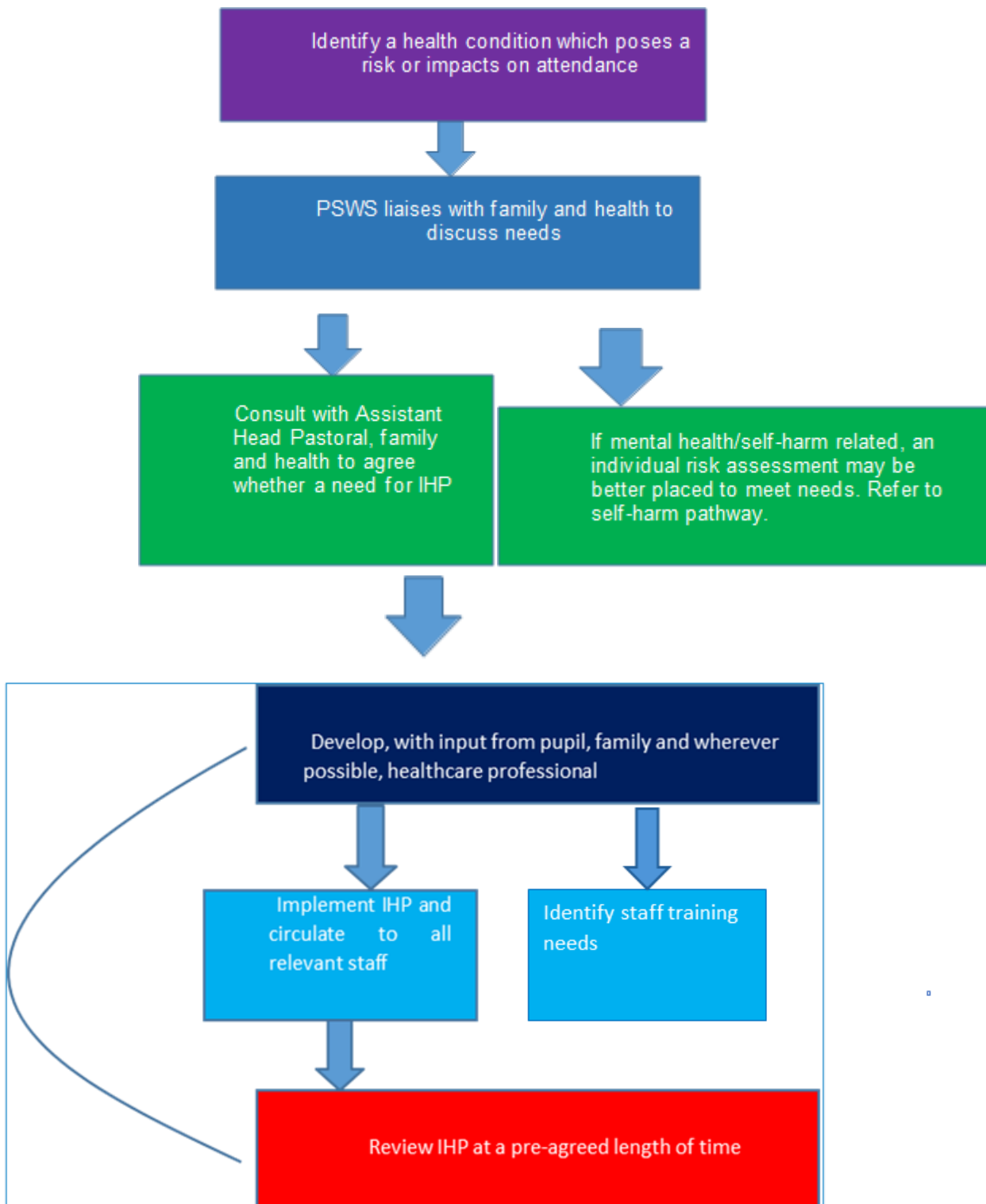
Teaching materials, wherever possible, will be food-neutral and body-shape-neutral.

We take care to have a food-neutral stance. In other words we do not refer to any foods as good or bad, clean, healthy or unhealthy, junk or naughty. Food will not be labelled as 'healthy' and during lessons we will strive to use neutral language.

We use the term 'balanced lifestyle' rather than 'healthy lifestyle'.

Our attitude to exercise is devoid of value-judgements. We consider that exercise is a human need, a source of wellbeing and that it serves a social purpose. We do not endorse any messages that exercise be used to change one's body shape or weight, or to compensate for eating, or that people who exercise are more virtuous. We are aware that with eating disorders and disordered eating, exercise is often just as much a problem as food.

## Appendix 1: Identifying the need for an IHP



## Appendix 2: Individual Healthcare Plan

**Individual healthcare plan**

Name of school/setting:

--

Child's name:

--

Group/class/form:

--

Date of birth:

--

Child's address:

--

Medical diagnosis or condition:

--

Date:

--

Review date:

--

**Family contact information:**

Name:

--

Phone no. (work):

--

(home):

--

(mobile):

--

Name:

--

Relationship to child:

--

Phone no. (work):

--

(home):

--

(mobile):

--

**Clinic/Hospital Contact:**

Name:

--

Phone no.:

--

**G.P.:**

Name:

--

Phone no.:

--

Who is responsible for providing support in school?

--

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

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision.

Daily care requirements.

Specific support for the pupil's educational, social and emotional needs.

Arrangements for school visits/trips etc.

Other information.

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

**To be completed by Pilgrim staff:**

Who is responsible in an emergency? (State if different to off-site activities)

Plan developed with:

Staff training needed/undertaken – who, what, when.

Copied to:





## Appendix 3; medication consent

### Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	PSWS
Name of school/setting	The Pilgrim School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

#### **Medicine**

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

#### **Contact Details**

Name	
Daytime telephone no.	
Relationship to child	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

## Appendix 4a: Individual child

Record of medicine administered to an individual child

Name of school/setting	The Pilgrim School
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

The Pilgrim School

Appendix 4b:  
Record of  
administration

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name





## Appendix 5: Emergency procedure

### **When Contacting emergency services**

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient.

