




BEIS YAAKOV JEWISH HIGH SCHOOL ACADEMY

Supporting pupils with medical conditions policy

Date of approval	September 2024
Date of next review	September 2025
Term of review	Annual
Committee Responsible	Staff and Pupil Welfare
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Signed by Chair of Committee	

Changes Made	Date

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1.Aims

This policy aims to ensure that:

- › 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 the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- › Making sure sufficient staff are suitably trained
- › Making staff aware of pupils' 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)

The person responsible for implementing this policy is Mrs Reznick

2. Overview

We recognise that children may require support for acute, short term and long-term conditions. Acute conditions are, for example: severe asthma attacks or allergic reactions. Short-term conditions are for example finishing a course of antibiotics. Long-term conditions are, for example: controlled epilepsy, diabetes, and asthma requiring daily use of an inhaler, feeding and toileting.

We recognise that children who need support for medical needs have the same rights of admission as other children and that children who have a disability are protected from discrimination by equalities legislation.

We expect parents to refrain from presenting a child who is unfit to attend as advised by a medical practitioner. When we require children to leave for medical reasons it will only be if they need to receive emergency treatment or if their presence is a significant and not easily controlled risk to the health or safety of our personnel or of other children, for example, if they are infectious e.g. they are in the infectious stage of chickenpox. We will send children home after consultation with parents. For attendance at school, this would be an authorised absence, not an exclusion.

We will as far as is reasonable and operationally practical support parents who wish to provide their own support, for example by attending school to administer medicine. However, we will not usually insist that parents attend to provide support and we will endeavour to support children's medical needs without relying solely on parents. Where we cannot provide support via our school staff we will make alternative arrangements for managing children who are in pain, have a chronic medical condition or otherwise require medication.

We will be able to demonstrate that these measures meet statutory requirements for safety and equality legislation, that they are inclusive and that they promote the good health of children.

We will annually review the effectiveness of the support that we provide, for example identifying additional training needs.

3. Legislation and statutory responsibilities

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

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

4. Roles and responsibilities

4.1 The governing board

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

4.2 The headteachers

The headteachers 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 emergencies
- › Ensure that all staff who need to know are aware of a child's condition
- › Take overall responsibility for the development of IHPs

- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

4.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. All teachers are expected to maintain professional standards of care but have no contractual or legal duty to administer/dispense medication. The Governing Board does not require staff to administer/dispense medication. However, some specified staff may volunteer their services. Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so. This includes the administration of medicines.

Teachers will 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.

4.3a Staff indemnity.

BYJHS are members of the Department for Education's RPA scheme. This cover applies to members of staff, pupils and visitors to the site.

The Department for Education's risk protection arrangement (RPA) is a voluntary arrangement for academies, free schools and local authority maintained schools. It is an alternative to insurance through which the cost of risks that materialise will be covered by government funds.

Indemnity is subject to the RPA membership rules.

4.4 Parents

Guidelines On admission of the pupil to the school, all parents/carers will be required to provide information giving full details of: - Medical conditions - Allergies - Regular/daily prescribed medication - Emergency contact numbers - Name of family doctor/consultants - Special requirements (e.g. dietary) At the beginning of each academic year all parents/carers are required to update the medical form.

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs including:
 - Medical conditions
 - Allergies
 - Regular prescribed medication
 - Name of family doctor/consultants
 - Emergency contact numbers
- Where relevant, be involved in the drafting, development and review of their child's IHP

- Where relevant, 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

4.5 Pupils

Pupils with medical conditions 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 and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

4.6 School nurses and other healthcare professionals

The school nurse or other healthcare professionals (eg GPs, paediatricians, consultants) will notify the school when a pupil has been identified as having a medical condition that will require school support. This will be before the pupil starts school, wherever possible. They may also support staff to develop and implement a child's IHP.

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 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. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

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.

See Appendix 1.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENCO

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

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 no consensus, the headteacher will make the final decision.

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 education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP. 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, the headteacher and SENCO 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

The school expects that normally parents/carers will administer medication to their children at home. The school will only administer/dispense medication that is required more than three times each day, unless stipulated by the prescribing Doctor, that meal times are the designated time.

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

Anyone giving a pupil any medication 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
- › Labelled
- › Provided in the original container, as dispensed by the pharmacist, 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 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.

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

7.1 Pain-killer' medication

The school will not administer/dispense aspirin or aspirin-based medication to pupils under 16 unless advised by the General Practitioner or paediatrician.

The school will keep a stock of Paracetamol in school, to support attendance, when children attend unwell with 'one off' minor discomfort e.g. headache, period pain, toothache, minor muscular/joint pain.

Paracetamol will NOT be given:

- Following a Head Injury.
- Where a child is already on some other medication.
- Where school is aware that a child has taken paracetamol or paracetamol containing medicine within the last 4 hours, or• if the child has taken 4 doses within the previous 24 hours.
- If the child is allergic to paracetamol.
- Consent from the child's parent/guardian has not been obtained in writing.

The school Paracetamol should be stored securely and should not be in the first aid box.

Before giving paracetamol:

- The child is first encouraged to get some fresh air/have a drink/eat something/sit quietly and Paracetamol is only considered if these actions do not work.
- There must be written parental/carer consent
- The member of staff must check when the child had their most recent dose.
- Only standard paracetamol may be administered. Combined drugs, which contain Paracetamol and another drug, must not be administered.

Administering Paracetamol:

- Children can only be given one dose of Paracetamol during the school day for the indication of pain.
- If this does not relieve the pain, contact the parent or emergency contact.
- The member of staff responsible for giving the medication must record the time/date and dosage are to be recorded in the child's diary.
- The child should be made aware that Paracetamol should only be taken when absolutely necessary
- Staff should be aware of the dosages for each age group.

7.2 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.

A pupil 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 pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

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

7.3 Pupils managing their own needs

Competent pupils will be encouraged to take responsibility for managing their medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their medicines and relevant devices wherever possible. 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.

7.4 Unacceptable practice

School staff should use their discretion and judge each case individually concerning 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
- › If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- › 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 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. No parent should have to give up working because the school is failing to support their child's medical needs
- › Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- › Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

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

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives,

or accompany the pupil to hospital by ambulance.

9. Training

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

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 in identifying the type and level of training required and will agree on this with the headteacher/SENCO. 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.

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.

10. Record keeping

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

When medicine is administered in school, this will be recorded on the school system.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Complaints

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

12. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 3 years.

13. Links to other policies

This policy links to the following policies:

- Accessibility plan

- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition

