



## **Supporting Pupils with Medical Conditions Policy**

### **Policy Owner**

Headteacher, SENDCo and Medical Needs Co-ordinator

### **Policy History**

<i>Autumn Term 2014</i>	<i>First created and approved</i>
<i>Spring Term 2019</i>	<i>Reviewed</i>
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<b>Supporting Policies</b>	
Safeguarding and Child Protection Policy	Behaviour Policy
Health and Safety Policy	Inclusion Policy
Equality Scheme	SEND Policy
Admissions Policy	

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## **1. Policy Aims**

The governing board of Lawn Primary and Nursery School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE).

The school believes it is important that staff, parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

## **2. Legal Framework**

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

## **3. Roles and Responsibilities**

**The governing board:**

Is responsible for ensuring arrangements are in place to support pupils with medical conditions. The governing board will ensure that all members of staff are properly trained to provide the necessary support before they are responsible for supporting children with medical conditions.

**The Headteacher will:**

Is responsible for ensuring 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.

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

Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

**Medical Administrator will:**

Take overall responsibility for the development of Individual Healthcare Plans (IHPs).

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. Make staff aware of pupil's condition, where appropriate.

Make sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions.

**Staff will:**

Provide support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.

All work together to support pupils with medical needs. Supporting pupils with medical conditions during school hours is not the sole responsibility of one person.

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. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Staff will only accept and administer prescribed medication that is in date and labelled with the pharmacy dispensing label, including instructions for administration, dosage and storage (an exception to this is insulin which must still be in date but will generally be available to schools inside an insulin pen or pump).

Staff will not administer medication to a child's eyes.

Staff will ensure that a sharps box is used for the disposal of needles and other sharps.

**Parents will:**

Notify the school if their child has a medical condition.

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.

Ensure all necessary prescribed medicine is in school and is within its expiry date .

Be required to arrange for the safe disposal of medicines which are no longer needed to be kept by the school or are out of date.

Contact their health professional who prescribed the medicine to request an IHP if their child is below school compulsory age and is in the school nursery. (The IHP needs to be in place before a child can start at the nursery).

**Pupils will:**

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

Be responsible for the safe keeping of any medicine if they are deemed to be responsible enough to do so.

Be aware of where their medicine is kept.

**School Nurses and other healthcare professionals**

Our school nursing service will notify the school at the earliest opportunity when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Liaise with lead clinicians locally on appropriate support for the child and associated staff training needs

Support staff on the implementation of a child's Individual Healthcare Plan (IHP) and provide advice and training.

Healthcare professionals, such as GPs and community paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

Health professionals (e.g. G.P or community paediatricians) are responsible for providing an IHP for a non-compulsory school aged child who attends the school's nursery.

**4. Notification Procedure**

Medical information is gained from a number of sources- parents/carers, School Nurse, Health Visitors, health professionals, previous school.

When the school is notified that a school aged pupil has a medical condition, the process outlined in appendix A 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. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place in readiness for the child's start date. In some cases staff training may need to take place before the child can attend the school safely.

A parent/carer of a nursery aged pupil will need to notify the school of any medical needs their child has. An IHP is required from a health professional and is to be provided to the school before the pupil can start at the school nursery.

Some pupils may have a medical condition that does not require any medical support in school. A record of the child's medical condition is kept by the school and can be transferred to another school with the common transfer file. Staff have access to their relevant year group's medical list. A summary of the whole school medical needs is available to staff via the school admin office.

Pupils with a medical condition that requires medication or support in school will have an IHP (for example type 1 diabetes, epilepsy, severe allergy). Class teachers and key staff receive a copy of the IHP. All other staff are made aware of children with medical needs. Induction arrangements for new staff includes medical needs. Supply teachers are made aware of children's medical needs on arrival at the school as appropriate. IHPs are written with the involvement of a Health professional e.g. nurse, health visitor or school nurse.

## **5. Staff Training and support**

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in the IHPs.

The School will ensure they have a sufficient number of paediatric and first aid trained staff to cover the whole school site from breakfast club to the end of after school club, as well as offsite school trips. Such staff will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with Lawn Primary & Nursery School. Training records are kept (see example in Appendix E). Whole-school awareness training is carried out annually and usually delivered by the school nurse or other health agencies. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training.

## **6. IHPs**

The school, healthcare professionals and parents agree based on evidence whether an IHP will be required for a pupil.

The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

Plans will be reviewed 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 not a consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers 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 and Health Care Plan (EHCP). If a pupil has Special Education Needs and/or Disabilities (SEND) but does not have an EHCP, the SEND 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 and the individual 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 pupil's resulting needs, including medication (dose 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. (See Appendix B for an example layout)

Specific support for the pupil's educational, social and emotional needs e.g. how absences will be managed, requirements for extra time to complete exams, the level of support needed including 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, confirmation of proficiency and cover arrangements.

Who in the school needs to be aware of the child'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, with appropriate levels of supervision.

Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable will ensure the child can participate. 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.

Where a child has SEND but does not have an EHCP, their special educational needs and/or disabilities should be mentioned in their IHP. Sometimes a separate IHP is required to include medical needs whilst away on a residential trip. IHPs are reviewed annually. Plans should be drawn up in partnership between the school, parents and the pupil (where appropriate). An IHP review may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child if needs change.

## **7. Managing Medicines**

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

However, staff will NOT administer such medications and a parent or person designated by a parent must come into school to administer this. With written parental permission, staff may administer medication on a class or residential trip. Non-prescription medicines may not be administered except when children are on a residential trip and it is necessary for supervising teacher to allow a child to take pain killers, hay fever medication or travel sickness medicine. In these cases, medication must have been provided by the parent and a medicine form completed in advance of the residential trip.

Prescription medicines will be administered at school to children with an IHP (unless advised differently by a health professional) with parental permission (see appendix C) or when it would be detrimental to the pupil's health or school attendance by not doing so.

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. Children will be informed where their medicines are at all times and be able to access them. Medicines and devices such as asthma inhalers should be always readily available to children. A pupil can be responsible for their own inhaler. Generally, in EYFS/Key stage 1, inhalers are stored with the class teacher, in Key Stage 2, inhalers may be stored in the child's own drawer. Staff and pupils should be responsible for ensuring they carry any



medicines on all school trips/visits. Medicines will be returned to parent for safe disposal when no longer required.

## **8. Record Keeping**

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils and provide evidence that agreed procedures have been followed.

Appropriate forms for record keeping can be found in (see appendix C) or medical attention to a pupil at school (medical books). IHP's are kept in a readily accessible place which all staff are aware of.

## **9. 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 (see Appendix F).

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

## **10. Unacceptable Practice**

Notes taken from the DFE 'Supporting pupils with Medical conditions' 2014

*School staff should use their discretion and judge each case individually with reference to the child's individual healthcare plan, it is not generally acceptable practice to:*

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion
- (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children 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 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 children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips.

### **11. Day trips, residential visits and sporting events**

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits. Prior to any activity taking place, 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.

### **12. Liability and indemnity**

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

### **13. Complaints**

Parents wishing to make a complaint regarding their child's medical needs and provision they should contact their child's class teacher in the first instance.

If parents have a complaint concerning provision for their child they will be referred to the school's complaint procedures.

### **14. Defibrillators**

The school has two automated external defibrillator (AED). One is stored in the in the medical room in a storage bag. The other is stored external to the school building, near the main entrance in a locked cabinet.

All staff members and pupils will be made aware of the AED's location and what to do in an emergency.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, designated staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

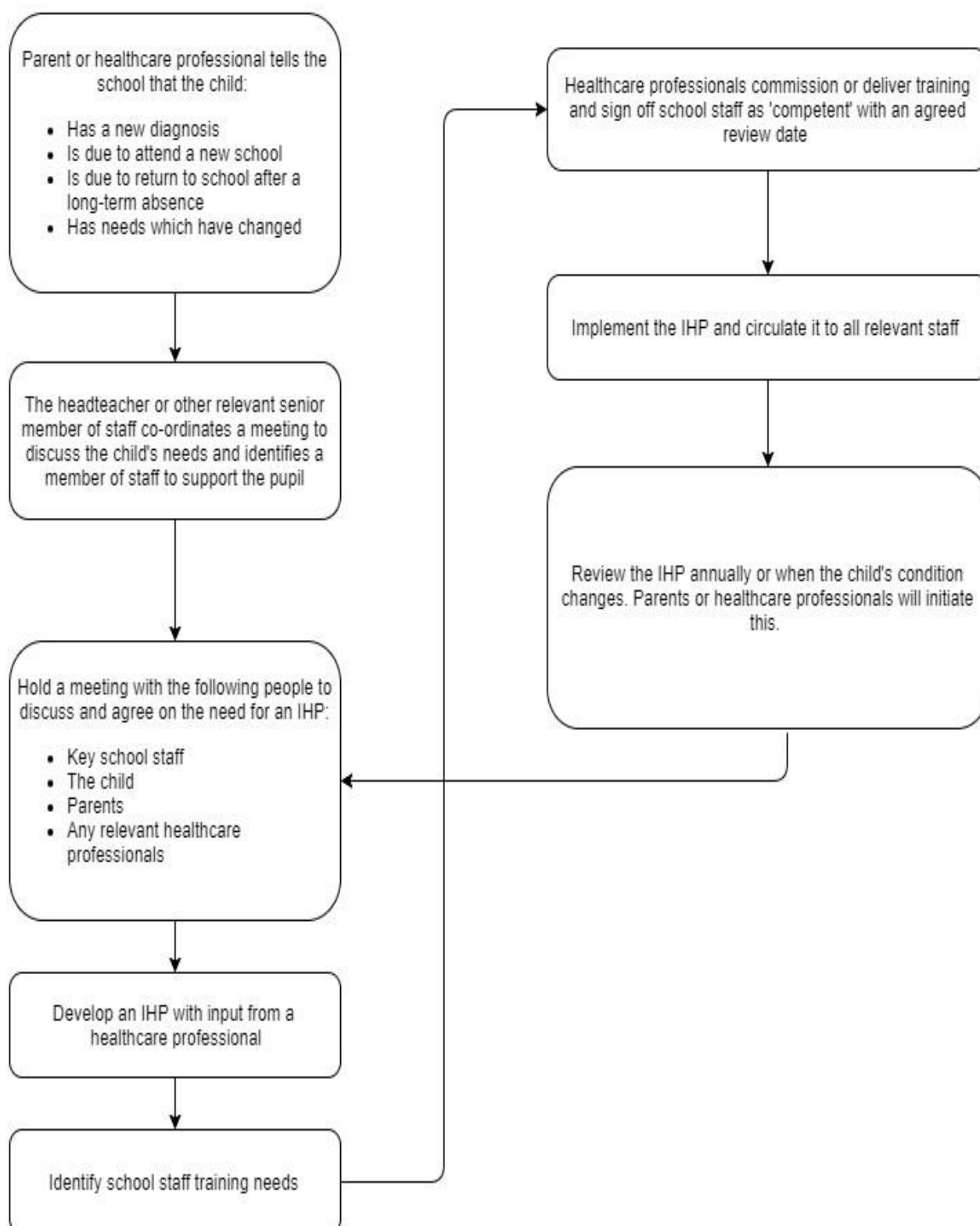
Maintenance checks will be undertaken on AEDs on a weekly basis by the Medical Administrator, who will also keep an up-to-date record of all checks and maintenance work.

## **15. Monitoring and review**

This policy is reviewed on an annual basis by the headteacher, SENDCo and Medical Administrator. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

## Appendix A

### Individual Healthcare Plan Implementation Procedure



***Appendix B: Individual Healthcare Plan (Swindon School Nursing service)***

**Swindon Primary Care Trust  
School Nursing Service  
Supporting Children in School with Medical Needs  
Individual Health Care Plan**

**(Medical Procedure / Condition)**

**Name:**

**Address:**

**Date of Birth:**

**School:**

**Review Date:**

**Emergency Contact Number: (1)  
(2)**

**General Practitioner:**

**Hospital Contact:**

**Condition/Procedure:**

**Date of Health & Safety Risk Assessment (To be carried out by school):**

**Names of School Staff who have volunteered to be involved in this child's care.**

**Staff training dates:**

**Outline of procedures / condition requiring management:**

**Name: Date of Birth:**

**I accept that this is a service that the school is not obliged to undertake.**

Signature (s)..... Date..... Relationship to  
pupil.....

Head Teacher..... Date..... School Health

Nurse..... Date.....

**Copy to: Parents**

**Parent Information Booklet Given School    Consultant / GP / CMO**

## **Appendix C: Parental agreement for setting to administer medicine**

Lawn Primary and Nursery School

Parent/carers agreement to administer medicine

Please complete and sign this form if your child has a medical condition/illness that requires prescribed medication, in line with the school medical policy.

**N.B School cannot administer eye drops**

Name of child

Date of birth

Class /teacher

Medical condition or illness

### **Medicine**

Name/type of medicine

*(as described on the container)*

Expiry date

Dosage and method

Timing /frequency

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Procedures to take in an emergency

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

**School cannot administer medicine that is not prescribed Contact Details**

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver/collect the medicine personally via the admin office

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

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

Date \_\_\_\_\_

Medicine received by office    YES  
   NO

**Appendix D: Record of medicine administered to all children**

## Lawn Primary and Nursery School

Record of medicine administration to all children.

[illegible]

***Appendix E: Staff training record – administration of medicines***

**SCHOOL NURSING SERVICE**

**SUPPORTING CHILDREN WITH MEDICAL NEEDS IN SCHOOL**

**Staff Training Record**

(Please keep this form it is important to keep a record of staff training, with respect to insurance cover for all staff involved)

**Topic/Type of Training:**

**School:**

**Date:**

**Led by:**

**Self- Assessment Forms given:**

**Training Plan given:**

**Review Date:**

I have attended the above training and have received a “Self Assessment Form”

**Names**



**Appendix F:** Contacting emergency services

**Pupil's Name: School: D.O.B**

**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
8. put a completed copy of this form by the phone

**Appendix G:** *Model letter inviting parents/carers to contribute to Individual Healthcare Plan development*

Dear Parent/Carer

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out the support the pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely