



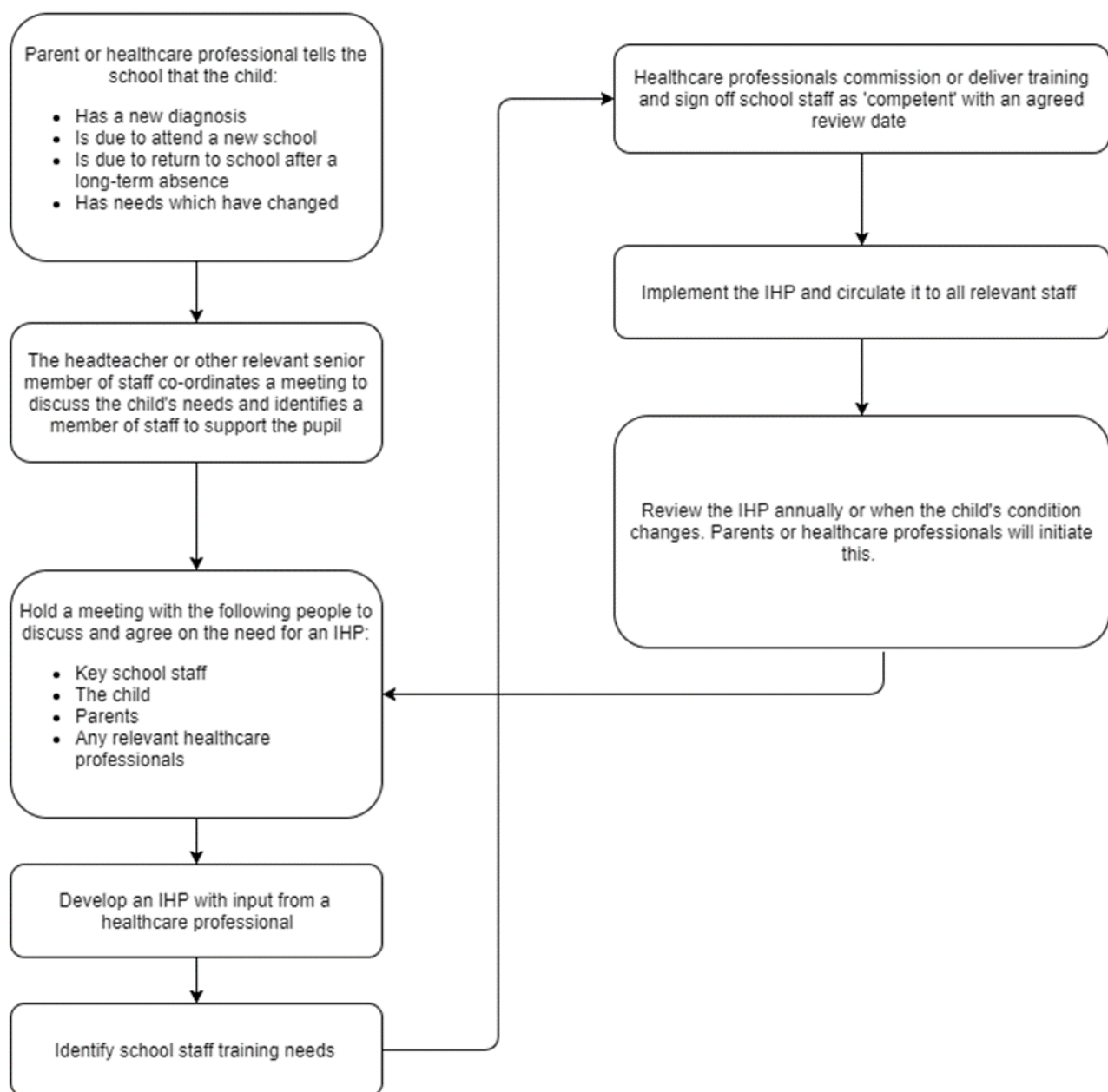
Woolmore  
Primary School

# **Supporting pupils with medical conditions policy**

**September 2023**

## Contents

1. Aims .....	4
2. Legislation and statutory responsibilities .....	4
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.....	
3. Roles and responsibilities.....	5
4. Equal opportunities .....	6
5. Being notified that a child has a medical condition .....	7
6. Individual healthcare plans – IHCPs .....	7
7. Managing medicines.....	8
8. Emergency procedures.....	11
9. Training .....	12
10. Record keeping.....	13
11. Liability and indemnity .....	13
12. Complaints.....	13
13. Monitoring arrangements.....	13
14. Links to other policies .....	13
Appendix 1: Being notified a child has a medical condition .....	14



Woolmore Primary School is committed to the inclusion of all pupils and wish to ensure that pupils with medical needs receive proper care and support at school.

## **1. Aims**

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions including the procedure for administering medication
- 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 pupil's condition, 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 named person with responsibility for implementing this policy is Hannah Williams – Deputy Head.

## **2. 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 based on the Department for Education's statutory guidance:

[Supporting pupils at school with medical conditions, 2015](#)

It also refers to the following documents:

*Guidance on the use of emergency salbutamol inhalers in schools, Department of Health. March 2015*

*Guidance on the use of auto-adrenaline injectors in schools, Department of Health. September 2017*

### **3. Roles and responsibilities**

#### **3.1 The governing board**

The governing board has 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.

#### **3.2 The headteacher**

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
- 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

#### **3.3 Staff**

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, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient training, and will achieve the necessary level of competency before doing so.

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.

The headteacher/other responsible person may refuse to agree to the administration of medicines if the procedures in this policy are not followed, as this would be in breach of our school/setting and LA health and safety policies.

### **3.4 Parents**

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
- Parents must ensure medication is labelled with the following information:
  - Pupil name and class
  - Name of medication
  - Dosage
  - Frequency of dosage
  - Date of dispensing
  - Storage requirements
  - Date of expiry
- Any specialist equipment required for the effective administration of the medicine

It is the responsibility of the parent/carer to notify the school of changes in medication or dosage. This should be done in writing and must be handed to the school office. Parents/carers of children requesting that the school administers/supervises medication for their child will be directed to read this policy. Parents/careers are expected to comply with the policy. If the guidance is not followed the school will not be able to administer/supervise medicines safely.

### **3.5 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.

### **3.6 School nurses and other healthcare professionals**

Our school nursing service will notify the school 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.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a 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 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 as soon as possible for pupils who are new to our school.

See flow chart Appendix 1: Being notified a child has a medical condition

## **6. Individual healthcare plans – IHCPs**

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

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
- And 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 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. The template for IHPs will be recommended by the healthcare professional.

IHPs will be linked to, or become part of, any statement of special educational needs (SEND) or education, health and care (EHC) plan. If a pupil has SEND but does not have a statement or EHC plan, 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 Inclusion Lead 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 (see appendices 2 and 3)

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

Medication will only be accepted in school with written instruction from the GP or parent/carer; this must be signed in by the parent/carer. Where the medication required is complex there should be an individual health care plan. In the case of long term medication the signature would aim to be renewed at least annually. These documents will be stored with the young person's records.

Medication will only be accepted in school if it is not possible for it to be correctly administered outside the school day. Parents/carers are expected to ask their GP



whether this would be possible, before requesting that the school administers the medication.

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. Permission would always be sought from carers prior to medication being administered.

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. Insulin within its original container must be in-date and signed in by the parents / carer. This will be stored at the correct temperature and in a box labelled with the pupil's name.

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 or taken to alternative safe disposal stations / services.

### **Medications/medical needs register**

The school retains a register of pupils receiving medication. The school nurse will be given access to the register on request. This information is kept securely on Integris and is therefore available to teachers as and when necessary. Additional registers can be created from this central data base; Children who Require AAls, Children who have Salbutamol inhalers in school, Children who have IHPs.

#### **7.1 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.

## **7.2 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.

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.

## **7.3 Administering medicines**

Each administration of medicines will be recorded. It should be signed by a person administering the medicine and witnessed, wherever possible, by a senior member of staff.

## **7.4 Refusing medication**

If a pupil refuses medication they will not be forced to take it. The school will inform parents as a matter of urgency if this occurs. Failure to take medicine must be recorded.

## **7.5 Errors & incidents**

If there is an accident when giving medication, or an extreme adverse reaction, or the agreed procedures are not followed medical advice is sought immediately by dialing NHS Direct or 999 depending on severity.

This must be recorded through the school incident procedures. The time of the incident should be recorded. Parents/carers should be advised as soon as possible. The time that they are informed should be recorded. All such incidents and the action to be taken to avoid repeat incidents must be reported to the Governing Body, as a confidential item.

A log of the incidents and copies of the forms should be kept in the medication register.

## **7.6 Disappearance/disposal of medicines & equipment**

In the event of medicines going missing, or being stolen the head teacher will be notified immediately and should contact the LA for advice. If there has been a theft, the police should immediately be informed.

### **Disposal of sharps**

In the case of a child requiring regular injections or blood sugar level testing, all used needles and syringes must be disposed of in a sharps box.

### **Disposal of blood contaminated material**

All materials contaminated by blood must be placed in one of the sanitary bins located in all adult toilets.

## **Disposal of medicines**

Unwanted, unusual or outdated medicines must be returned to parents/carers, who should sign for their receipt. In the event that parents/carers cannot be contacted the medicines will be given to the school nurse who will sign for their receipt and arrange disposal.

## **7.7 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
- 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 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. 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 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 the parent arrives, or accompany the pupil to hospital by ambulance.

## **Asthma**

The emergency salbutamol inhaler should only be used by children:

- who have been diagnosed with asthma
- who have been prescribed a reliever inhaler
- for whom written parental consent for use of the emergency inhaler has been given. This information should be recorded in a child's IHP
- In the case that a pupil is suspected to be having an asthma attack and they do not have their own inhaler and/or parental consent has not been confirmed for the use of the emergency inhaler, then a member of staff should call 999 and ask whether to use the emergency salbutamol inhaler.

## **Anaphylaxis**

We understand that we may administer our 'spare' adrenaline auto-injector (AAI) to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay. In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

## **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 on identifying the type and level of training required and will agree this with the Inclusion Lead.

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 understand 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 where possible.

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

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

## **11. 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.

## **12. Complaints**

Parents with a complaint about their child's medical condition should discuss these directly with the member of SLT for that child's phase in the first instance. After this if the Inclusion Lead or Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

## **13. Monitoring arrangements**

This policy will be reviewed and approved by the governing board annually.

## **14. Links to other policies**

This policy links to the following policies:

- Asthma and Allergy Friendly School Policy
- Accessibility plan
- Complaints Policy
- Equality information and objectives
- First Aid
- Health and Safety
- Special educational needs information report and policy
- Safeguarding and Child Protection Policy

## Appendix 1: Being notified a child has a medical condition

