

Northway Community Primary School



Supporting Pupils at School with Medical Conditions Policy

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Last reviewed on:	December 2023
Approved by Governors:	18 th January 2024
Chair of Governors:	Nina Peters
Next review due by:	December 2024

Contents

1. Purpose.....	3
2. Roles & Responsibilities.....	3
2.1 Governing Body	3
2.2 The Headteacher	3
2.3 Parents	4
2.4 Pupils	4
2.5 School Staff	4
2.7 Other Healthcare Professionals.....	4
3. Staff Training & Support	5
4. Managing Medicine on School Premises	5
4.1 Controlled Drugs.....	6
4.2 Non-prescribed Medication.....	6
4.2 Allergies and Anaphylaxis.....	6
4.3 Asthma - Inhalers.....	7
4.4 Defibrillator	7
5. Offsite Visits.....	7
6. Sporting Activities.....	8
7. Record Keeping.....	8
8. Pregnant pupils and school age parents.....	8
10. Emergency Procedures	9
11. Equal Opportunities.....	10
12. Unacceptable Practice.....	10
13. Attendance.....	11
14. Liability & Indemnity.....	11
15. Complaints	11

1. Purpose

The purpose of the Policy for Supporting Pupils at School with Medical Conditions is 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 Body will implement the 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 as required.

This policy meets the school's statutory requirements under section 100 of the [Children and Families Act 2014](#) which places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

This policy pays due regard to the Department for Education's statutory guidance:

[Supporting pupils at school with medical conditions](#).- Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (December 2015)

[Ensuring a good education for children who cannot attend school](#) because of health needs - Statutory guidance for local authorities (January 2013)

[Templates - Supporting pupils with medical conditions](#)

[Supporting pupils with medical conditions: links to other useful resources](#)

2. Roles & Responsibilities

2.1 Governing Body

The Governing Body must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

2.2 The Headteacher

The Headteacher will ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child's condition, ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans,

including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

The Headteacher, who has overall responsibility for the development of individual healthcare plans, will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Headteacher will ensure that contact is made with health care professionals in cases where further guidance to support the management of the pupil's health need is required. This may include signposting to other health care professionals or organisations.

2.3 Parents

Parents will provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times. Where a child is identified as having complex health needs which may require additional staff funding, or the management of more specialised equipment please consult the Complex and Sensory Team within the Inclusion Service.

2.4 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

2.5 School Staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).

2.6 School Nurses and Health Practitioners

School Nurses or other qualified healthcare professionals will notify the school when a child has been identified as having a medical condition who will require support in school. Wherever possible, they will do this before the child starts at the school.

The School Nurse would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions but can support staff on implementing a child's individual healthcare plan (if required) and provide advice and liaison.

At this school, the allocated school nurse is Jasmine Hughes.

2.7 Other Healthcare Professionals

Other healthcare professionals, including GPs, paediatricians and mental health professionals, may communicate with schools when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans.

Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

3. Staff Training & Support

Any member of school staff providing support to a pupil with medical needs should have received suitable training.

The Governing Body should ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided.

This should include references to staff training on:

- the development or review of individual healthcare plans
- an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
- whole-school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy
- relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

4. Managing Medicine on School Premises

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

- No child under 16 will be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- Children under 16 will never be given medicine containing aspirin unless prescribed by a doctor.
- Medication will not be administered without first checking maximum dosages and when the previous dose was taken or without first informing parents.
- Where clinically possible, the school will seek to ensure that parents request that medicines are prescribed in dose frequencies which enable them to be taken outside school hours.
- Schools will only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- All medicines should be stored safely. Children will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school.
- Self-management by pupils; wherever possible, students are allowed to carry their own medicines and relevant devices or are able to access their medicines for self-medication quickly and easily. Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, then relevant staff will help to administer medicines.
- If a child refuses to take medication staff should not force them to do so but note this in the records and inform parents of the refusal. If necessary, the school should call the emergency services.

4.1 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 LOCKED cupboard in the Junior staffroom and only members of staff will 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.

4.2 Non-prescribed Medication

It is Northway's policy that non-prescription medication is not administered by the school. This includes paracetamol and homeopathic medicines. Staff may not know whether the pupil has taken a previous dose, or whether the medication may react with other medication being taken. Parents or consenting relatives may come in to administer this medicine. The use of over the counter throat lozenges are not permitted. Any lozenges must be prescribed before use in school.

There may be exceptional circumstances where non-prescribed medication may be administered but this is only following agreement from the Headteacher. The parents should authorise and supply the appropriate medication for their child's use, with written instructions about when the child should take the medication. A member of staff may notify the parents that their child has requested medication (if they have symptoms) and supervise the pupil taking the medication if the parents have agreed to it being taken.

4.2 Allergies and Anaphylaxis

From 1st October 2017, there was an amendment to the Human Medicines Regulations 2017 which now allows schools to purchase adrenaline auto-injector (AAI) devices for emergency use for children at risk of anaphylaxis. The school has two Jext pens with a paediatric dose and one Jext with an adult dose. The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis and for whom 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. The emergency AAIs are available in both the Infant and Junior buildings in the medical cabinet in each staffroom. Children who have anaphylaxis or allergies have an allergy action plan. These action plans detail the steps to take in the event of a child's reaction. They are displayed in the child's classroom, on both staffroom medical display boards, in the school office and the Headteacher's office.

Children who have intolerances to certain foods have an intolerance plan. This is stored in each class medical file, in the school office and the Headteacher's office.

4.3 Asthma - Inhalers

From 1st October 2014, the Human Medicines (Amendment No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for the use of emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. There is an emergency inhaler available in both the Infant and Junior buildings. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

School Procedures for Inhalers

All inhalers to be kept in a class specific asthma box stored in the teacher cupboard in the child's classroom.

Keep a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler. Copies are kept in the school office, staff rooms and in each class room.

Have written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan.

Ensure that the emergency inhaler is only used by children with asthma with written parental consent for its use.

Appropriate support and training for staff in the use of the emergency inhaler in line with this wider policy on supporting pupils with medical conditions.

Keep a record of use of the emergency inhaler as required and inform parents or carers that their child has used the emergency inhaler

Have at least two volunteers responsible for ensuring the protocol is followed - Mrs McKenzie, Mrs McGhee and Mrs Booth.

4.4 Defibrillator

The school has a defibrillator and staff have been trained in its use. It is located at the entrance of the junior staffroom.

5. Offsite Visits

It is good practice to encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary, individual risk assessments should be conducted.

To the best of our ability a member of staff who is trained to administer any specific medication (e.g. epi-pens) accompanies the pupil and that the appropriate medication is taken on the visit.

Medicines should be kept in their original containers (an envelope is acceptable for a single dose-provided this is very clearly labelled, for example travel sickness tablets).

6. Sporting Activities

Most pupils with medical conditions can participate in PE and extra-curricular sport. Any restrictions on a child's ability to participate in PE should be recorded in their health care plan.

If restrictions apply, individual risk assessments should be conducted.

Some pupils may need to take precautionary measures before or during exercise and may need to be allowed immediate access to their medicines. (E.g. asthma-inhalers). Staff supervising sporting activities should be aware of all relevant medical conditions and emergency procedures.

7. Record Keeping

The Governing Body will ensure that written records are kept of all medicines administered to children - including medication refusals or errors. Parents/carers should provide details of medicines their child needs to take at school. A form should be filled in as a way of consent. This could be for long or short term administration. Staff may complete and sign a record each time they give medicine to a child. The most common form to be used will be for children's use of an inhaler, therefore the form is located with the inhalers in the class medical box.

8. Pregnant pupils and school age parents

The Complementary Education Service supports the continuing education of support pregnant pupils and school age parents. Referrals for support can be made by schools to the Monitoring and Placement Group.

9. Individual Health Care Plans

The headteacher has overall responsibility for the development of care plans for pupils with medical conditions. This has been delegated to class teachers.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Special consideration needs to be given to reviewing the plan when a young person is transitioning to a different setting or reintegrating back into school after a period of absence.

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 a care plan. It will be agreed with a healthcare professional and the parents when a care plan 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 and parents/carers with advice from a relevant healthcare professional, a specialist nurse, allied health professional or paediatrician who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. If healthcare professionals cannot offer advice in person, they may provide written guidance or information.

Care plans will be linked to, or become part of, any 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 care 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 Body and the Headteacher will consider the following when deciding what information to record on care plans:

- 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
- Who outside the school needs to be aware of the pupil's condition and the support required (with appropriate consent from the young person and family) - for example school transport provided by local authority
- 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. Please consider large or split school sites
- 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 medication administration errors), including who to contact, and contingency arrangements

10. Emergency Procedures

Governing bodies should ensure that the school's policy sets out what should happen in an emergency situation.

As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Schools need to ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems. It is important to ensure emergency treatments (for example asthma inhalers/adrenaline auto injectors) are always available - this may include consideration of when pupils are off-site but also accessing multiple areas across a large school site for different parts of their curriculum.

Example templates for managing medication, IHP's and contacting emergency services are included in [Supporting pupils at school with medical conditions](#).

11. Equal Opportunities

The Governing Body will ensure that the school enables 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.

The school acknowledges the [Equalities Act 2010 and schools](#) and works proactively to support all its pupils.

12. Unacceptable Practice

Although school staff are encouraged to use their professional discretion and judge each case on its merits 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 for reasons associated with their medical condition 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 another 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, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

- Use stigmatising or discriminative language and behaviour towards the child's medical condition or its symptoms.

13. Attendance

A child or young person with a medical condition may have difficulties attending school at certain times. This could be due to planned appointments or surgery, or as a result of an increase in symptoms or deterioration of their overall health condition.

Parents have a responsibility to advise schools of any planned appointments or predicted absence due to surgery/therapeutic intervention. Schools have a responsibility to [code this absence appropriately](#). If absence due to a medical condition is noted to be for more than 15 days, schools can refer to the Complementary Education Service for further advice and support.

14. Liability & Indemnity

The Governing Body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. Proprietors of academies will ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangement (RPA).

15. Complaints

The Governing Body will ensure that the school's policy sets out how complaints concerning the support provided to pupils with medical conditions may be made and will be handled.