

Vision '25 Wellbeing



We respect and support each other, valuing our diverse community. We seek to care for and include everyone. We are safe, listened to and empowered to embrace challenges.

ABBEY PRIMARY SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

June 2024

Abbey Primary School strives to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full-time curriculum or as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance – "Supporting pupils at school with medical conditions" under a statutory duty form section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014 (<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3#full-publication-update-history>)

The school will have regard to the statutory guidance issued. We take account of it; carefully consider it and we make all efforts to comply.

1. Aims

This policy aims to ensure that:

- ▭ Pupils at school with medical conditions, both in relation to physical and mental health, are adequately supported so they can thrive in school, remain healthy and achieve their best.
- ▭ Pupils, staff, and parents understand their roles and responsibilities to ensure that children with medical conditions are adequately supported.

2. Roles and responsibilities

2.1 The governing board

The governing board has ultimate responsibility to plan to support pupils with medical conditions.

The Governing board are responsible for:

- ▭ Ensuring arrangements are in place to support pupils with medical conditions.
- ▭ Ensuring the policy identifies roles and responsibilities and is implemented effectively.
- ▭ The medical conditions policy does not discriminate.
- ▭ Making sure sufficient staff are suitably trained.

- || The policy covers arrangements for pupils who are competent to manage their own health needs.
- || Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions.
- || All pupils with medical conditions can play an active role in all aspects of school life.
- || The policy sets out procedures in place for emergency situations.
- || The level of insurance in place reflects the level of risk.
- || Handling complaints regarding this policy as outlined in the school's Complaints Policy (WLT).

3.2 Senior Leadership Team are responsible for....

SLT will:

- || Make sure all staff are aware of this policy and understand their role in its implementation.
- || Ensure that there are enough trained staff available to implement this policy and all individual healthcare plans (IHPs), including in contingency and emergency situations.
 - Newly appointed teachers, supply/agency staff and support staff will receive training on 'Supporting Pupils with Medical Conditions' as part of their induction.
 - No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and being signed off as competent.
 - School will keep a record of medical conditions supported, training undertaken, and a list of teachers qualified to undertake responsibilities under this policy.
- || Ensure that all staff who need to know are aware of a child's condition.
- || Take overall responsibility for the development of IHPs and ensure that any child with a medical need has an IHP developed in consultation with relevant professionals.
- || 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.
- || Oversee risk assessments to ensure considerations and adjustments have been made for trips/internal enrichment activities.
- || Transitional arrangements between schools are carried out.
- || If a new child starts with medical needs, arrangements to support these needs should be in place as soon as is possible.
- || Appropriate accommodation for medical treatment/care has been assigned.
- || The maintenance of the defibrillators.

3.3 Staff are responsible for ensuring:

- || Appropriate steps are taken to support children with medical conditions and familiarising themselves with procedures.
- || They know where controlled drugs are stored and where the key is held.
- || They take account of the needs of pupils with medical conditions in lessons.
- || They undertake training to achieve the necessary competency for supporting pupils with medical conditions, with specialist training if needed.
- || Inhalers, adrenalin pens and blood glucose testers are held in an accessible location following DfE guidance.
- || They complete risk assessments where appropriate and ensure they are signed off by the SLT.

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 in consultation with relevant healthcare professionals.
- || 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 always contactable.
- || Monitor the expiry of any given medication to ensure it is in date.

3.5 Pupils

- || Pupils will 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 and manage their care as agreed in the IHP.

3.6 School nurses and other healthcare professionals

- || They may provide advice on developing IHPs.
- || They will support the school in meeting the needs of children.

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.

Identified medical conditions.

Schools' admissions forms request information on pre-existing medical conditions.

- || Parents must inform the school at any point in the school year if a condition develops or is diagnosed.

- ▮ A medical conditions list or register is kept, updated, and reviewed regularly by the office. Each class has an overview of the list for the pupils in their care, within easy access. Supply staff and support staff similarly have access on a need-to-know basis. Parents are assured GDPR data sharing principles are adhered to.
- ▮ For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school, and health professionals to prepare IHP and train staff if appropriate.

6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Senco and administrative staff.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupils' needs have changed; school rely upon parents or medical professionals to communicate such changes.

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

- ▮ An overview of the condition
- ▮ 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 pediatrician, 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 and Senco, advised by the school nurse, 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 consent from parents and the headteacher for medication to be administered by a member of staff or self-administered by the pupil during school hours (SEE APPENDIX).
- ▮ Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable 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 medicines will be administered at school with clearly labelled packaging that states the dosage, this will be recorded and kept on school file.
- ▮ Staff must always have a witness when administering medicine and this must be initialed on the relevant paperwork.
- ▮ Parents are to provide any necessary medicine without delay when the IHP has been agreed.
- ▮ We store emergency medicines and give over-the-counter medicine; however, parental consent must be sourced. Unless in case of an emergency. i.e., the child's EpiPen is not in easy reach or advised by a medical professional.
- ▮ School staff can administer non-prescription medication when they have written consent from the pupil's parent/carer or in the case of emergency verbal consent.
<https://cpdonline.co.uk/knowledge-base/care/administering-medication-schools/#:~:text=School%20staff%20can%20administer%20non,from%20the%20pupil's%20parent%2Fcarer>

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

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

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

The school will only accept prescribed medicines that are:

- ▮ In-date
- ▮ 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 always 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 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.

Pupils will be allowed to carry their own 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.

7.3 Unacceptable practice

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

- ▮ Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary.
- ▮ Assume that every pupil with the same condition requires the same treatment.
- ▮ Ignore the views of the pupil or their parents.
- ▮ Ignore medical evidence or opinion (although this may be challenged).
- ▮ Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs.
- ▮ 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 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 pupils, 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.

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 for 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 with this with 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 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.

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

Written 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.

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 in relation to their child's medical condition should discuss these directly with the Senco or headteacher in the first instance. If they cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

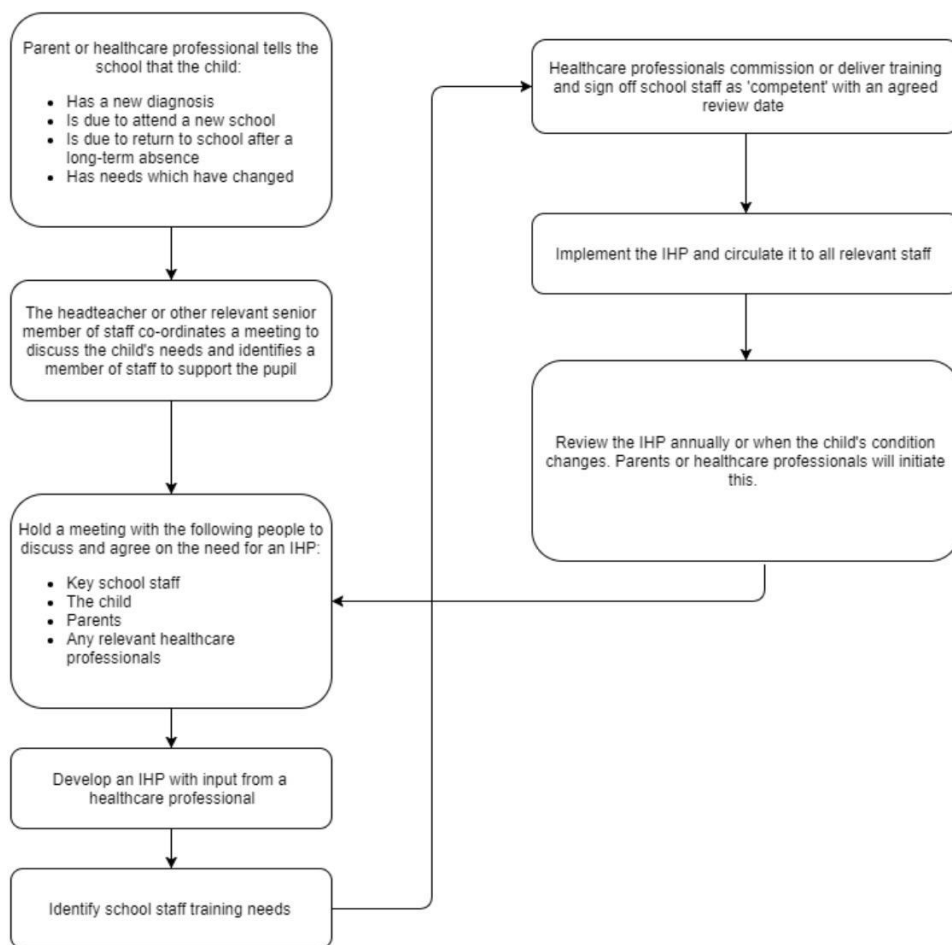
This policy will be reviewed and approved by the governing board every 2 years.

14. Links to other policies

This policy links to the following policies:

- ▮ Accessibility plan
- ▮ Complaints
- ▮ Equality information and objectives
- ▮ Health and safety
- ▮ Safeguarding
- ▮ Special educational needs information report and policy

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



Please note that we have two defibrillators on site.

Individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of Birth	
Child's address	
Medical diagnosis or condition	
Date	
Review Date	THIS HEALTHCARE PLAN WILL REMAIN CURRENT UNLESS A PARENT/CARER ADVISES SCHOOL OF ANY CHANGES

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Plan created by Name..... Signature

Parent/Guardian Name.....Signature

Template B: parental agreement for setting to administer medicine

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

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

Medicine

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

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

Contact Details

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

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

Signature(s) _____

Date _____

Template C: record of medicine administered to an individual child

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

Staff signature _____

Signature of parent _____

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

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

C: Record of medicine administered to an individual child (Continued)

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

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

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

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