

# Supporting Pupils with Medical Conditions Policy

St Joseph's Catholic Primary School



**Approved by:** Ethos, Discipline & Relationship Committee

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## Contents

1. Aims .....	2
2. Legislation and statutory responsibilities .....	2
3. Roles and responsibilities .....	3
4. Equal opportunities .....	4
5. Being notified that a child has a medical condition.....	4
6. Individual healthcare plans .....	4
7. Managing medicines.....	6
8. Emergency procedures.....	7
9. Training.....	7
10. Record keeping.....	7
11. Liability and indemnity .....	8
12. Complaints.....	8
13. Monitoring arrangements.....	8
14. Definitions .....	8
15. Links to other policies .....	8
Appendix 1: Being notified a child has a medical condition .....	9
Appendix 2: School recording proformas .....	10
Individual Healthcare Plan.....	10
Parental agreement for setting to administer medicine .....	12
Asthma Care Plan .....	14

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## 1. Aims

This policy aims to ensure that:

- › Pupils, staff and parents understand how our school will support pupils with medical conditions.
- › Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

The governing board will implement this policy by:

- › Making sure sufficient staff are suitably trained.
- › Making staff aware of 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 Anoushka De Sampayo.**

## 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 also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

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## 3. Roles and responsibilities

### 3.1 The governing body

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body 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 and suitable 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.

### 3.4 Parents and carers

Parents and carers are responsible for:

- › Keeping the school informed about any new medical condition or changes to their child/children's health.
- › Participating in the development and regular reviews of their child's IHP.
- › Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- › Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- › Carrying out actions assigned to them in the IHP with particular emphasis on them, or a nominated adult, being contactable at all times.

### 3.5 Pupils

Pupils are responsible for:

- › Providing information on how their medical condition affects them.
- › Contributing to their IHP
- › Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

### 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.
- › Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
- › Supporting staff to implement an IHP and then participate in regular reviews of the IHP where necessary. Giving advice and liaison on training needs.

Healthcare professionals, such as GPs and pediatricians, will liaise with the schools 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 within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1 – Flow chart for managing medical needs.

## 6. Individual healthcare plans

Where necessary, an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, Headteacher, Special Educational Needs Coordinator (SENCO) and medical professionals.

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

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. IHPs will be linked to SEN provision where applicable, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan.

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

- › What needs to be done.
- › When.
- › By whom.

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, the Headteacher and the Assistant Headteacher for Inclusion, 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.

*See Appendix 2 for school recording proformas.*

IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors /parent helpers etc. may enter. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage such as Intranet or locked file is more appropriate. **However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.**

Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

### **6.1 Access to Education referrals (A2E)**

All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils.

### **6.2 Emergencies**

Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms.

Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

### **6.3 Day trips, residential visits and sporting activities**

Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.

To comply with best practice, risk assessments should be undertaken in line with H&S Executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.

## 7. Managing medicines

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**
- › Prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administer medicine form. Thereafter, the medicine will be signed in and signed out each day when returned to school for staff to administer and when returned to the parent. **The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.**

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.

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

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

All medicines will be stored safely in the appropriate classroom medical box. 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 at the end of the course or 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.

All 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 in KS2 will be allowed to carry their own inhalers 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 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.

## 9. Training

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. Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Pupils with Medical Conditions' policy as part of their induction.

The training will be identified during the development or review of IHPs and as part of routine managing medical condition training. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

Where appropriate relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Assistant Head for Inclusion and the Deputy Headteacher, who manages CPD and staff training. Training will be kept up to date.

Training will:

- › Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils.
- › Fulfil the requirements in the IHPs.
- › Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.

## 10. Record keeping

School's admissions forms should request information on pre-existing medical conditions. Parents must have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.

A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. Each class teacher should have an overview of the list for the pupils in their care, within easy access.

Supply staff and support staff should similarly have access on a need-to-know basis. Parents should be

assured 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.

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

Teachers who undertake responsibilities within this policy will be assured by the Headteacher that they are covered by the LA/school's insurance.

Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Head.

## 12. Complaints

All complaints should be raised with the school in the first instance.

The details of how to make a formal complaint can be found in the School Complaints Policy.

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher or Deputy Head for Inclusion 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. Definitions

- 'Parent(s)' is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.
- 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes: a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. Being 'unwell' and common childhood diseases are not covered.
- 'Medication' is defined as any prescribed or over the counter treatment.
- 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- A 'staff member' is defined as any member of staff employed at St Joseph's Catholic Primary School.

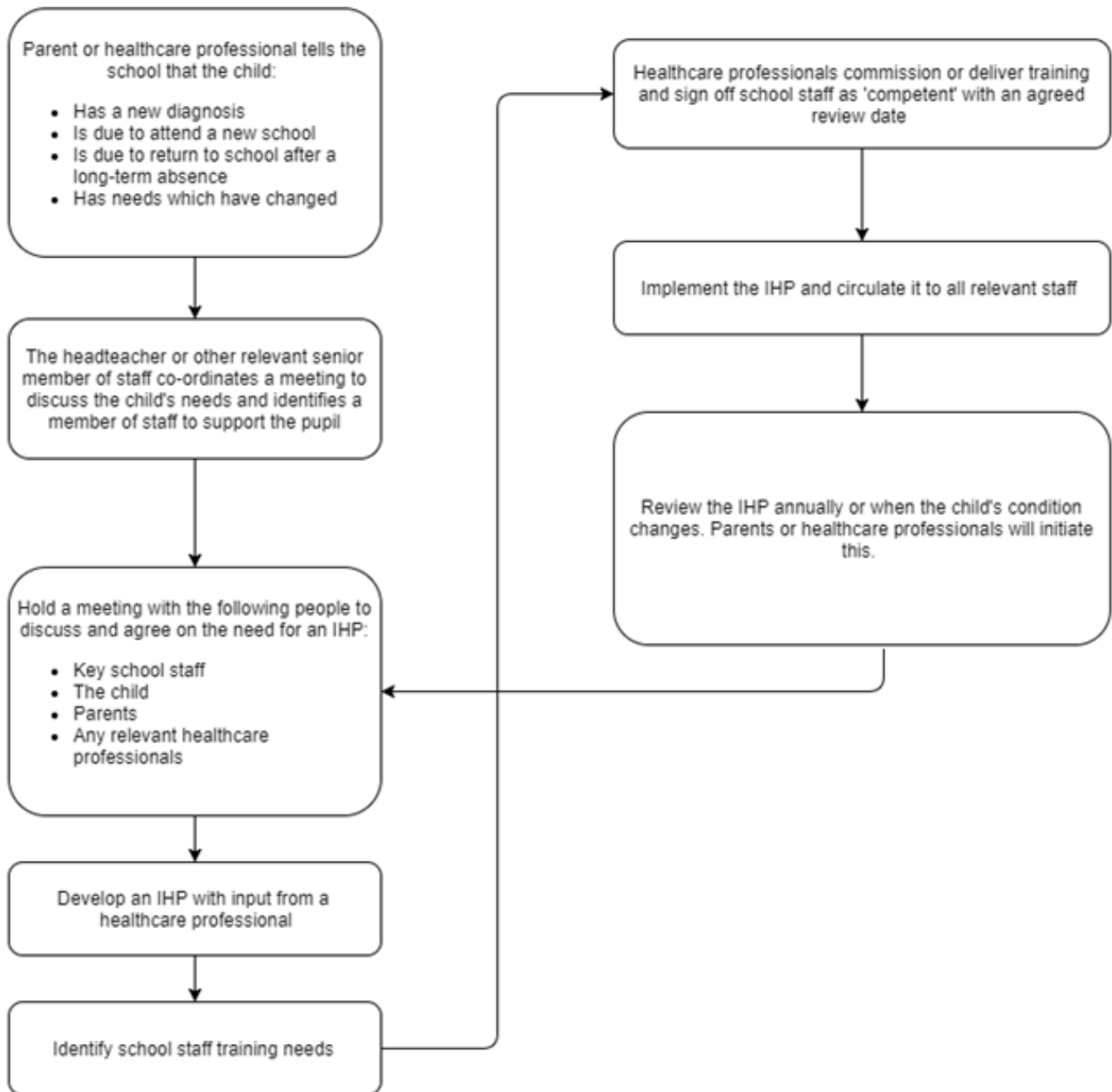
## 15. Links to other policies

This policy links to the following policies:

- Accessibility Plan
- Complaints
- Equality Information and Objectives
- First Aid
- Health and Safety
- Safeguarding and Child Protection
- Special Educational Needs Information Report and Policy



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



## Appendix 2: School recording proformas

### Individual Healthcare Plan

Child's name	
Year Group/class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

#### Family Contact Information

Name (Contact 1)	
Relationship to child	
Phone Number (mobile)	
Phone Number (home/work)	
Name (Contact 2)	
Relationship to child	
Phone Number (mobile)	
Phone Number (home/work)	

#### Clinic/Hospital Contact

Name	
Phone no.	

#### G.P.

Name	
Phone no.	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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

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*)

Daily care requirements

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

Arrangements for school visits/trips etc

Other information / Staff training needed/undertaken – who, what, when

Plan developed and agreed by

Staff	Parent	Other
Signature		

## Parental agreement for setting to administer medicine

The school will not give your child medicine unless you complete and sign this form.

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	[a member of office 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 \_\_\_\_\_

(Page 1)

# Record of medicine administered to an individual child

## 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			

# Asthma Care Plan



## My asthma triggers

List the things that make your asthma worse so you can try to avoid or treat them

Always keep your reliever inhaler (usually blue) and your spacer with you. You might need them if your asthma gets worse.



## I will see my doctor or asthma nurse at least once a year (but more if I need to)

Date my asthma plan was updated:

Date of my next asthma review:

Doctor/asthma nurse contact details:

### Parents - get the most from your child's action plan

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with their school

Learn more about what to do during an asthma attack

[www.asthma.org.uk/child-asthma-attacks](http://www.asthma.org.uk/child-asthma-attacks)



If you have any questions, your parents can talk to our respiratory nurse specialists by calling 0300 222 5800 or messaging on WhatsApp on 07378 606 728 (Monday-Friday, 9am-5pm over 16 only).



The Asthma UK and British Lung Foundation Partnership is a company limited by guarantee 01863614 (England and Wales). VAT number 648 8121 18. Registered charity in England and Wales (326730), Scotland (SC038415) and the Isle of Man (1177). Registered office: 18 Mansell Street, London, E1 8AA. Last reviewed and updated 2021; next review 2024.

## My asthma plan

Your asthma plan tells you what medicines to take to stay well

And what to do when your asthma gets worse



Name:

# My asthma plan

## 1 My usual asthma medicines

- I need to take my preventer inhaler every day. It is called:   
and its colour is:
- I take  puff/s of my preventer inhaler in the morning and  puff/s at night. I do this every day even if my asthma's OK.
- Other asthma medicines I take every day:
- My reliever inhaler helps when I have symptoms. It is called:   
and its colour is:
- I take  puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.

**If I need my reliever inhaler (usually blue) when I do sports or activity, I need to see my doctor or asthma nurse.**



## 2 My asthma is getting worse if...

- I wheeze, cough, my chest hurts, or it's hard to breathe **or**
- I need my reliever inhaler (usually blue) three or more times a week **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment).

### If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take  puff/s of my reliever inhaler (usually blue) every four hours if needed
- See my doctor or nurse within 24 hours if I don't feel better.

**URGENT!** If your reliever inhaler isn't lasting four hours, you need to take emergency action now (**see section 3**)



Remember to use my spacer with my inhaler if I have one. (If I don't have one, I'll check with my doctor or nurse if it would help me.)

Other things my doctor or nurse says I need to do if my asthma is getting worse (e.g. check my peak flow)


## 3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours **or**
- I can't talk, walk or eat easily **or**
- I'm finding it hard to breathe **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts.

### If I have an asthma attack, I will:

- Call for help.**
- Sit up** – don't lie down. Try to be calm.
- Take one puff of my reliever inhaler** (with my spacer if I have it) **every 30 to 60 seconds** up to a total of 10 puffs.
- If I don't have my reliever inhaler, or it's not helping, I need to call 999** straightaway.
- While I wait for an ambulance I can use my blue reliever again, every 30 to 60 seconds (up to 10 puffs) if I need to.

**Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.**