

The policy framework describes the essential criteria for how a school can meet the needs of children and young people with long-term conditions. It is in line with DfE statutory guidance on Supporting Pupils with Medical Conditions (Dec 2015) for governing bodies of maintained schools and proprietors of academies in England.

Icknield Walk First School

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

The named member of school staff responsible for this medical conditions policy and its implementation is:

NAME: Jane Sherwood

ROLE: Headteacher

This policy will be reviewed in 2028 (unless guidelines change before then)

DfE guidance

Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Details should include:

- who is responsible for ensuring that sufficient staff are suitably trained,
- a commitment that all relevant staff will be made aware of the child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- briefing for supply teachers,
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable,
- monitoring of individual healthcare plans.

This school is an inclusive community that supports and welcomes pupils with medical conditions.

- This school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- This school will listen to the views of pupils and parents/carers
- Pupils and parents/carers feel confident in the care they receive from this school and the level of that care meets their needs.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence.
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school & local health community understand and support the medical conditions policy.
- This school understands that all children with the same medical condition will not have the same needs; our school will focus on the needs of each individual child.
- The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (Other related legislation is referenced in DfE guidance p27). Some children with medical conditions

may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice.

This school's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.

- Stakeholders include pupils, parent/carers, school nurse, school staff, governors, and relevant local health specialist services.

The medical conditions policy is supported by a clear communication plan for staff, parent/carers/carers and other key stakeholders to ensure its full implementation.

- Pupils, parent/carers/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.

All staff understand and are trained in what to do in an emergency for children with medical conditions at this school.

- All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.
- All staff receive training in what to do in an emergency and this is refreshed at least once a year.
- All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at this school have an individual healthcare plan (IHP)¹, which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.
- This school makes sure that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional/trainer and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional/trainer will confirm their competence, and this school keeps an up to date record of all training undertaken and by whom.
- This school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom parental consent for its use has been obtained.
- This school has chosen to hold an emergency adrenaline auto injector for any child who has one and may need to use it, if their one is damaged or as an additional shot on advice of a paramedic. Parental consent has been obtained.

¹ An example template for an IHP has been produced by Dfe - see template A.

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

All staff understand and are trained in the school's general emergency procedures.

- All staff, including temporary or supply staff should be aware of the content of this policy, know what action to take in an emergency and receive updates at least yearly. A first aid trainer /online training will provide annual training for common conditions e.g. asthma, allergies, epilepsy and diabetes.²
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. They will not usually take pupils to hospital in their own car, unless advised otherwise by a health care professional and they have a chaperone and appropriate insurance.

This school has clear guidance on providing care and support and administering medication at school.

- This school understands the importance of medication being taken and care received as detailed in the pupil's IHP.
- Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so.
- The school only has the capacity to give prescription medicine at lunchtime, unless the child has a care plan agreed by the school nurse.
- The parent/carer must fill in a medicine administration request form giving the instructions regarding the required dosage (see request form available on the school website).
- The medicine must be delivered by the parent/carer (under no circumstances the child) to a school staff member.
- Medicines will either be self-administered in the presence of a member of school staff or will be administered by a member of school staff according to the dosage instruction provided.
- After school club leaders must be contacted by the parent/carer if the medicine is to be collected from school by the leader and administered to the child or collected by the parent /carer. The after-school club will have its own administration of medicines policy.
- This school will make sure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual child. This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.³
- This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.
- When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given. Parents/carers will be informed.
- This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.

² For pupils requiring insulin injections/insulin via pumps or blood glucose monitoring in schools the Paediatric Diabetes Team will provide this level of training and education.

³ For school's covered by HCC's insurance where an IHCP is in place; parents have consented for the school to administer medication / meet other support needs as part of that plan; trained staff undertake these support needs and record keeping in relation to administration is robust then liability cover would be in place for common treatments administered by staff. (e.g. in relation to oral medication, inhalers, epi-pens, pre-packaged doses via injection etc.)

The insurance section has a detailed list of treatments which are covered, if you have pupils with significant medical needs contact insurance@hertfordshire.gov.uk or by phone on 01992 555480 for further advice and to ensure coverage.

- Parents/carers at this school understand that they should let the school know immediately if their child's needs change.
- If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the school's disciplinary procedures are followed.
- We will refuse entry for any child who does not have their emergency medicine at school with them, as we can't keep the child safe. We will ask the parent to take the child home and come back with their medication.

This school has clear guidance on the storage of medication and equipment at school.

- Medications that are taken at a prescribed time may be stored in a locked cupboard or the dedicated medicines fridge, other medications may be stored on the medications shelf in the classrooms over the sinks. Emergency medication has the child's photo and what emergency symptoms look like.
- This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, e.g. asthma inhalers, epi-pens etc. are readily available wherever the child is in the school and on off-site activities and are not locked away.
- Pupils may carry their own medication/equipment, or they should know exactly where to access it. Those pupils deemed competent to carry their own medication/equipment with them will be identified and recorded through the pupil's IHP in agreement with parents/carers.
- This school will store controlled drugs securely in a non-portable container, with only named staff having access. The amount of this drug in school will be recorded and only a limited supply will be in the building at any time.
- Staff at this school can administer a controlled drug to a pupil once they have had specialist training.
- This school will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately. Under no circumstances will medication be stored in first aid boxes.
- This school will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. The exception to this is insulin which, though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents/carers are reminded in regular newsletters to check their child's medication that is stored in school to make sure it is in date.
- This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

This school has clear guidance about record keeping.

- As part of the school's admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.
- This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have a statement or EHC plan, their special educational needs are mentioned in their IHP. Appendix 1 is used to identify and agree the support a child needs and the development of an IHP.
- This school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register (school secretary).
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.

- The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- This school makes sure that the pupil's confidentiality is protected and will only share information where it is important to keep the child healthy and safe.
- This school seeks permission from parents/carers before sharing any medical information with any other party.
- This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

- This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.
- This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- This school understands the importance of all pupils taking part in off-site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.
- This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity and offsite visits.

- This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- This school will not penalise pupils for their attendance if their absences relate to their medical condition.
- This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCo who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.
- Pupils at this school learn what to do in an emergency.
- This school makes sure that a risk assessment is carried out before any out-of-school visit. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency.

- This school is committed to identifying and reducing triggers both at school and on out-of-school visits.
- School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

- This school works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
- Key roles and responsibilities are outlined in Appendix 2.

Specific conditions

Pain relief

- Non-prescription pain relief (i.e. Calpol). This will be kept in the school for pain relief in extreme circumstances – if a child is really not well, they should not come to school or be sent home.
- Parents will be asked to sign a Calpol administration permission slip when their child begins school.

Asthma Guidelines

- Parents/carers must provide school with details of dosage, equipment such as relievers, preventers and spacers.
- It is the Parents/Carers' responsibility to inform the school of details of treatment and changes as they occur. These will be recorded on the medical lists kept at the front of each teacher's register.
- The school keeps a stock of emergency Salbutamol inhalers for use for children who have been diagnosed with asthma but whose inhaler is unavailable. The list of children whose parents/carers have given permission for emergency inhaler use is kept with the emergency inhalers.

Access:

- It is normally expected that the pupils have their inhalers close to hand at all times e.g. on day trips in a bag with them.
- Inhalers will only be allowed in school once parents or carers have informed the school office and the child's teacher.
- Inhalers are only to be used by / for the pupil for who they are prescribed.
- It is good practice to have an inhaler in a PE kit bag and one in the teacher's cupboard/shelf.
- Parents/Carers must check regularly to see when the medication is due to run out or expire.

Procedures for checking emergency inhalers (this is designated to the Senior Supervisory Assistant who also checks first aid resources)

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available.
- Replacement inhalers are obtained when expiry dates approach.

- Replacement spacers are reordered once they have been used.
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

Nebulisers:

Some children need to use an electric device called a nebuliser. In such cases, they will only be used following liaison with parents/carers.

Auto Adrenaline Injector (such as EpiPen) Guidelines

Some pupils may suffer anaphylactic shock through a severe and sudden reaction to insect bites, nut allergy etc.

Auto Adrenaline Injectors will be kept on the shelf above the sink in the classroom.

The school staff have agreed to administer auto adrenaline injectors ***in extreme circumstances*** and only if they have been trained in the use of the auto adrenaline injector. Staff understand that auto adrenaline injectors are a risk free treatment and a one shot injection which can do no harm and may relieve a potentially high risk medical condition.

The school holds a spare auto adrenaline injector (for use if a child's auto adrenaline injector is unavailable). This is only to be used for children who do have an auto adrenaline injector prescribed for them. It is kept in the literacy room. It is possible that the emergency services will recommend using an auto adrenaline injector for a child who is having an anaphylactic shock but does not have a prescribed pen, if this is the case, we will use the spare injector – but only under direction of the emergency services operator.

First Aid Guidelines

Teachers are not doctors or nurses. They can only act as far as their training and common sense allows.

The majority of the school staff have attended First Aid in school training and the school has at least 6 paediatric first aid trained staff.

Where thought necessary by the first aider, parents/carers will be informed at the end of the day through a white accident slip/wearing of a sticker and where possible through verbal contact e.g. a telephone call / message from the teacher at the end of the school day.

In more serious cases, parents/carers will be contacted immediately and advised of the need to take the child to a doctor.

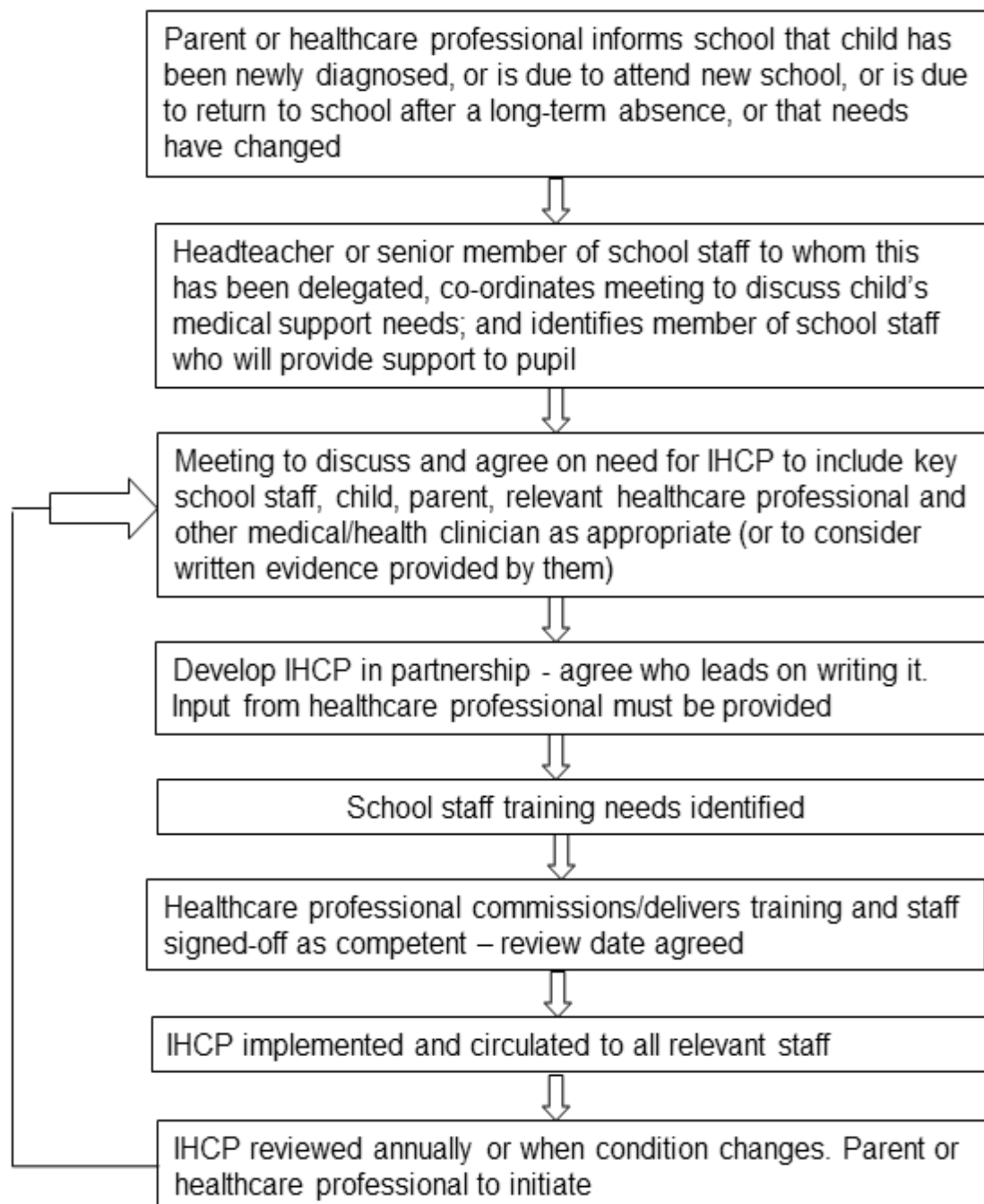
In emergency cases, an ambulance will be called and the Parent/Carer informed immediately. In such cases, the school's order of care is entrusted to the NHS ambulance personnel.

A member of the school's staff cannot give permission for any treatment at casualty (blood transfusions etc.)

- In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and governors. The views of pupils with medical conditions are central to the evaluation process.

- Should parents and pupils be dissatisfied with the support provided they should discuss these concerns to the Headteacher.

Appendix 1 - Model process for developing individual healthcare plans



Appendix 2 - Roles and responsibilities

Governing bodies – 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 pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Headteacher – should 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. Headteachers should ensure that all staff that need to know are aware of the child's condition. They should also 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. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child 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.

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.

School nurse – every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Anyone dealing with the medical care of a pupil in school should contact the named school nurse for that school to ensure a coordinated approach.

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.

Parents/carers – should 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/carers 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.

Policy agreed by governors: March 2015

Policy reviewed by governors: January 2025

To be reviewed: January 2028 or before if there are changes to legislation