



SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

Name	Supporting Pupils with Medical Conditions Policy		
Agreed by	Full Governing Body		
Date agreed	05/03/24	Review date	Spring 2025
Signed & dated			

Malmesbury Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support in school. All pupils have an entitlement to a full curriculum or as much as their medical condition allows. This policy has been developed in line with the Department of Education's statutory guidance released in April 2014 – 'Supporting pupils at school with medical conditions' under a statutory duty from section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014.

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.

Ofsted places a clear emphasis on meeting the needs of pupils with SEND, also including those pupils with medical conditions.

Key Roles and responsibilities

1. The Local Authority is responsible for:

- a) promoting co-operation between relevant partners supporting pupils with medical conditions
- b) providing support, advice/guidance and training to schools and their staff to ensure individual Healthcare plans (IHP) are effectively delivered
- c) working with schools to ensure pupils attend full time or make alternative arrangements for the education of pupils who need to be out of school for 15 days or more due to health needs and who otherwise would not receive a suitable education

2. The Governing Body is responsible for:

- a) Ensuring arrangements are in place to support children with medical conditions
- b) Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively
- c) Ensuring that the policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/origin, religion or belief, sex, gender, reassignment, pregnancy & maternity, disability or sexual orientation
- d) Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs
- e) Ensuring that all pupils with medical needs are able to play a full and active role in all aspects of school life, participate in school visits/trips/sporting events, remain healthy and achieve their academic potential
- f) Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical needs and that they are signed off as competent to do so. Staff should have access to information, resources and materials.

- g) Ensuring written records are kept of, any and all, medicines administered to pupils
- h) Ensuring the policy sets out procedures are in place for emergency situations
- i) Ensuring the level of insurance in place reflects the level of risk
- j) Handling complaints regarding this policy as outlined in the schools complaints policy

3. The Headteacher is responsible for:

- a) Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy
- b) The day to day implementation and management of the policy and procedures at Malmesbury
- c) Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy
- d) Assigning appropriate accommodation for medical treatment/care
- e) Ensuring confidentiality and data protection
- f) If necessary, facilitate the recruitment of staff for the purpose of delivering the promise made in this policy. Ensuring more than one staff member is identified, to cover holidays/absences and emergencies

4. The Assistant Headteacher - Inclusion is responsible for:

- a) The day today implementation and management of the policy and procedures at Malmesbury
- b) Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy
- c) Liaising with healthcare professionals regarding the training required for staff
- d) Identifying staff who need to be aware of a child's medical condition
- e) Ensuring that Individual Healthcare Plans are in place with the Medical Leader
- f) Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations
- g) Supporting and managing the Medical Leader

5. The designated Medical Leader is responsible for:

- a) Setting up and maintaining the register of children with medical needs
- b) Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help – a first aid certificate is not sufficient

- c) Storage of controlled drugs and being the key holder
- d) Collection and storage of parental consent forms
- e) Implementation of the IHP
- f) Liaising with parents/carers, teachers/support staff re IHP
- g) Supporting children with managing their medical condition
- h) Overseeing the administration of medications and maintaining records
- i) Ensuring inhalers, anti-epileptic/seizure medication (buccal midazolam) adrenalin pens and blood glucose testers are held in an accessible location, following DfE guidance
- j) Liaising with school nurse and other professionals
- k) Voluntarily holding 'spare' salbutamol asthma inhalers and Automatic Adrenaline Injectors for emergency use

6. Staff members are responsible for:

- a) Knowing where controlled drugs are stored and where the key is held
- b) Taking account of the needs of pupils with medical conditions in lessons
- c) Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medical responsibility
- d) Ensuring that pupils have immediate access to their medicines before, during or after exercise. Staff supervising sporting activities should be aware of all relevant medical conditions and emergency procedures.

7. School nurses are responsible for:

- a) Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career
- b) Liaising with lead clinicians on appropriate support, training and IHPs
- c) Responding to referrals made by the school to the service and working with families requiring health needs assessments and health checks

8. Parents and carers are responsible for:

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

9. Pupils are responsible for:

- a) Describing how their medical condition affects them
- b) Being involved in their IHP and have a say in making decisions and plans which affect them
- c) Being encouraged to self- managing their health needs and actively involved in using their medication
- d) Being sensitive to the needs of others

Training of staff

1. Newly appointed teachers, long-term agency staff and support staff will be expected to read and ask appropriate questions around 'Supporting Pupils with Medical Conditions' Policy as part of their induction. Senior leaders will ensure they are acting in accordance with this policy.
2. No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to that condition
3. School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy.
4. The school has a number of trained First Aiders, a list of which is displayed in the Medical Room and Office
5. The school has key staff who are trained to use an Evac chair

Medical conditions register/list

1. School admissions forms request information on pre-existing medical conditions. Parents must inform school at any point in the school year if a condition develops or is diagnosed. Consideration is given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance
2. A medical conditions register is kept, updated and reviewed regularly by the nominated member of staff. Each class has an overview of the list for the pupils in their care in the First Aid cabinet in the classroom. Information is on RM Integris
3. Supply staff and support staff have access on a need to know basis. Parents should be assured data sharing principles are adhered to
4. For pupils on the medical conditions list key stage transition points meetings take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff, if appropriate.

Individual Healthcare Plans

1. Where necessary (HT will make the final decision) an Individual Healthcare Plan will be developed in collaboration with the pupil, parents/carers and medical professionals.
2. IHPs are easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. If consent is sought from parents a photo and instructions are displayed in the staffroom. **N.B. In the case of conditions with potential life-threatening implications, the information should be available clearly and accessible to everyone**
3. IHPs will be reviewed annually or when a child's medical circumstances change
4. Where a pupil has an EHC plan, the IHP will be linked to it or become part of it
5. 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

Transport arrangements

1. Where a pupil with an IHP is allocated school transport the school should invite a member of the Transport team who will arrange for the driver or escort to participate in the IHP meeting. A copy of the IHP will be copied to the Transport team and kept on pupil record. The IHP must be passed to the current operator for use by the driver/escort and the Transport team will ensure that the information is supplied when a change of operator takes place
2. For some medical conditions the driver/escort will require adequate training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport
3. When prescribed controlled drugs need to be sent into school, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and date etc.
4. Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action

Education Health Needs (EHN) Referrals

1. All pupils of compulsory school age who because of illness, lasting 15 days or more, are provided for under the LAs duty to arrange educational provision for them

Medicines

1. Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours

2. If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form
3. No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances
4. No child under 16 years of age will be given medication containing aspirin without a doctor's prescription
5. Medicines MUST be in date, labelled and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered
6. A maximum of 4 weeks supply of the medication may be provided to the school at one time
7. 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.
8. Inhalers, anti-epileptic/seizure medication (buccal midazolam) adrenalin pens and blood glucose testers will be kept in the medical bag located in the individual's classroom and taken everywhere the class goes.
9. Any medications left over at the end of the course will be returned to the child's parents or disposed as appropriate
10. Written/electronic records will be kept of any medication administered to children
11. Pupils will never be prevented from accessing their medication
12. Emergency salbutamol inhaler kits and Automatic Adrenalin Injectors are kept in school
13. General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the staff room/medical room
14. Malmesbury Primary school cannot be held responsible for side effects that occur when medication is taken correctly
15. Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written in the IHP which will include informing parents

It is unacceptable practice to administer any medication without being clear about the care/medical plan. This includes but is not limited to frequency and dosage of medication.

Emergencies

1. 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
2. Pupils will be informed in general terms of what to do in an emergency such as telling a teacher
3. If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive

Day trips, residential visits and sporting activities

1. Clear 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
2. Risk assessments are 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.

Avoiding UNACCEPTABLE practice

The following behaviour is unacceptable at Malmesbury Primary School

1. Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
2. Assuming that pupils with the same condition require the same treatment
3. Ignoring the views of the pupils and/or their parents or ignoring medical evidence or opinion
4. Sending pupils home frequently or preventing them from taking part in activities in school
5. Sending the pupil to the medical room or school office alone or without an adult if they become ill
6. Penalising pupils with medical conditions for their attendance record where the absence relate to the medical condition
7. Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues
8. Creating barriers to children participating in school life, including school trips
9. Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition

Insurance

1. Teachers who undertake responsibilities within this policy will be assured by the HT that they are covered by the LA/School insurance
2. 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 HT

Complaints

1. All complaints should be raised with the school in the first instance
2. The details of how to make a formal complaint can be found in the School Complaints Policy

See First Aid Policy and Accessibility plan.

This policy will be reviewed yearly.

Appendix 1



Parental agreement 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	
Full name of child	
Date of birth	
Class and year group	
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	
Parent contact details	
Name	
Daytime telephone numbers	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	

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

Signature(s) _____ Date _____

Appendix 2



Individual Health Care Plan

Date	
Review Date	

Child's Information	
Full Name	
Class and year group	
Date of birth	
Address	
Medical diagnosis or condition	
Family Contact Information	
Name	
Relationship to child	
Contact number(s)	
Name	
Relationship to child	
Contact number(s)	

Medication	
Name of medication	
Expiry date	
Dosage and method	
Timing	
Side effects staff need to be aware of	

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

Daily care requirements

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

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Arrangements for off-site activities

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Emergency

What constitutes an emergency?	
Emergency action plan	
Staff member responsible	

Plan developed with

--

Staff training needed

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Verbal agreement with parents (print name):	Date

Parent's signature:	Date

Care plan to be saved on google shared drive:
Inclusion / medical / care plans / key stage / year group / class.

Hard copy to be kept in classroom first aid cabinet.



REFERRAL FORM FOR ASSESSMENT BY THE 0-19 TEAM

Please e-mail completed form to
Thgpog.healthvisitingduty@nhs.net (Referrals for: 0-5 years)
Thgpog.schoolnurses@nhs.net (Referrals for: 5-19 years)

Date of referral: Click or tap to enter a date.

Section A: Child's Details: Mandatory/Essential

Name of child or parent: Click or tap here to enter text. Date of birth: Click or tap to enter a date.
NHS Number Click or tap here to enter text. (if known) * Safeguarding Plan: Yes No
Current Address: Click or tap here to enter text.
Telephone: Click or tap here to enter text.
GP: Click or tap here to enter text.
Interpreter required (parent/child): Yes No Language: Click or tap here to enter text.
Has the parent/carer given their consent for this referral? Yes No
Nursery School attended (if applicable): Click or tap here to enter text.

Section B - Reason for referral (essential field) (Please be specific)

Section C - Details of person making referral

Name: Click or tap here to enter text. Job title: Click or tap here to enter text.
Email address: Click or tap here to enter text. Contact number: Click or tap here to enter text.



REPLY SLIP to Referrer

Date: Click or tap to enter a date.

(Regarding your referral to the 0-19 service)

To Referrer: Click or tap here to enter text.

Re: Click or tap here to enter text.

Date of birth: Click or tap to enter a date.

Date seen: Click or tap to enter a date.

Action Plan:

Name of 0-19 practitioner: Click or tap here to enter text.

Contact email: Click or tap here to enter text. **mobile number:** Click or tap here to enter text.

Emergency Asthma/Wheeze Action Plan



THINK

- Are they coughing, wheezing, finding it hard to breathe, have a tight chest, unable to walk or talk?
- Do they need their inhaler?
- Do you need to call for an ambulance?
- **REMEMBER: stay with the child at all times.**



Under 5

INTERVENE

- Keep calm and reassure child.
- Sit them up and slightly forward.
- Ask someone to get blue inhaler and spacer, administer inhaler and note the time (see medicine steps).
- Do you need to call for an ambulance?



Over 5

MEDICINE

- Shake blue Inhaler and place in spacer, spray one puff and take 10 breaths.
- Repeat up to 10 times if needed.
- Do you need to call an ambulance?
- If symptoms are resolved contact the parents to get a GP review. If this is happening frequently then please refer to the Community Children Specialist asthma nurse TH.paedasthmanurse@nhs.net.



Teens

EMERGENCY 999

- If no improvement or you are worried or unsure, call 999 and request an ambulance.
- Note time of calling 999, school's postcode **E3 2AB**
- If ambulance takes longer than 15 minutes repeat medicine steps.

ANAPHYLAXIS

- Do they have an adrenaline pen?
- If there is no improvement, they could be having an anaphylactic reaction causing inflammation in the lungs.
- **If in doubt, follow their allergy management plan and inject.**
- Call an ambulance stating anaphylaxis 'ANA-RI-AX-IS'.



Parent Consent:

Child Name

I give the school permission to give my child their inhalers and/or adrenaline pen, or to use the school's emergency supply if my child's own supply is out of date or unavailable.

Signature

Date of signature