



Burtonwood Primary School

Supporting Pupils with Medical Conditions Policy

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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 the use of individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Mrs Heather Muttock, Headteacher

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](#).

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The governing board

The governing board has the ultimate responsibility to make necessary arrangements to support pupils with medical conditions. The governing board 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 who regularly deal with a pupil with medical needs will know what to do and respond accordingly when they become aware that the pupil needs help. If these members of staff are not available on any given occasion, other staff within school must be prepared beforehand to take over the responsibility temporarily and be given all information needed in order to do this.

All staff should be made aware of any very serious medical needs, such as severe allergic reactions, and how to respond accordingly.

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 and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

3.5 Pupils

Pupils with medical conditions will often be best placed to 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.

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.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school 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.

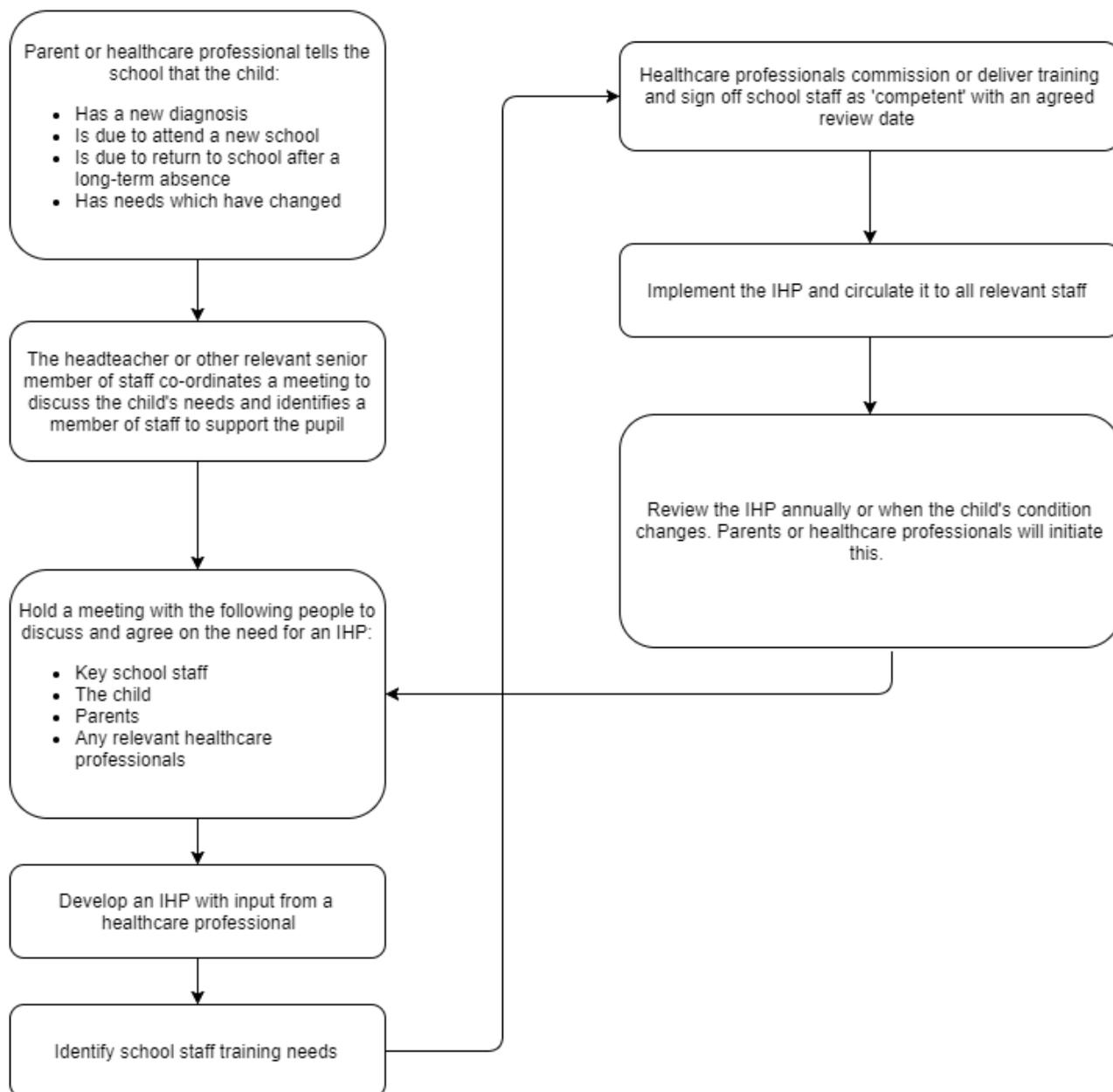
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

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.



6. Individual healthcare plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to **Mrs Joanne Hughes (SENDCO)**

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

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

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require 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 not a 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 paediatrician, 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 statement of special educational needs (SEN) or education, health and care plan (EHCP). If a pupil has SEN but does not have a statement or 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 the school SENDCO Mrs Joanne Hughes, 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

7. Managing medicines

Only prescription medicines requiring administration of four or more times a day will be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so
and
- Where we have parents' written consent

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. The school will also accept an EpiPen that is prescribed by a GP.

All medicines will be stored safely. 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 when no longer required.

In these circumstances, medicine will only be administered after a school request form has been completed. These forms are available at the School Office.

Non-prescribed medication

- Non-prescription medicines will be administered by parents, should they be needed during the school day. Staff will **never** give a non-prescribed medicine to a child unless on a residential and there is specific, prior written permission from the parents. Where the head teacher agrees to the administration of a non-prescribed medicine, it must be in accordance with procedures outlined in this policy.
- If a child suffers intermittently from acute pain, such as migraine or period pain, the parents/carers with **school consent**, may authorise the supply of appropriate painkillers for their child's use with written, signed instructions about when the child should take the medicine. Similar arrangement can be made for children with hayfever/allergies. A member of staff **must** be aware that the child has taken medication, record it and must inform the parents/carers, in person or via Class Dojo, on the day the medication is taken. If the parent does not acknowledge the message on Class Dojo, a phone call must be made to advise them.

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.

7.1 Disposal of Medicines

- Parents will collect medicines at the end of the dosage period.
- Parents/carers are responsible for the safe disposal of date expired medication (by returning to the local pharmacy or dispensing pharmacist). Expiry dates on medicines will be checked at the start of each half term by a named member of staff and parents notified if replacements are needed.
- As epipens are subject to supply issues and continue to be safe to use after the expiry date, school will keep them and administer them in an emergency situation if they are out of date, pending them being replaced.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures under adult supervision. 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 and appropriate.

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 Intimate or Invasive Treatment

- Some staff are understandably reluctant to administer intimate or invasive treatment because of the nature of the treatment or fears about accusations of abuse.
- Parents and head teachers will respect such concerns and should not put any pressure on staff to assist treatment, unless they are entirely willing.
- Each school has a school health adviser and other health professionals who can be approached for advice.
- The head teacher and Governing Body will arrange for appropriate training for staff with the appropriate health professional.
- The school should arrange for two adults, preferably one of the same gender as the child, to be present for the administration of intimate or invasive treatment. Two adults will also often ease practical administration of treatment.
- Staff should protect the dignity of the child as far as possible, even in emergencies.

8. Hygiene and Infection Control

- All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures.
- Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

9. 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 unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments, and they are only missing one lesson
- 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 of children, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child with ongoing medical needs, 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 generally used by other pupils

10. 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.

Staff will not take children to hospitals in their own car. An ambulance will be called.

Parents will be informed as quickly as possible if a child has to be transported to hospital.

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.

11. Defibrillators

- Sudden Cardiac Arrest (when the heart stops beating) can happen to anyone at any age without warning.
- Quick action through CPR and defibrillation can help save lives.
- At Burtonwood CP, we have a defibrillator stored on the wall outside the staffroom.
- Staff have been trained on how to use the defibrillator.

12. 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 to 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 this with **Mrs. Heather Muttock, Headteacher and Mrs. Joanne Hughes SENDCO** 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

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.

13. Record keeping

- The governing board 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 an accessible place which all staff are aware of and included in the folder for supply teachers.
- Records set out how medicines are managed, recorded and administered. This establishes a clear audit trail. For schools, the recommended retention for these records is the date of birth of the child being given/taking the medicine plus 25 years. This allows for records to be kept as evidence for litigation should the child on reaching 18 years old feel this is something they want to pursue. Record sheets will be scanned when completed and kept in the administration drive for this period of time.
- A record for inhalers will be kept in the classroom and scanned on a monthly basis to the same folder on the administration drive

- Ongoing daily medication for chronic medical conditions such as diabetes may have a home-school book; this should be scanned at least weekly and copies kept on the administration drive
- Parents must supply information about medication that needs to be administered in the school by completing a form and handing it in at the school office.
- Parents should let the school know of any changes to the prescription.
- School should ensure pro-formas are used to provide clarity and consistency.
- Medical information will be recorded in SIMs (the school's data base). This is only updated for long-term illnesses or conditions.
- Records of staff training by medical professionals should be kept on file and scanned to the administration drive

14. Safety Management

- All medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer medication, the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the control of Substances Hazardous to Health Regulations. (COSHH - 2002).

15. Confidentiality

All medical information held is confidential. It should be agreed between the Headteacher, child (if appropriate) and parent, who else should have access to records and information about a child.

16. 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.

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

17. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with **Mrs. Joanne Hughes, SENDCO and Mrs. Heather Muttock, Headteacher** in the first instance. If the SENDCO/Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

18. Monitoring arrangements

This policy will be reviewed and approved by the governing board every two years or earlier if legislation changes are made.