



Supporting Pupils with Medical Conditions Policy

ALLEN EDWARDS PRIMARY SCHOOL

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Contents

1. Aims	3
The Governing Board will implement this Policy by:.....	3
2. Legislation and Statutory Responsibilities	3
3. Roles and Responsibilities.....	3
3.1 The Governing Board	3
3.2 The Headteacher.....	3
3.3 Staff	4
3.4 Parents	4
3.5 Pupils	4
3.6 School Nurses and other Healthcare Professionals	4
4. Equal Opportunities	5
5. Being Notified that a Child has a Medical Condition.....	5
6. Individual Healthcare Plans.....	5
7. Managing Medicines	6
7.1 Controlled Drugs	7
7.2 Pupils Managing their own Needs.....	7
7.3 Unacceptable Practice	8
8. Emergency Procedures	8
9. Training.....	8
10. Record Keeping.....	9
11. Liability and Indemnity	9
12. Complaints.....	9
13. Links to Other Policies	9
Appendix 1: Individual Health Care Plan.....	10
Appendix 2: Asthma Card	11
Appendix 3: Administration of Medicine.....	12
Appendix 4: Asthma Record	13
Appendix 5: Being Notified a Child has a Medical Condition.....	14

Supporting Pupils with Medical Conditions Policy

At Allen Edwards Primary School, we are committed to the United Nations Convention on the Rights of the Child (UNCRC) and have achieved our Gold accreditation through the dedicated work that our community has committed to and will continue to do. We strive to ensure that we are fulfilling the rights of all children by providing them with an inclusive environment where they feel safe and confident enabling them to reach their full potential and prepare them for an ever-changing world.

The Articles that link to this policy are:

Article 2	Non-Discrimination	At Allen Edwards, children, staff, parents and governors guarantee that children are not discriminated against because of their abilities. All staff work closely together to ensure that strategies and interventions are in place to support children so that they can achieve their full potential and can access a curriculum that allows them to flourish.
Article 6	Life, Survival and Development	At Allen Edwards, children, staff, parents and governors ensure that we provide a tailored curriculum that meets the needs of all children so that all children develop to their full potential.
Article 23	Children with a Disability	At Allen Edwards, children, staff, parents and governors work tirelessly to increase our children's independence, promote skills that will allow all of our children to develop to their full potential and treat every child with the dignity that they deserve.
Article 28	Right to Education	Every child has the right to an education. Primary education must be free and different forms of secondary education must be available to every child. Discipline in schools must respect children's dignity and their rights. Richer countries must help poorer countries achieve this.
Article 29	Goals of Education	At Allen Edwards, children, staff, parents and governors recognise that every child has talents and abilities that need to be encouraged and developed.



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 Louise Robertson

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.

3. Roles and Responsibilities

3.1 The Governing Board

The governing board has ultimate responsibility to make 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 will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

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's 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 Individual Health Care Plan (IHP) (Appendix 1) or an Asthma Card (Appendix 2). These will be created with the school nurse or the health care professional working with your child.

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 Nicola Harris, Deputy Headteacher for Inclusion

Plans will be reviewed by health care professionals where appropriate or if there have been concerns.

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 (EHC) plan. 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 head teacher and Assistant Head 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.

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**
- Where we have parents' written consent

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



If medication is given at school, parents will need to complete an Administration of Medicine form, which can be found in the school office (appendix 3). The medicine will be stored in the Medical Room. It is the parent's responsibility to inform the class teacher. It is the child's responsibility to come to the office. Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. For medication such as asthma inhalers, staff will complete an Asthma Record (Appendix 4) every time a child is given the medication.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are 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.

Non-prescribed medicines are not allowed in school unless agreed by the Headteacher.

7.1 Controlled Drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils Managing their own Needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.



7.3 Unacceptable Practice

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs.
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to 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

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 Assistant Head for Inclusion. 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.

10. 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 a readily accessible place, which all staff are aware of.

11. Liability and Indemnity

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

The details of the school's insurance policy are:

The school's insurance covers staff providing support to pupils with medical conditions.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Links to Other Policies

This policy links to the following policies:

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

Appendix 1: Individual Health Care Plan

bsaci **ALLERGY ACTION PLAN** **RCPCH** **Anaphylaxis Campaign** **AllergyUK**

This child has the following allergies:

Name: _____

DOB: _____

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If vomited, can repeat dose)

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- | | | |
|---|--|---|
| A AIRWAY | B BREATHING | C CONSCIOUSNESS |
| <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue | <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough | <ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious |

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)
 -
 - 2 Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: . . . mg)
 - 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")**
- *** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: _____

2) Name: _____

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: _____

Print name: _____

Date: _____

For more information about managing anaphylaxis in schools and 'spare' back-up adrenaline autoinjectors, visit: sparepensinschools.uk

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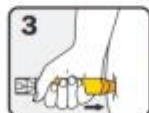
How to give EpiPen®



1 PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: 'blue to sky, orange to the thigh'



2 Hold leg still and PLACE ORANGE END against mid-outer thigh 'with or without clothing'



3 PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name: _____

Hospital/Clinic: _____



Date: _____

Appendix 2: Asthma Card

School Asthma Card

To be filled in by the parent/carer

Child's name:

Date of birth:

Address:

Parent/carer's name:

Telephone - home:

Telephone - mobile:

Email:

Doctor/nurse's name:

Doctor/nurse's telephone:

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed
For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature: Date:

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature

Parent/carer's signature: Date:

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?
 Yes No

Does your child need help taking his/her asthma medicines?
 Yes No

What are your child's triggers (things that make their asthma worse)?

Pollen Stress
 Exercise Weather
 Cold/flu Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?
 Yes No

If yes please describe below

Medicine	How much and when taken


Dates card checked


Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'bummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.





Any asthma questions?
Call our friendly helpline nurses
0300 222 5800
(9am – 5pm; Mon – Fri)
www.asthma.org.uk

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11



Appendix 3: Administration of Medicine

Administration of Medicine Agreement From

MEDICATION IN SCHOOL

Dear Parents and carers,

This letter is a reminder of the school’s policy on the administration of prescribed and non-prescribed medication to students, based on guidance and regulations issued by HSE and the DFE.

In most circumstances, medication (e.g. antibiotics) prescribed three times a day can be taken at home – before school, after school and before bedtime. However, in some circumstances, if you wish prescribed medication to be administered during the school day, clear written instructions must be provided on this form and the medicine must be kept in a container labelled with the child’s name and the medication name. A copy of this letter will then be kept by the office to refer to when the medication is administered.

The name of the medication: _____

The name of the student _____

What time is the medicine taken?	What is the dosage of the medication?

How long will your child require the medication?

Storage (in the fridge etc.):

Precautions relating to the medication (“caution, may cause drowsiness”):

The name of the dispensing pharmacist/doctor:

The expiry date and the date of issue:

Many thanks.

Nicola Harris
Deputy Headteacher



Appendix 4: Asthma Record

ASTHMA INHALER CLASS REGISTER

CLASS:

CHILD'S NAME	DOSAGE REQUIRED	DATE OF EXPIRY

DATE	NAME	TIME	DOSAGE

Appendix 5: Being Notified a Child has a Medical Condition

