

**3 YEARS**



Ashton C of E Primary School

# **Supporting Pupils with Medical Conditions Policy**

Policy ratification date:

**6<sup>th</sup> December 2016**

Policy review deadline:

**6<sup>th</sup> December 2019**

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## Summary of changes

Page	Details of change	Revision
p. 13	Asthma information added from separate policies.	December 2016
ALL	Medication in school policy content added to this policy.	December 2016
Several	Clarified that medicines which have not been prescribed by a healthcare professional for a child will not be administered at school.	December 2016
ALL	New policy	March 2016

# 1. Introduction

- 1.1 All schools must have a policy to make arrangements to support children with medical conditions and to be able to demonstrate that this is implemented effectively.
- 1.2 Pupils' medical needs may be broadly summarised as being of two types:
  - Short term - affecting their participation in school activities because they are on a course of medication.
  - Long-term - potentially limiting their access to education and requiring extra care and support (deemed special medical needs).
- 1.3 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, Ashton will comply with its duties under that Act.
- 1.4 Some children may also have special educational needs and disabilities (SEND) 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 SEND, this guidance should be read in conjunction with the SEND Code of Practice 2014.
- 1.5 If a child is deemed to have a long-term medical condition, the school aims to ensure that arrangements are in place to support them, and that such children can access and enjoy the same opportunities at school as any other child.
- 1.6 The school, health professionals, parents/carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases, this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school, in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.
- 1.7 Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. At Ashton, we recognise that a first aid certificate alone does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the School Nurse, will be asked to provide any necessary training and subsequent confirmation of the proficiency of staff to carry out a medical procedure, or in providing medication.
- 1.8 This policy will be readily accessible to parents/carers and staff on the school website.

## 2. The laws and guidance behind this policy

### Law

- Section 100 of the Children and Families Act 2014
- 2.1 This places a duty on the Governing Board to make arrangements for supporting pupils at Ashton with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission, or excluded from school on medical grounds alone.
- 2.2 Teachers and school staff in charge of pupils have a common law duty to act in the place of the parent/carer (in loco parentis) and may need to take swift action in an emergency. This duty also extends to teachers/adults leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent/carer, who is responsible for the child's medication, and who should supply the school with all the necessary information.

## 3. Related policies

- Child protection and safeguarding
- Data protection
- Disability equality scheme and accessibility plan
- Health and safety
- Learning outside the classroom
- Medical clearance
- Restrictive intervention and positive handling
- Special educational needs and disabilities (SEND)

## 4. Roles and responsibilities

### The governing body

- 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. It should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life;

- 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.

## The Headteacher

- Should ensure that their school's policy is developed and effectively implemented;
- Should ensure that all staff members are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- Should ensure that all staff members who need to know are aware of the child's condition;
- Should ensure that sufficient trained numbers of staff are available to implement the policy and deliver all individual healthcare plans (IHPs), including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose;
- Has the overall responsibility for the development of IHPs;
- Should make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way;
- 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.

## All school staff

- Are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school;
- May support staff on implementing a child's IHP and provide advice and liaison, for example on training;
- Can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.
- **Must not administer medicines to children at school which have not been prescribed by a healthcare professional.**

## Healthcare professionals

- Should notify the school nurse when a child has been identified as having a medical condition that will require support at school;

- May provide advice on developing healthcare plans;
- May be able to provide support in schools for children with particular conditions e.g. asthma, diabetes, epilepsy.

### Pupils (where appropriate for their age)

- Are often best placed to provide information about how their condition affects them;
- 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 IHP;
- 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;
- Should be involved in the development and review of their child's IHP, and may be involved in its drafting;
- 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;
- Must ensure all medicines (including over the counter products) are prescribed by a healthcare professional, i.e. GP.
- **Medicines which have not been prescribed by a healthcare professional for a child will not be administered at school.** If a child requires an over the counter medicine on a regular basis, it must be prescribed by a GP and will then be managed as part of a short term medical requirement;

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### Medicines will not be administered at school unless prescribed by a GP

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- Must ensure that all prescribed medicines are supplied to the school in the original packaging, with a pharmacy label containing the child's details, including dosage etc. The medicine must be in date and any contents also labelled with a pharmacy label (e.g. inhalers).

## The local authority

- Are commissioners of school nurses;
- Under section 10 of the Children Act 2004, have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education;
- Should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within IHPs can be delivered effectively;
- Should work with schools to support pupils with medical conditions to attend full time;
- Where a pupil would not receive suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements;
- Statutory guidance for local authorities, ensuring a good education for children who cannot attend school because of health needs, January 2013, sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

## 5. Procedures at Ashton

- 5.1 Ashton may be notified that a child has a medical condition when he/she first joins the school, often at the start of Reception, or at a later date, following a new diagnosis.

### Induction process

- 5.2 As part of the induction process, parents/carers are interviewed by a member of the school administration team, and are required to complete a questionnaire which includes questions on their child's health and any long term or short term medical needs. If a long term medical need is identified, the parent/carer will be asked to complete an IHP for their child, in conjunction with any relevant medical professionals, and then to meet with the Special Educational Needs Co-ordinator (SENCo), who has responsibility for over-seeing the support for pupils with medical conditions. Copies of reports from medical professionals should be brought to this meeting.



## Pupils receiving a new diagnosis

- 5.3 The school may be informed by a pupil's parent/carer, or a medical professional, that a pupil has a newly diagnosed illness or medical condition. The parent/carer will be asked to complete an IHP for their child, in conjunction with any relevant medical professionals, and then to meet with the Special Educational Needs Co-ordinator (SENCo), who has responsibility for overseeing the support for pupils with medical conditions. Copies of reports from medical professionals should be brought to this meeting.

## Following notification of a short-term medical condition

- 5.4 Occasionally, children have a short-term medical condition such as earache or a sore throat, and are well enough to attend school, but may still be taking a course of medication. Where possible, medication should be administered at home.
- 5.5 The administration of medicine is the responsibility of parents/carers. There is no absolute requirement on teachers or support staff to administer medicines. However, they may volunteer to do so.
- 5.6 If medication is required during the school day, then a parent/carer will be required to complete a consent form at the same time as handing in the medicine to the office.
- 5.7 Prescribed medication should only be accepted if it is in date, in the original dispensed container with clear instructions for dose and storage. It should be clearly labelled with the child's name and class. It is the parent's/carer's responsibility to collect and supply each day, as necessary.

## Following notification of a long-term medical condition

- 5.8 The school will make every effort to ensure that arrangements are put in place as soon as possible;
- 5.9 If the child will require the administration of medication of any kind, a consent form must be completed by the parent/carer and given in at office, together with the medication in its original packaging, with the dosage regime clearly printed on the outside, together with the child's name;
- 5.10 In making the arrangements, the school will take into account that many of the medical conditions that require support at school will affect quality of life and may be life threatening;
- 5.11 The school acknowledges that some medical conditions will be more obvious than others;
- 5.12 The school will therefore aim to ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life;

- 5.13 The school will endeavour to make sure that arrangements give parents/carers and pupils confidence in the school's ability to provide effective support for medical conditions in school;
- 5.14 The arrangements will demonstrate an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care;
- 5.15 The school will ensure that staff members are properly trained to provide the support that pupils need;
- 5.16 The school will ensure that arrangements are clear and unambiguous about the need to support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so, unless it would not be in their best interest owing to their health needs;
- 5.17 The school will make arrangements for the inclusion of pupils in such activities, with any adjustments, as required; unless evidence from a clinician such as a General Practitioner (GP) states that this is not possible;
- 5.18 The school aims to ensure that no child with a medical condition is denied admission or prevented from attending because arrangements for their medical condition have not been made;
- 5.19 However, in line with our safeguarding duties, the school will ensure that a pupil's health is not put at unnecessary risk from, for example, infectious diseases;
- 5.20 The school will therefore not accept a child in school at times where it would be detrimental to the health of that child and others. (Please refer to the School's Accessibility Plan for additional information on how the school will support children with medical conditions);
- 5.21 The school does not have to wait for a formal diagnosis before providing support to pupils;
- 5.22 In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some sort of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. The Headteacher, School Nurse and SENCo will usually lead this. Following the discussions, a healthcare plan may be put in place;
- 5.23 Where a child has an IHP, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff members are aware of emergency symptoms and procedures;

- 5.24 Other pupils should know what to do in general terms, such as informing a teacher immediately if they think help is needed;
- 5.25 It may be necessary to make special arrangements for a pupil on reintegration following illness, or whenever a pupil's needs change, including arrangements for any staff training and support;
- 5.26 If a pupil with a long-term medical condition transfers to another school, arrangements will be made, in consultation with the parent/carer, to ensure that all the relevant information is communicated to the new school.

### Individual Healthcare Plans (IHPs)

- 5.27 At Ashton, the responsibility for over-seeing the support for pupils with medical conditions has been delegated to the SENCo, working alongside the Headteacher. This duty is carried out in conjunction with the parents/carers, the School Nurse, and any other healthcare professionals involved in providing care to the child. Whenever appropriate, the child should also be involved. It is the responsibility of all members of staff supporting the individual children to ensure that the IHP is followed.
- 5.28 The Class Teacher will remain responsible for the child's educational development and ensuring that their medical conditions are supported at school, and the advice on the IHP is adhered to. This will involve keeping all staff members, including support or cover staff, informed about the needs of a pupil with medical needs.
- 5.29 Individual Healthcare Plans:
- help to ensure that the school effectively supports pupils with medical conditions;
  - will capture the key information and actions that are required to support the child effectively;
  - will vary in detail from pupil to pupil depending on the complexity of the child's condition and the degree of support needed;
  - provide clarity about what needs to be done, when and by whom;
  - are often essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention may be needed;
  - are helpful in the majority of other cases, especially where intervention may be needed or where medical conditions are long term and complex;
  - should mention if a pupil has, in addition, special educational needs;
  - will be easily accessible to all who need to refer to them, while preserving confidentiality. A copy will be kept in the main office;
  - should be taken on all school outings and off-site activities;
  - are reviewed annually, or when a child's needs change.

- 5.30 Not all children will require an IHP. The School, healthcare professionals and parent/carer should agree, based on evidence, when an IHP would be inappropriate or disproportionate. If consensus cannot be reached, the healthcare professional is best placed to take a final view.

## 6. Managing medicines in school

- 6.1 Medicines should only be administered at the school when it would be detrimental to a child's health or school attendance not to do so.
- 6.2 No child under 16 should be given prescription or non-prescription medicines without their parent's/carer's written consent.
- 6.3 Parents/carers must sign a consent form (short- or long-term) and medicines must be labelled and handed to office staff.
- 6.4 Inhalers are stored in the office and each pupil's inhalers are stored in their own section in the Headteachers desk drawer and are not locked away. They are always available to staff, and should be taken out for PE/Games outside, and on all outings.
- 6.5 Epipens are stored in the office. Each pupil's epipens are stored in their own section in the Headteachers desk drawer. They are clearly named and labelled. They are always available to staff, and should be taken out for PE/Games outside, and on all outings.
- 6.6 Medicines such as anti-histamines are stored in the office, in the child's own section in the Headteacher's desk drawer. They are always available to staff, and should be taken out for PE/Games outside, and on all outings.
- 6.7 Should a short-term medicine, such as an antibiotic, require refrigeration, it will be placed in the fridge in the kitchen.
- 6.8 Inhalers can be self-administered by pupils, under the supervision of an adult.
- 6.9 The supervising adult will sign the appropriate sheet when a medicine has been administered.
- 6.10 **Medicines which have not been prescribed by a healthcare professional for a child will not be administered at school.**

## 7. What to do in an emergency

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**Dial 999 and ask for an ambulance. Be ready with the information below.**

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7.1 Speak clearly and slowly and be ready to provide:

- your telephone number;
- your name;
- your location:
  - the school postcode: **NN7 2JH**
  - the exact location of the patient within the school
- the name of the child and a brief description of their symptoms;
- information on the best entrance to use and state that the crew will be met and taken to the patient.

## 8. Condition specific information

### Asthma

8.1 Ashton C of E Primary School recognises that asthma is an important condition affecting many school children and positively welcomes all children with asthma.

8.2 Medication:

- Immediate access to inhalers is vital.
- Children are encouraged to carry their reliever inhaler as soon as the parents and class teacher agree they are mature enough. The reliever inhaler for younger children will be kept in the office.
- Parents are asked to ensure the school is provided with a spare reliever inhaler. This will be stored in the office in case the child's inhaler runs out, is lost or forgotten.
- All inhalers must be labelled with the child's name by the parent.
- All school staff will let children take their own medicine when they need to.
- Epipens are stored in the office. Each pupil's Epipens are stored in their own section in the Headteachers desk drawer. They are clearly named and labelled. They are always available to staff, and should be taken out for PE/Games outside, and on all outings.

- 8.3 At the beginning of the school year, or when a child joins the school, parents are asked to fill in a medical record note. From this information the school keeps a medical register which shows which children have asthma and this is available to school staff.
- 8.4 Taking part in sport is an essential part of school life. Teachers who take a class for P.E. should make themselves aware of which children have asthma from the medical register.
- 8.5 Children with asthma are encouraged to participate fully in P.E. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson and complete a warm up of a couple of short sprints over five minutes before the lesson. Each child's inhaler will be kept in a box at the site of the lesson.

## 9. Unacceptable practice

- 9.1 Although School Staff should use their discretion and judge each case on its merits with reference to the child's IHP, it is not generally acceptable practice to:
- assume that every child with the same condition requires the same treatment;
  - ignore the views of the child or their parents/carers, or ignore medical evidence or opinion (although this may be challenged);
  - send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs;
  - if the child becomes ill, send them to the school office unaccompanied or with someone unsuitable;
  - penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
  - prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
  - require parents/carers, or otherwise make them feel obliged, to attend the school to administer medication or provide medical support to their child, including toileting issues;
  - no parent/carer should have to give up working because the school is failing to support their child's medical needs;
  - prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child, unless this is in the best interest of the child, or for health and safety reasons.

## 10. Complaints

- 10.1 Should parents/carers or pupils be dissatisfied with the support provided, they should discuss their concerns directly with the Class Teacher, SENCo or Headteacher. If, for whatever reason, this does not resolve the issue, parents may make a formal complaint, details of which are outlined in the school's Complaints Procedure.

## 11. Policy review

### Responsibility for ratification

- 11.1 The policy can be ratified by the whole governing body or this can be delegated to the Learning and Wellbeing Committee.

### Interval for ratification

- 11.2 The statutory interval for ratification of this policy is every three years, and the policy will be reviewed sooner if changes to the law or guidance require so, or if otherwise deemed necessary.