



Supporting pupils with medical conditions policy

Hunsley Primary



Version 1.0

Approved by: The Education Alliance Trust Board (Adopted by Hunsley Primary **Local Governing Body**)

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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 pupils' conditions, 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 (IHCPs)

The named person with responsibility for implementing this policy is Lucy Hudson, Headteacher and SENCO. The school's designated senior leader for pastoral care is Julie Boyes, Assistant Headteacher and Designated Safeguarding Lead.

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 (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

3. Roles and responsibilities

3.1 The LGB

The governing board has 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 or delegated senior leader with responsibility for pastoral care

The headteacher/delegated senior leader with responsibility for pastoral care 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 (IHCPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHCPs
- 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/carers

Parents/carers 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 IHCP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHCP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. At an age-appropriate level and in liaison with parents / carers, pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs. They are also expected to comply with their IHCPs as appropriate to age and in liaison with parents / carers – see 7.2 below.

3.6 School nurses and other healthcare professionals

External agencies such as the Early Years Support Team (<https://www.eastridinglocaloffer.org.uk/early-years-support/>) or Integrated Specialist Public Health Nursing Service (ISPHNS) 0-19 (25) (<https://humberisphn.nhs.uk/>) should 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. They may also support staff to implement a child's IHCP.

Healthcare professionals, such as GPs, specialist nursing teams and paediatricians should liaise with the school and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHCPs.

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 IHCP.

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.

See Appendix 1.

6. Individual healthcare plans (IHCPs)

The headteacher has overall responsibility for the development of IHCPs for pupils with medical conditions. The management of plans has been delegated to the school's Administrator responsible for the review cycle of IHCPs.

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 IHCP. It will be agreed with a healthcare professional and the parents when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is no 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.

IHCPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHCP.

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 Headteacher / Administrator will consider the following when deciding what information to record on IHCPs:

- 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

See Appendix 2

7. Managing medicines

Prescription and non-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

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.

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.

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 and wherever possible be allowed to carry their own medicine and relevant devices. This will be assessed on a case by case basis, discussed with parents and reflected in a child's IHCP. In doing so, recognition must not only be taken of the potential risk to the child in question but also to other pupils and members of staff if medication of any description is handed into the care of a pupil. Whilst self-management for pupils assessed to be competent is encouraged the general position is that all medication will be controlled and documented by the school

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 IHCP 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 IHCP, 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 IHCPs
- 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

See Appendix 3

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHCPs 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 IHCPs. 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 the headteacher. 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 IHCPs
- 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 for as long as these pupils are at the school. See Appendix 4

Parents will be informed if their child has been unwell at school.

IHCPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

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

The Trust is a member of the ESFA's Risk Protection Arrangement (RPA) which is an alternative to commercial insurance for schools. Under RPA, the UK government covers the losses instead of commercial insurance. For details of the cover and links provided please see the following link [Risk protection arrangement \(RPA\) for schools - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/risk-protection-arrangement-rpa-for-schools)

12. Complaints

Parents with a concern in regard to their child's medical condition should discuss these with the school in the first instance to try and resolve any issues. If this does not resolve the matter, parents will use the school's complaints procedure that is available on the website.

13. Monitoring arrangements

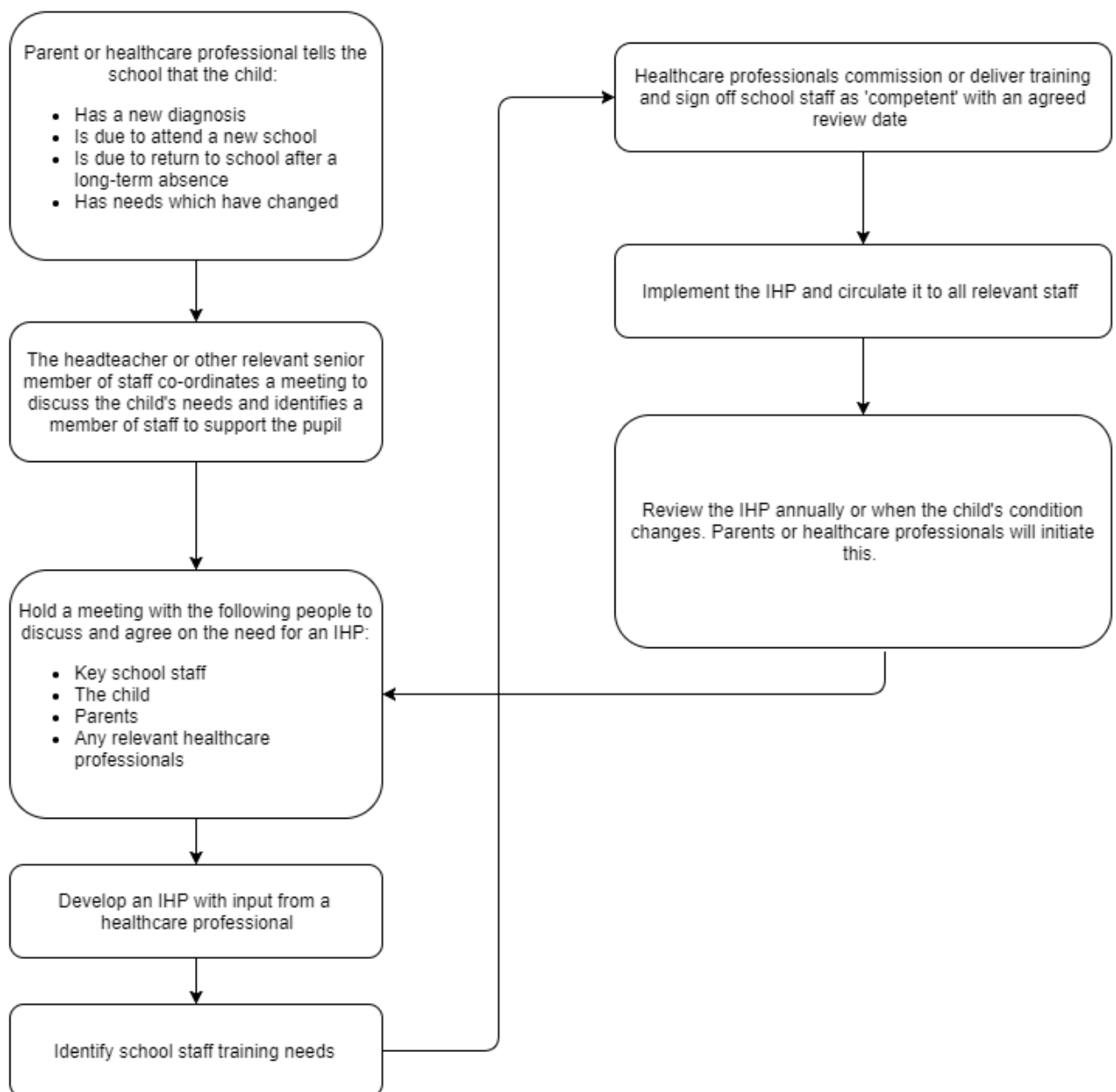
This policy will be reviewed and approved by the local governing board every 3 years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Educational visits
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition



Appendix 2: Individual Health and Care Plan

Appendix:

Hunsley Primary

Individual Health Care Plan

Name of child		Child's Photo
Year and Class		
Date of Birth		
Medical diagnosis/condition		
Date		
Review Date		

Family Contact Information

Name	
Relationship to child	
Telephone - work	
Telephone - mobile	
Telephone - home	

Further Contact Information

Name	
Relationship to child	
Telephone - work	
Telephone - mobile	
Telephone - home	

Clinic / Hospital contact / Health Care Professional

Name	
Telephone number	

GP

Name	
Telephone number	

ALLERGIES	
Describe medical needs & symptoms / Daily care requirements and interventions	

Who is responsible in an emergency	
Paediatric First Aiders – give names of PFA's in class Mrs Hudson – Headteacher Mrs Hitchin - Administrator	

HUNSLEY PRIMARY

ALLERGY EMERGENCY INFORMATION SHEET

Name of child		Child's Photo
Year and Class		
Date of Birth		
Parent/Carer name		
Home Contact number		
Mobile Contact number		
GP/Medical Centre Number		

School Nurse Number		
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Do you have an allergy action plan for your child?

Yes ☐ / No ☐

If Yes, please send a copy to the school.

Known Triggers and Symptoms	
Treatment	

To be completed by school	
Location of medication in school	Classroom

Designated staff/first aider	
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I give permission for school personnel to share this information with all school staff, follow this plan and administer medication.

If necessary, I also give permission for the school to contact our GP/School Nurse and in the case of an emergency, this plan may be passed to medical professionals.

I assume full responsibility for providing the school with prescribed medication and delivery devices. I approve this Allergy Care Plan for my child.

Parent/Carer Signature	Date:
Headteacher's Signature	Date:



HUNSLEY PRIMARY ASTHMA/INHALER EMERGENCY INFORMATION SHEET

For children with a medical diagnosis of asthma and / or prescribed inhaler / asthma medication. To be read in conjunction with the Hunsley Primary Asthma Policy and the

Supporting Children in school with Medical Needs Policy

To be completed by the Parent / Carer		
Name of child		Child's Photo
Year and Class		
Date of Birth		
Parent/Carer Name		
Home Contact Number		

Mobile Contact Number		
GP/Medical Centre Tel. Number		
School Nursing Team Tel. Number	(01482) 335010	
Known Triggers & Symptoms		
Treatment		

To be completed by school	
Location of inhaler / spacer* in school (*where required)	Stored safely by staff within close proximity to child at all times.
Designated staff/first aider	

Instructions for use of the reliever inhaler in school (please tick all appropriate statements)
<input type="checkbox"/> My child does not understand the proper use of his/her inhaler and requires help to administer <input type="checkbox"/> My child understands the proper use of his/her asthma medication and, in my opinion , can use their inhaler independently. <input type="checkbox"/> I give consent for school to support my child in using their inhaler, should this be required in a medical emergency.

School 'Salbutamol' Emergency Inhalers

Since October 2014, the Human Medicines Regulations 2014 have allowed schools to keep 'Salbutamol' inhalers for use in emergencies. The Regulations stipulate the very limited situations in which a school should utilise this emergency reserve. **The inhalers will only be used in an emergency for pupils with an existing diagnosis of asthma or those children prescribed an inhaler as a reliever medication, if the pupil's own prescribed inhaler is not accessible or malfunctions.**

Hunsley Primary has three Salbutamol CFC Free 100mcg inhalers for emergency administration.

☐ I give my consent for school to use the emergency 'Salbutamol' inhaler, in accordance with the Human Medicines Regulations, 2014, if my child's own prescribed inhaler is not available or malfunctions.

Permissions and Responsibilities

I give permission for school personnel to share this information with all school staff, follow this plan and administer my child's prescribed asthma medication.

If necessary, I also give permission for the school to contact our GP/School Nurse and in the case of an emergency, this plan may be passed to medical professionals.

I assume full responsibility for providing the school with prescribed medication and delivery devices. I approve this Asthma Care Plan for my child and agree to update school as necessary with any changes to information relevant to this plan.

Parent/Carer Signature	Date:
Headteacher's Signature	Date:

SIGNS OF ASTHMA ATTACK¹

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in upper body)
- Nasal flaring
- Unable to talk or complete sentences – some children will go very quiet

- May try to tell you that their chest ‘feels tight’ (younger children may express this as tummy ache)

NB Not all symptoms need to be present for a child to be having an asthma attack

IF A CHILD PRESENTS WITH ANY OF THE FOLLOWING – CALL AN AMBULANCE IMMEDIATELY AND COMMENCE ASTHMA ATTACK PROCEDURE WITHOUT DELAY

- Appears exhausted
- Has blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure child
- Encourage the child to sit up and slightly forward
- Use the child’s own inhaler – if not available, use emergency inhaler (prior consent from parent must be documented)
- Remain with the child while the inhaler and spacer are brought to them.

IMMEDIATELY HELP THE CHILD TO TAKE TWO SEPARATE PUFFS OF SALBUTAMOL VIA THE SPACER



If there is no immediate improvement, continue to give

TWO PUFFS AT A TIME EVERY TWO MINUTES, UP TO A MAXIMUM OF 10 PUFFS

¹ With reference to



IMPROVEMENT

Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.

Document medication given. Dose may be repeated if symptoms return. However, if this is within 4 hours, contact parents as medical review is recommended.

the East Riding



NO IMPROVEMENT

If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**

School



taken

Medicines training and documentation. The information in this flowchart is from the Department of Health 0 *Guidance on the use of emergency salbutamol inhalers in schools (March 2015)* <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

If an ambulance does not arrive in 10 minutes GIVE ANOTHER 10 PUFFS IN THE SAME WAY

HUNSLEY PRIMARY DIABETIC EMERGENCY INFORMATION SHEET

Name of child		Child's Photo
Year and Class		
Date of Birth		
Parent/Carer name		
Home Contact number		
Mobile Contact number		
GP/Medical Centre Number		
School Nurse Number		

Known Triggers & Symptoms	
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Location of medication in school	
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Designated school first aider	
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Regime
<p><input type="checkbox"/> Insulin Regime -(child's name) is on a multi-dose insulin regime of 4 or more injections a day. They will have an injection of insulin at breakfast, lunch, evening meal and another before bed.</p> <p>In addition to these injections they may also have a small snack during the day without requiring a further injection.(child's name) will require a suitable, safe, private place to be able to carry out lunchtime injections with access to sharps disposal unit for needles and lancets.</p> <p>A toilet is not considered a suitable place to carry out this clean procedure. Some children/young people will require supervision for this lunchtime injection.</p>

☐ **Pump Regime** -(child's name) is given insulin via a pump device. The pump delivers a small amount of background insulin constantly throughout the day (basal).

Insulin is also administered each time carbohydrate food is consumed (bolus). This is carried out by manually instructing the pump. An insulin bolus may also be required to correct blood glucose levels if levels exceed 14mmols.

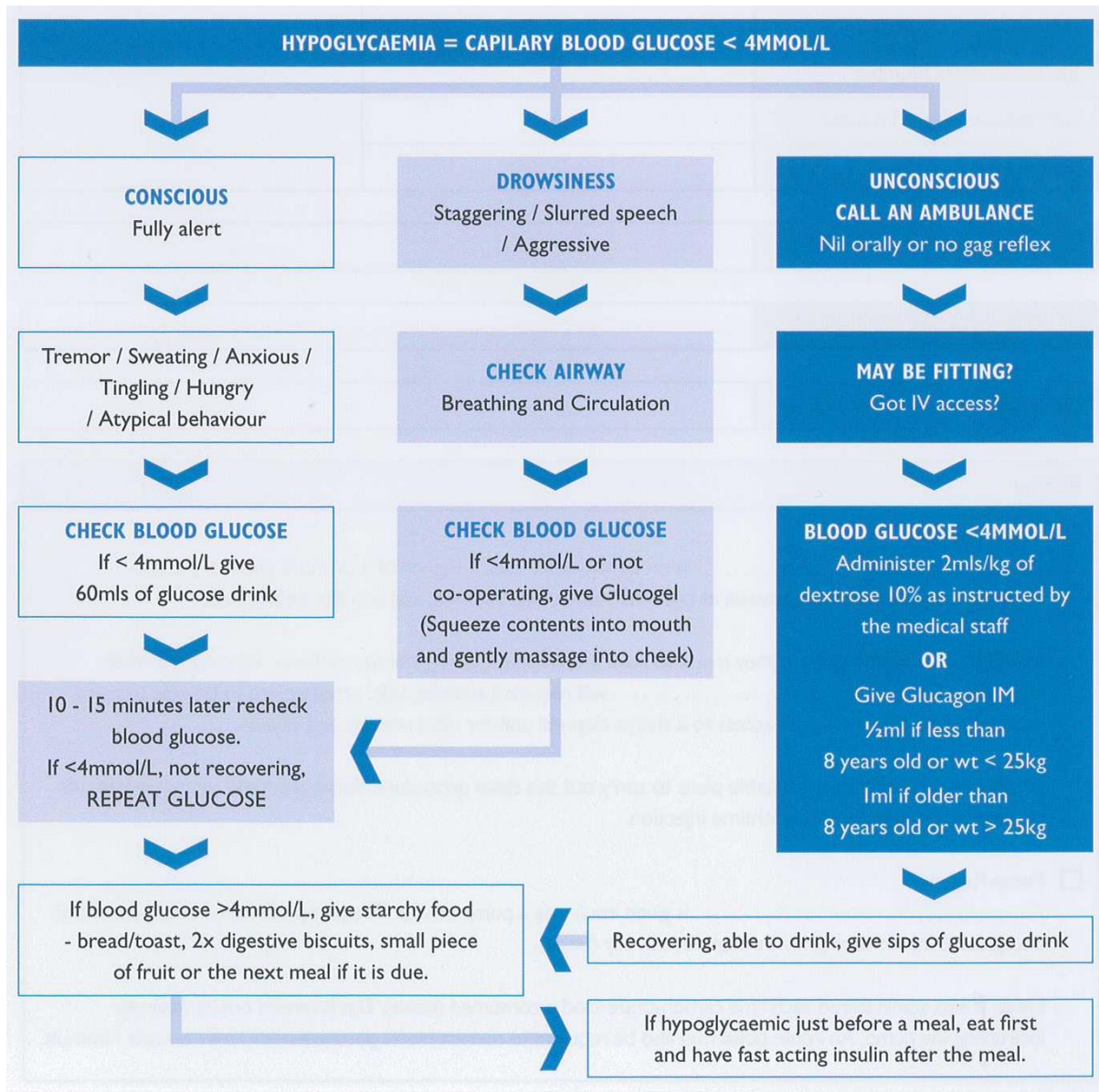
I give permission for school personnel to share this information with all school staff, follow this plan and administer medication.

If necessary, I also give permission for the school to contact our GP/School Nurse and in the case of an emergency, this plan may be passed to medical professionals.

I assume full responsibility for providing the school with adequate supply of prescribed medication with the pharmacist instructions and required delivery devices. I approve this Diabetes Care Plan for my child.

Parent/Carer Signature	Date:
Headteacher's Signature	Date:
School Nurse Signature	Date:

MANAGEMENT OF HYPOGLYCAEMIA IN CHILDREN WITH DIABETES



Appendix 3:

Medicines in School Form

Medicines to be Administered in School

Parents/Carers must fully complete the form when presenting prescribed medicines for administering in school. Should a parent / carer present unprescribed medicines, it is at the discretion of the Headteacher as to whether the school administers this medicine.

Pupil Details		
Name:		
Date of Birth:		
Class Teacher		
Name of child's GP:		
Address of GP		
The GP or hospital doctor has prescribed the following medication:		Please tick to confirm
It is in the container in which it was dispensed, clearly labelled with the contents, dosage and child's name in full:		
Name of medication:		
Date prescribed:		
Dose to be given:		
Frequency of doses:		
Illness / Condition details		
Reason why your child is receiving medication:		
<p>I realise that this is not a service that the school is obliged to undertake. I accept full responsibility for informing the school if my child has been given a dose of this medication before coming to school. I accept responsibility for ensuring that the medicine has not expired and that there will be enough medicine supplied to the school for my child's needs. I will collect all unused medicine from the school at the end of the summer term. I accept that I must collect all medicines that have exceeded their sell-by date. I accept that the school will destroy any unused medication that remains uncollected. Note: The school will not accept medication unless this form is completed and signed by the parent/carer of the pupil and the head teacher agrees the administration of the medication. The head teacher reserves the right to withdraw this service.</p>		
Parent /Carer Name:		
Signature:		

Hunsley Primary Individual Pupil Risk Assessment



Pupil Name:		Decide who may be harmed (insert ✓) and add relevant details:			
		Individual pupil			
Date of Birth:		Other pupils			
Class:		Staff			
House Team / Key Worker:		Visitors (adults)			
Reasons for Risk Assessment:		Other agencies involved with pupil:			
Hazards Identified	Initial Risk Rating	Existing Control Measures (select all that are in place)	✓	Further Actions / Comments	Residual Risk Rating H/M/L
Risk Rating Guidance: H= High M= Medium L= Low TBA = To Be Assessed - Assessment of the likelihood and or impact of injury and or damage. Initial assessment has been undertaken, complete the residual assessment based on your control measures/findings/additional actions etc.					

Date of Assessment:		Carried out by:		Signature:	
Risk Assessment Review – to be carried out at agreed intervals					
Other Hazards Identified in Review	Additional Control Measures to be Put in Place following the Review				
Date of Review:		Carried out by:		Signature:	
Review Notes:					
As appropriate, other relevant risk assessments or safeguarding documents, e.g. <i>Intimate Care agreement</i>					

Appendix 4: Record keeping



Medicines to be Administered in School

Parents/Carers must fully complete the form when presenting medicines for administering in school. Should a parent / carer present unprescribed medicines, it is at the discretion of the Headteacher as to whether the school administers this medicine.

Pupil Details	
Name:	
Date of Birth:	
Class Teacher:	
Name of child's GP:	
Address of GP:	
The GP or hospital doctor has prescribed the following medication:	Please tick to confirm
It is in the container in which it was dispensed, clearly labelled with the contents, dosage and child's name in full:	
Name of medication:	
Date prescribed:	
Dose to be given:	
Frequency of doses:	
Illness / Condition details	
Reason why your child is receiving medication:	
<p>I realise that this is not a service that the school is obliged to undertake. I accept full responsibility for informing the school if my child has been given a dose of this medication before coming to school. I accept responsibility for ensuring that the medicine has not expired and that there will be enough medicine supplied to the school for my child's needs. I will collect all unused medicine from the school at the end of the summer term. I accept that I must collect all medicines that have exceeded their sell-by date. I accept that the school will destroy any unused medication that remains uncollected. Note: The school will not accept medication unless this form is completed and signed by the parent/carer of the pupil and the head teacher agrees the administration of the medication. The head teacher reserves the right to withdraw this service.</p>	
Parent /Carer Name:	
Signature:	

[illegible][illegible]

DRAFT