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Statutory:	Policy provided centrally for adoption by schools with minimal amendment to the core text. Changes are allowed to the text where indicated

Supporting Pupils with Medical Conditions Policy

St Nicholas CE Primary School

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1. Aims

Our school understands that medical conditions requiring support at school can affect quality of life and may be life-threatening.

Our school will support pupils with medical conditions so that they have full access to education, including school trips and physical education.

This policy aims to:

- Make sure that pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Set out the roles and responsibilities for everyone in the school community in regard to pupils with medical conditions
- Set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs)
- Set out how we will manage medicines in school
- Reassure parents/carers that the school will help their child feel safe, supported and included

The named person with responsibility for implementing this policy is Amy King, 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 statutory guidance on supporting pupils with medical conditions at school and the Early Years Foundation Stage statutory framework from the Department for Education (DfE).

3. Roles and responsibilities

3.1 The Local Governing Body (LGB)

The LGB has ultimate responsibility for making arrangements to support pupils with medical conditions.

The LGB will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements
- Make sure that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition
- Monitor practice, and staff training, in regards to pupils with medical conditions, in line with this policy

The LGB delegates the day-to-day implementation of this policy to the person named in section 1 above.

3.2 The named person in charge of implementing the policy

The named person will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Make sure 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
- Make sure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs)

- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about pupils' medical needs
- Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for pupils with medical conditions
- 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
- Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Implement systems for obtaining information about a child's needs for medicines and keeping this information up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 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
- Provide evidence of appropriate prescription (in a language accessible to school staff) and written permission for medicines to be administered by staff
- 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, 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. 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. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with our school nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. 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/carers 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 in Appendix 1 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.

EYFS settings: 5.1 Obtaining information about medicines

The EYFS framework states that settings must include how they obtain information about a child's need for medicine, and a system for keeping this information up to date (see section 10 of this policy).

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any medicine(s) their child needs. Where a pupil has a new diagnosis and/or a pupil has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year in a newsletter, as well as a form to complete, if their child requires certain medicine(s)

We ask that parents/carers proactively inform us by either phone call to the school or an email if their child's medical needs change during the school year.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

See Appendix A – IHP template
See Appendix B – Information flowchart on developing the IHP.

The day-to-day responsibility has been delegated to Class Teachers with the support of the Office Administrator.

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/carers when an IHP 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/carers 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 education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an 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 local governing body and the headteacher/role of the individual with responsibility for developing IHPs, 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, 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/carers 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/carer or 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

See Appendix C - Record of medicine administered to an individual child.
See Appendix D – General record of medicine administered to all children.
See Appendix E - Parental agreement for school to administer medication
See Appendix F - Request for child to carry his/her own medication
See Appendix H – Notification that inhaler has been administered

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/carers' written consent

The person administering the medicine will keep a written record. Parents/carers will always be informed on the same day the medicine has been administered, or as soon as reasonably possible.

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.

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 recommended and maximum dosages for the pupil's age, and when the previous dosage was taken.

The school will only accept prescribed medicines that are:

- In-date
- Labelled in a language accessible to staff at the school
- Provided in the original container, as dispensed by a pharmacist, and include instructions for administration, dosage and storage in a language accessible to staff at the school

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/carers to arrange for safe disposal when no longer required, and/or beyond the expiry date.

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/carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible.

IHPs will include procedure for staff to follow if a pupil refuses to carry out a necessary procedure or take medicine.

7.3 Unacceptable practice

Although school staff will use their discretion and judge each case on its merits with reference to the pupil's IHP, they will keep in mind that it is not generally acceptable practice 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/carers
- Ignore medical evidence or opinion

- 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
- Send an ill pupil to the school office or medical room unaccompanied or with someone unsuitable (e.g. a fellow pupil who is not old or responsible enough)
- 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/carers, 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/carer 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/carers 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/carer 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 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 IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to support 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 that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The LGB will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their child has been unwell at school.

IHPs are kept in a readily-accessible place that all staff are aware of.

EYFS settings: 10.1 Recording information about medicines

The EYFS framework states that settings must include how they obtain information about a child's need for medicine (see section 5 of this policy), and a system for keeping this information up to date.

We will:

- Enter each pupil's medicine need in the school's system
- Update our records when parents/carers of pupils inform us of changes to their child's needs
- Keep a record of changes, labelling the most recent record for each child
- Make sure that all staff have access to records so that they are informed about pupils' medical needs
- Securely hold this information digitally in accordance with the UK GDPR
- Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018)

11. Liability and indemnity

The LGB will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. The Trust holds Insurance provided by Zurich Municipal which covers the school liabilities. For further details of cover provided, please contact the school.

12. Monitoring arrangements

This policy will be monitored by the Headteacher.

13. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy
- Procedure to prevent the spread of infection See Appendix G

Appendix A: Individual Health Plan Child Information

Child's Name:		
Date of birth:		
Class:		
Child's address:		
Medical condition:		
Date:		
Review Date:		
Family Contact Information:		
Primary Contact Name:		
Relationship to child:		
Contact Number(s):	Home	
	Work	
	Mobile	
Secondary Contact Name:		
Relationship to child:		
Contact Number(s):	Home	
	Work	
	Mobile	
Hospital/Clinic Contact Information:		
Name of establishment and contact name:		
Contact Number(s):		

GP Contact Information:	
GP Name:	
Name and address of practice	
Contact Number(s):	
Who is responsible for providing support in the school?	
Describe the medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.	
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered/self-administered with/without supervision.	
Daily care requirements	
Specific support for the pupil's educational, social and emotional needs.	
Arrangements for school visits or trips etc.	

EMERGENCIES: Describe what constitutes an emergency and action to be taken if this occurs
Who is responsible in an emergency (state if different for off-site activities)
Staff training needed or undertaken – who, what, where, when.
This plan has been developed and agreed by:

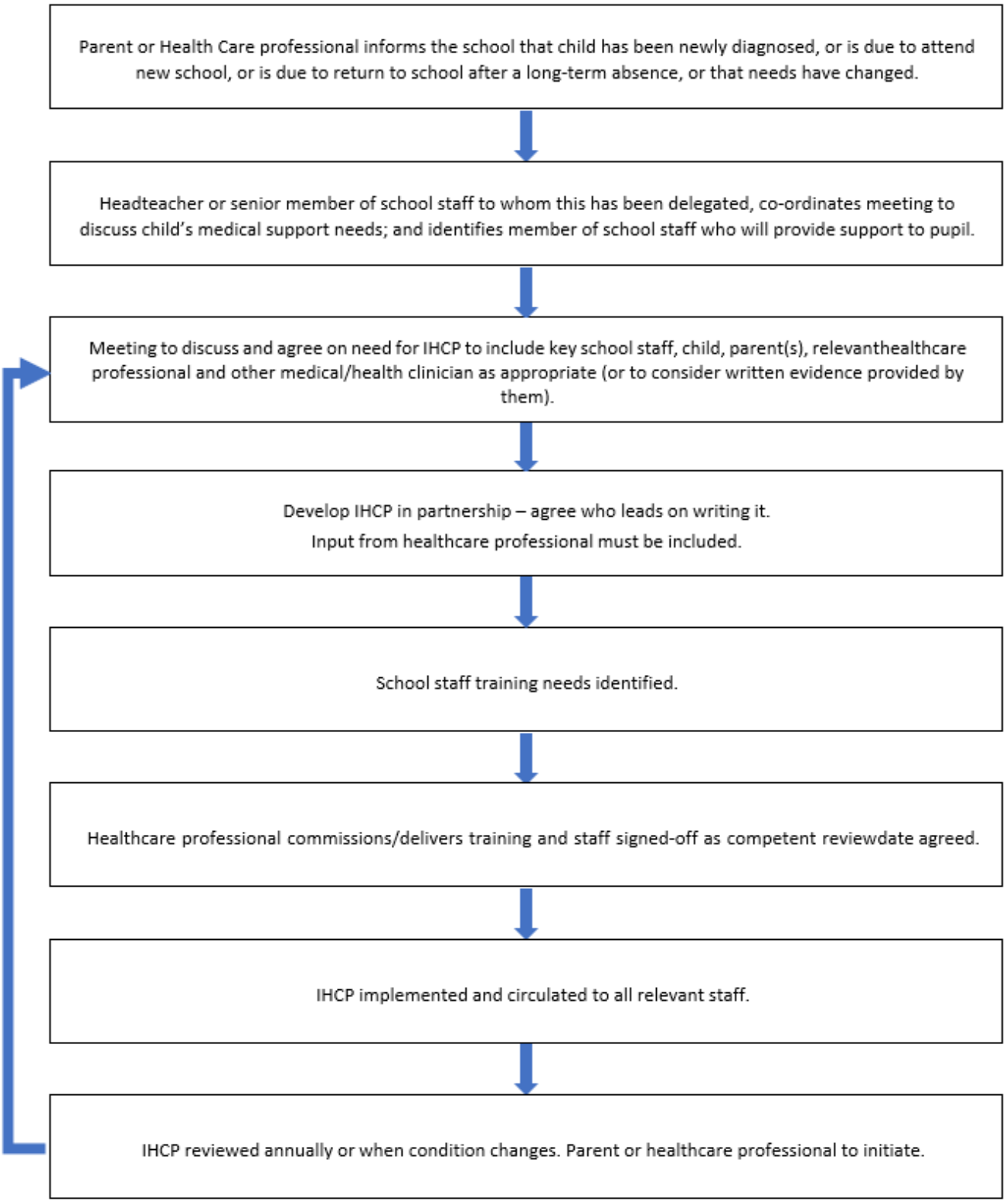
Name:		Date:	
Signature:			
Name:		Date:	
Signature:			

Parent/Carer consent:			
Name:		Date:	
Signature:			

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

Form copied to:	

Appendix B: Developing an IHP



Appendix C: Record of medicine administered to an individual child

Name of Child		Age:	
Date Medicine provided by parent			
Group/Class/Form			
Quantity received			
Name and strength of medicine			
Expiry date			
Quantity used			
Dose and Frequency used			
Signature of staff member			
Signature of Parent/Carer			

Date	
Time given	
Dose given	
Name of staff member	
Staff initials	
Date	
Time given	
Dose given	
Name of staff member	
Staff initials	

Appendix D: Record of medicine administered to all children

Date	Child's name	Time	Medicine name	Dose given	Any reactions	Staff name & signature

Appendix E: Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form.

Name of child:	
Date of birth:	
Class:	
Medical condition or illness:	

Medicine

Name (as printed on thecontainer):	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions:	
Any side effects that the schoolneeds to know about	
Procedures to take in anemergency	
Self-Administered	Yes/No

Contact details

Name:	
Daytime contact number:	
Relationship to child:	

I understand that I must deliver the medicine personally to:	

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

Name:		Date:	

Signature:	

Appendix F: Request for child to carry their own medication

The Parents/carers must complete this form

If staff members have any concerns, discuss this request with a health care professional

Name of Child	
Class	
Name of medicine	
Procedures to take in an emergency	

Contact details

Name	
Daytime telephone number	
Relationship to Child	

I would like my child to keep his/her own medicine on him/her for use as necessary.

The above information is, to the best of my knowledge, accurate at the time of writing. I will inform the school ifthe medicine is stopped.

Name:		Date:	
Signature:			

If more than one medicine is to be given a separate form should be completed for each one.

School Use Only	
Request Approved:	Yes/No
If No, parent/carer should be advised in writing with reasons:	

Appendix G: Procedures for children who are sick or infectious

Statutory for settings with an EYFS.

- Pupils who have an infectious disease shouldn't attend school/nursery
- Parents should notify the school if their child has an infectious disease
- If a pupil becomes unwell during the day – for example, they have a temperature, sickness, diarrhoea or stomach pains – the parents or carers will be contacted to collect their child
- Pupils with a temperature, sickness, diarrhoea or an infectious disease should not attend school/nursery while they are sick. Depending on the sickness, staff may ask parents to take their child to the doctor before they return to school
- Staff will notify parents if a risk to other pupils exists

Children with specific infectious diseases set out in the UK Health Security Agency's exclusion table will not be allowed to return to school/nursery until the appropriate exclusion period has passed.

We will take the following steps to prevent the spread of infection:

- Reducing or eliminating sources of infection through good hygiene practices
- Good handwashing practice
- Encouraging and facilitating healthy eating
- Ensuring that regulated food hygiene standard requirements in the maintenance of food preparation areas and preparation of food are followed
- Championing and educating staff, parents, carers and pupils on the importance of immunisation as a tool against infection (while recognising the individual's right to choose)

Cleaning Routine for Nursery Setting

Daily Cleaning Schedule

- High-touch areas (door handles, light switches, tap handles)
- Wipe down any toys that have been soiled/mouthed
- Floors swept, vacuumed and mopped
- Waste management, all bins emptied
- Table tops and surfaces cleaned
- Toilet areas cleaned
- Clean and disinfect changing mat after every use

Deep Cleaning

- Machine wash soft toys and furnishings
- Clean high-level surfaces

Appendix H: Notification That Inhaler Has Been Administered

	St Nicholas C.E. Infants' School **INHALER**– Notification for Parent/Carer								
Child's Name:								**Date:**	___ / ___ /___
Class:	Mallard	Heron	Swan	Grebe	Kingfisher	Moorhen	Swallow	**Time:**	___ : ___ am/pm
I have had my inhaler today.	Dosage (e.g. number of puffs): Reason:								
This has been recorded. If you have any queries please contact the school office: 01491 836408	Signed: Name:								

Blue Slip