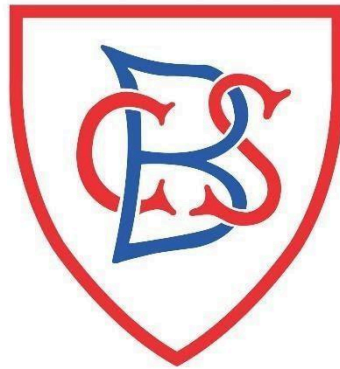


Supporting pupils with medical conditions policy

Bowdon C of E Primary School

Bowdon
Church School



Approved by:	Governors	Date: 1st March 2022
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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 governors 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 (IHPs)

The person with responsibility for implementing this policy is the Headteacher

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on [supporting pupils with medical conditions at school](#).

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
- Ensure that all staff who need to know are aware of a child's condition
- 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 (this may be in the form of a BCS Health Care Plan which is updated annually)
- 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 the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

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

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Assistant SENDCo.

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

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

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is 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.

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 (educational/ physical/ medical) is needed. The headteacher and SENDCo 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 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

Parents are encouraged to schedule their child's medication so that a dose is not needed during the school day. For example, a child who is on antibiotics to be taken three times a day can usually take all three doses outside school hours.

The school cannot be held responsible for medicine being administered at a very specific time. All parents of pupils with a medical condition who may require medication in an emergency are asked to provide consent on the Healthcare Plan for staff to administer medication. If a pupil requires regular/daily help in administering their medication then the school outlines the school's agreement to administer this medication on the pupil's Healthcare Plan. The school and parents will keep a copy of this agreement.

Prescription medicines will be only 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.

Non-prescription medicines (such as Calpol, throat lozenges and over-the-counter hayfever medications) should not be brought into school or administered by school staff. Children who are unwell enough to need these medications during school hours are generally not well enough for school. In certain exceptional cases, the headteacher may agree to allow non-prescription medicines to be administered at our discretion, if we have specific written permission from parents, following doctor's advice for a medical condition.

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 and asked to check expiry dates at the end of each half term for medicines stored in school.

7.1 Prescription and Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments.

Prescribed medication will be kept in the school office unless they may need to be accessed in an emergency. Children must know their medication is kept in the office, and come at the appropriate time when they need it.

Medications that children may need to access quickly in an emergency should not be locked away. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away.

On school visits and residential visits children will be made aware of which adult has their medicine and where it is located. Prescription drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

During residential visits, while in loco parentis, medicines that have been bought over the counter such as Piriton and Calpol will be administered if required, however staff will **never** give a non-prescribed medicine to a young person unless there is a specific prior written agreement from parents. **A young person under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**

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, a member of staff known to the child will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

Asthma

Asthmatic inhalers will be kept in the classroom in a place where the child may access it if necessary. Children should be encouraged to keep them with them at all times and should have it on them for all physical activities and any off site activity. The inhalers should be sent home at the end of each term so that parents can check expiry dates and replenish them.

Parents are responsible for completing an asthma care plan at the start of each academic year or if medication is changed. Staff will ensure they know which children in their care have an asthmatic inhaler. If staff have any concerns they should consult a First Aider and parents.

An asthma attack happens when a child's asthma symptoms get much worse. A child who is having an asthma attack will not be left unattended and –the inhaler must be brought to the child. A first aider must be called.

An asthma attack can happen quite suddenly or can build up gradually over a few days.

The child might:

- find it hard to breathe
- breathe more quickly
- be unable to talk or walk or eat
- wheeze or cough a lot
- complain of a tight chest or a tummy ache
- say their [blue reliever inhaler](#) isn't helping, or they need it more than every four hours
- be unusually quiet.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted

- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

If a child needs to use their blue reliever inhaler three or more times a week, it is a sign that their asthma is not well controlled.

In an emergency school staff are required under the common law, duty of care to act as any reasonably prudent parent. Staff have a duty of care to follow the child's asthma plan and to raise any concerns with a parent.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. This will be for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish.

Parents must confirm that this type of inhaler has been prescribed. The appointed person for First Aid should check that procedures are followed. The spare inhaler will be kept in the school office. [Guidance on the use of emergency salbutamol inhalers in schools](#)

Severe Allergic Reaction

Parents must make school aware of any severe allergies to inform an Individual Health Care Plan. Parents will be asked to provide two epi-pens, if prescribed. One to be kept in the classroom in a named container and one in the school office, clearly labelled, with the child's photograph. Staff will have received basic information training in administering an epi-pen. If an epi-pen is administered then an ambulance must be called. The time must be recorded.

Staff carrying epi-pens must notify SMT/colleagues of their location and of significant allergies.

Parents will be asked to provide a clear list and photograph of their child, along with a medical letter to confirm the intolerance or allergy. The school office administrators will pass this information onto the school kitchen

Diabetes

The school nurse or diabetes nurse will train staff on the signs and symptoms of diabetes and assist in ensuring the Individual Health Care Plan is kept up to date. At least two members of staff will be fully trained, in order to supervise monitoring of sugar levels. Glucose tablets or suitable snacks will be easily available in the classroom. All staff, who will come in daily contact will also have general awareness training.

[Looking after a child with diabetes in school](#)

Infection Control

All staff are advised they must wear protective gloves to treat a pupil who is bleeding.

Protective gloves, disposable aprons and masks are stored in the School Office and First Aid areas.

Sponges and water buckets must never be used for first aid to avoid the risk of any cross- contamination.

[Health protection in schools and other childcare facilities - GOV.UK](#)

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 IHP. 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 or SENDCo. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHP
- 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. Parents will be informed if their pupil has been unwell at school.

IHPs will be shared with all professionals involved with the pupil and will be stored in the SEND office.

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.

12. Complaints



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

13. Monitoring arrangements

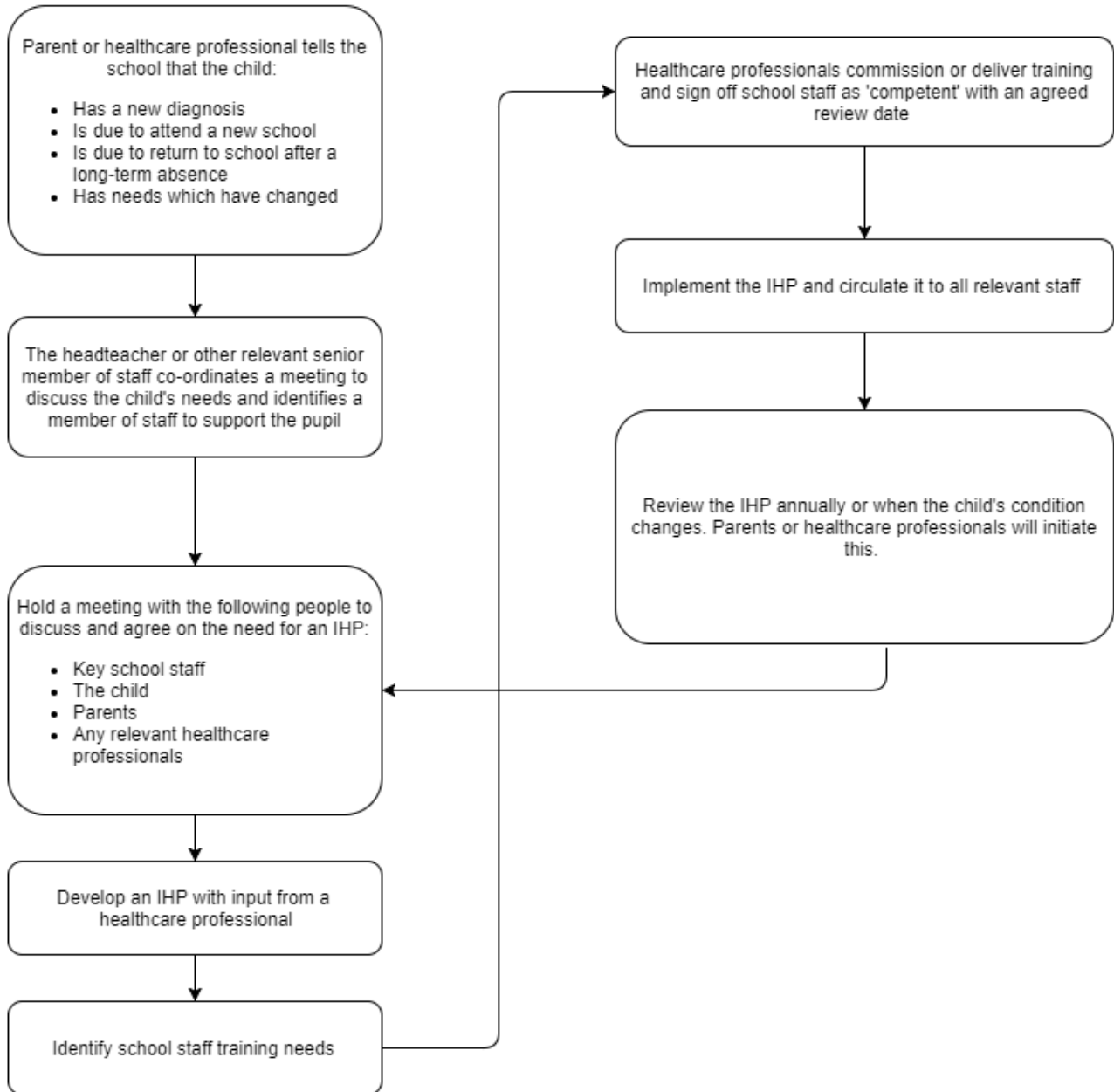
This policy will be reviewed and approved by the governing board every three years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan [Accessibility Plan](#)
- Complaints  [ComplaintsProcedureStatement.pdf](#)
- Equality information and objectives
- First aid  [First aid Policy _sept 24](#)
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition



Appendix 2: Health Care Plan – BCS Template to notify staff of medical needs

Health Care Plan – Bowdon Church School

Review date: _____ **by SENDCo & class teacher**



<p><u>Pupil photo insert here</u></p>	Name & class: Insert here
	Medical diagnosis or condition Insert here
	Signs and Symptoms Insert here
	Triggers Insert here
<p><u>What to do in an emergency</u> <i>Describe what constitutes an emergency for the child, and the action to take if this occurs</i></p> <p>Insert here</p>	
<p>Medication <i>Name, dose, method of administration, when to be taken, side effects, administered by/self-administered with/without supervision, where is it kept.</i></p> <p>Insert here</p>	
<p>Daily care requirements <i>The pupil's needs resulting from the condition (such as treatments, time, facilities, equipment, testing, access to food and drink, dietary requirements, and environmental issues)</i></p> <p>Insert here</p>	
<p>Specific support for the pupil's educational, social and emotional needs</p> <p>Insert here</p> <p>Who will provide the support: Insert here</p>	
<p>Who in the school needs to be aware of the child's condition? <i>Please tick to show where information has been shared</i></p> <p>Office Kitchen Classroom Staffroom</p>	
<p>Staff training (with dates)</p> <p>Insert here if applicable</p>	

<p>Child's full name:</p> <p>Insert here</p>	<p>Child's home address:</p> <p>Insert here</p>
<p>D.O.B. Insert here</p>	

Family Contact Information

<p>Name of 1st contact</p> <p>Insert here</p> <p>relationship to child</p> <p>Insert here</p>	<p>Name of 2nd contact</p> <p>Insert here</p> <p>relationship to child</p> <p>Insert here</p>
<p>Phone no. (daytime) Insert here</p>	<p>Phone no. (daytime) Insert here</p>
<p>(home) Insert here</p>	<p>(home) Insert here</p>
<p>(mobile) Insert here</p>	<p>(mobile) Insert here</p>
<p>GP: Insert here</p>	<p>Clinic/Hospital Contact</p>
<p>Phone no. Insert here</p>	<p>Name: Insert here</p>
<p>Address of GP's surgery:</p> <p>Insert here</p>	<p>Hospital/clinic:</p> <p>Insert here</p> <p>Phone no. Insert here</p>