



Easington C of E Primary School

Supporting Pupils with Medical Conditions Policy

Date Policy Adopted:

Date Reviewed and approved: **March 2022**

Next Review Date: **March 2023**

Signed:

Chair of the Board of Directors

Contents:

Statement of intent

1. [Legal framework](#)
2. [Roles and responsibilities](#)
3. [Admissions](#)
4. [Notification procedure](#)
5. [Staff training and support](#)
6. [Self-management](#)
7. [Supply teachers](#)
8. [IHPs](#)
9. [Managing medicines](#)
10. [Allergens, anaphylaxis and adrenaline auto-injectors \(AAIs\)](#)
11. [Record keeping](#)
12. [Emergency procedures](#)
13. [Day trips, residential visits and sporting activities](#)
14. [Unacceptable practice](#)
15. [Liability and indemnity](#)
16. [Complaints](#)
17. [Home-to-school transport](#)
18. [Defibrillators](#)
19. [Monitoring and review](#)

Appendices

- A. [Individual Healthcare Plan Implementation Procedure](#)
- B. [Individual Healthcare Plan](#)
- C. [Parental Agreement for the School to Administer Medicine](#)

Statement of intent

The trust board of Melrose Learning Trust has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The Trust believes it is important that parents of pupils with medical conditions feel confident that schools within the Trust provide effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, schools consult with health and social care professionals, pupils and their parents.

1. Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following Trust/school policies:

- First Aid and Medical Absence Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Asthma Policy
- Complaints Procedures Policy
- Attendance and Absence Policy
- Admissions Policy

2. Roles and responsibilities

The Trust board and local governing bodies are responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.

- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

Headteachers are responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all individual health care plans, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of individual health care plans.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nursing team where a pupil with a medical condition requires support that has not yet been identified.

Parents are responsible for:

- Notifying school if their child has a medical condition.
- Providing school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's individual health care plan.
- Carrying out any agreed actions contained in the care plan.
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their individual health care plan, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

School staff are responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.

- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

Clinical commissioning groups (CCGs) are responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Providing advice on developing individual health care plans.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with other healthcare professionals, and participating in local outreach training.

The LA is responsible for:

- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

3. Admissions

Admissions will be managed in line with a school's Admissions Policy.

No child will be denied admission to school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

Schools will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

4. Notification procedure

When a school is notified that a pupil has a medical condition that requires support in school, the school will arrange a meeting with parents, healthcare professionals and the pupil (if appropriate), with a view to discussing the necessity of an individual health care plan (outlined in detail in the individual health care plans section of this policy).

Schools will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence (including medical evidence and consultation with parents).

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

5. Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by the headteacher through the development and review of individual health care plans.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in individual health care plans. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer if further advice or support is deemed necessary.

6. Self-management

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their individual health care plan.

Where appropriate, pupils will be allowed to carry their own medicines and relevant devices. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's

individual health care plan will be followed. Following such an event, parents will be informed so that alternative options can be considered.

7. Supply teachers

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

8. Individual Health Care Plans

School, healthcare professionals and parents agree, based on evidence, whether an individual health care plan will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.

The school, parents and a relevant healthcare professional will work in partnership to create and review individual health care plans. Where appropriate, the pupil will also be involved in the process.

Individual health care plans will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- Daily care requirements in school
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- What to do in an emergency, including contact details and contingency arrangements
- Follow up care

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the individual health care plan.

Individual health care plans will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an EHC plan, the individual health care plan will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their individual health care plan.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their individual health care plan identifies the support the child will need to reintegrate.

9. Managing medicines

In accordance with the Trust's 'First Aid and Medical Absence Policy', medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the pupil without the parents' knowledge. In such cases, the school will encourage the pupil to involve their parents, while respecting their right to confidentially.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken and the maximum dosage allowed.

Parents will be informed any time medication is administered that is not agreed in an individual health care plan.

Schools will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Staff should be able to access them immediately, whether in school or attending a school trip or residential visit. When medicines are no longer required, they will be returned to parents for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

Schools will hold asthma inhalers for emergency use. The inhalers will be stored in the designated storage location and their use will be recorded. Inhalers will be used in line with the Trust's Asthma Policy.

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

10. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

Parents are required to provide schools with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

Headteachers and catering teams will ensure that any pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

Catering teams will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

Where a pupil has been prescribed an AAI, this will be written into their individual health care plan.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. Full details will be held on the school's MIS system.

Prescribed AAI devices will be stored in a suitably safe and central location unless otherwise stated in the child's individual health care plan.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a termly basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in secure location, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

11. Record keeping

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed.

12. Emergency procedures

Medical emergencies will be dealt with under the school's emergency procedures.

Where an individual health care plan is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

13. Day trips, residential visits and sporting activities

Pupils with medical conditions will be supported to participate in educational visits, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

14. Unacceptable practice

The school will not:

- Assume that pupils with the same condition require the same treatment.

- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their individual health care plan.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

15. Liability and indemnity

The Trust board and local governing bodies will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

Schools within the Trust hold an insurance policy with RPA covering liability relating to the administration of medication.

All staff providing such support will be provided with access to the insurance policies.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

16. Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the Trust's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

17. Defibrillators

One of the school's within the Trust, Wynyard Church of England Primary School, has a CU Medical Supplies IPAD (Intelligent Public Access Defibrillator) automated external defibrillator (AED). The AED is stored in a 'Defib Safe' on the outside of the school building.

All staff members and pupils will be made aware of the AED's location and what to do in an emergency.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

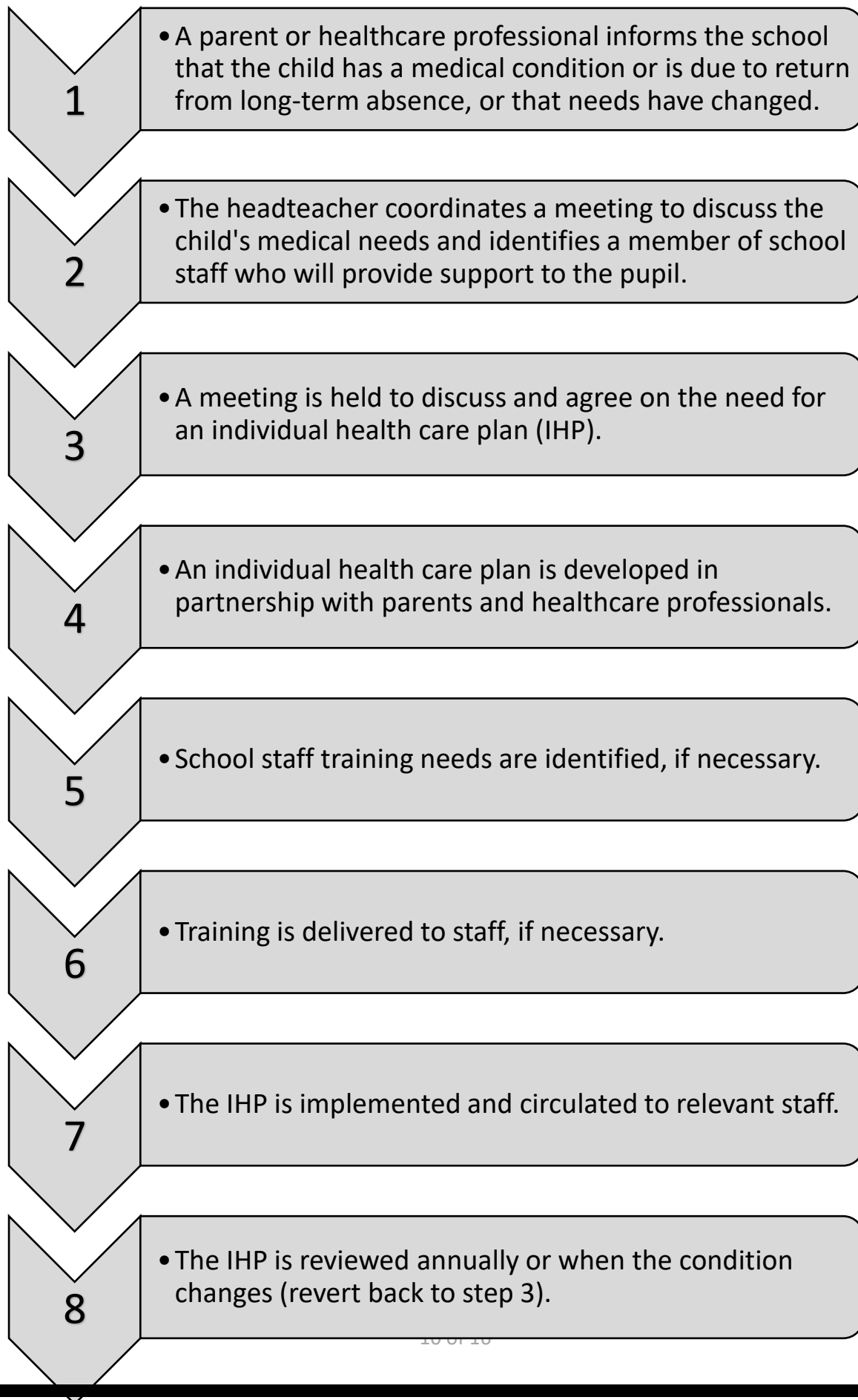
Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

An annual service will be obtained for AEDs from an approved contractor and an up-to-date record of all services and maintenance work will be kept.

18. Monitoring and review

This policy is reviewed on an annual basis by the Trust board and CEO in consultation with headteachers. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

Appendix A: Individual Healthcare Plan Implementation Procedure



Appendix B: Individual Healthcare Plan Template

Individual Health Care Plan

The purpose of this health plan is to identify the level of support required in school. The health plan is to be drawn up and agreed with the parent/carer, school staff and in liaison with other health professionals as appropriate to the care.

Pupil's Name:	
Class:	Date of Birth:
Name(s) of Parent(s)/Guardian(s):	
Medical condition/Concern and details:	
Treatment (including medication)/Provision:	
Known medication side effects:	
Date:	Review Date:

EMERGENCY CONTACT INFORMATION			
Family Contact 1		Family Contact 2	
Name		Name	
Relationship		Relationship	
Tel (Home)		Tel (Home)	
Tel (Mobile)		Tel (Mobile)	
Tel (Work)		Tel (Work)	
Clinic/Hospital Contact		Tel:	
G.P.		Tel:	

Daily care requirements in school:
Describe what constitutes an emergency for the student and the action to be taken:
Follow up care:

Health Plan agreed and permission to share with those listed below:

Signature _____ (Parent)
 Signature _____ (Staff/School Nurse) Date _____

Appendix C: Parental Agreement for the School to Administer Medicine

CONSENT FORM FOR THE USE OF MEDICATION IN EDUCATIONAL ESTABLISHMENTS

Name of child:	
Date of birth:	
Class:	
Medical condition/illness:	
Name/type of medication as described on the container:	
Dosage, method and timing:	
Special precautions:	
Are there any side effects that the school needs to know about?	
Self-administration: Yes/No (delete as appropriate)	

I confirm that I will supply this medication in the form in which it has been supplied to me by the pharmacist.

I understand that that the school will not accept any medications that are in unmarked packages and which do not contain the administration details as supplied by the pharmacist.

I understand that the medicines must be delivered personally by me to the School Office and that this is a service which is subject to agreement with the school.

I also agree that a care plan may, if considered necessary, be drawn up by the school staff with my help, in order to ensure that all the relevant details and information about my child's needs is made available to key staff in school.

I agree to collect medication from school at the end of the treatment/term and it is not collected that it will be destroyed as appropriate.

Medication will not be administered by the school unless this authorisation is completed and signed by the parent/carer.

The Governors and Headteacher reserve the right to withdraw this service.

Signed:

Date: