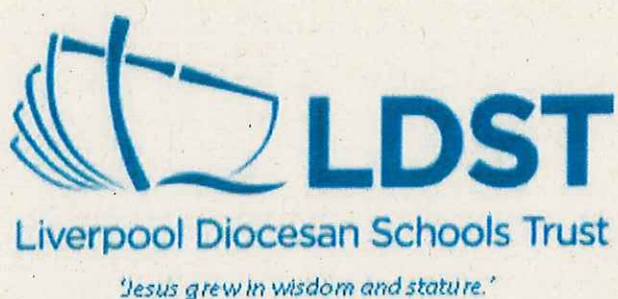


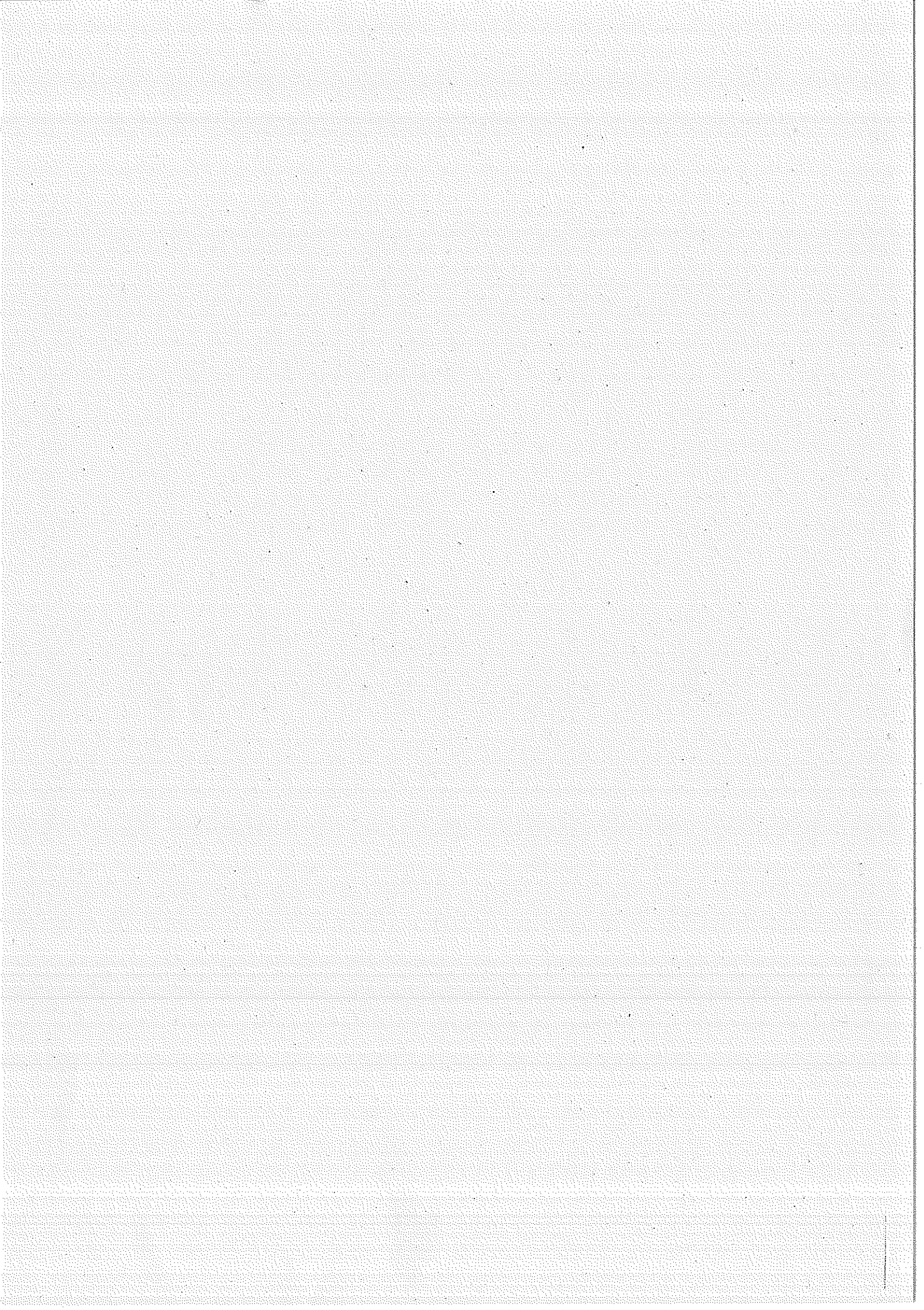
ST. PAUL'S C. E. PRIMARY SCHOOL



**St Paul's Primary School**  
**Supporting Pupils with Medical Conditions**  
**Policy**

Proverbs 22 verse 6:


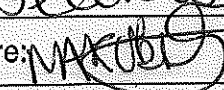
Train up a child in the way he should go;  
even when he is old, he will not depart from it



# St. Paul's C.E. Primary School



## Supporting pupils with medical conditions policy

Policy Version Number	1
Date Adopted by the Governing Body	
Detail of Changes Made	Full policy review
Date of Next Review	<del>February 2019</del> Reviewed <sup>Return</sup> 2022.
Headteacher Signature Mrs. A.E. Jackson	Signature:  Date: December 2022.
Chair of Governors Signature Mr. M.A. Roberts	Signature:  Date:

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## Statement of our Christian Ethos

This policy reflects our Christian values, which recognise, celebrate and welcome diversity. We believe that each and every one of us brings something valuable to our school family. We aim to develop pupils' personal qualities and achievements. We are committed to giving all of our children every opportunity to achieve the highest standards.

This policy helps to ensure that this happens for all of the children in our school, regardless of their age, religion, gender, ethnicity, attainment or background.

### 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 body will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, 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

### 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 bodies to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

### **3. Roles and responsibilities**

#### **3.1 The governing body**

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body 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, including in contingency and emergency situations
- Take overall responsibility for the development of Individual Healthcare Plans (IHP).
- 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
- 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 Individual Healthcare Plan e.g. provide medicines and equipment

#### **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 Individual Healthcare Plan.

#### **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.

Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

### **4. Equal opportunities**

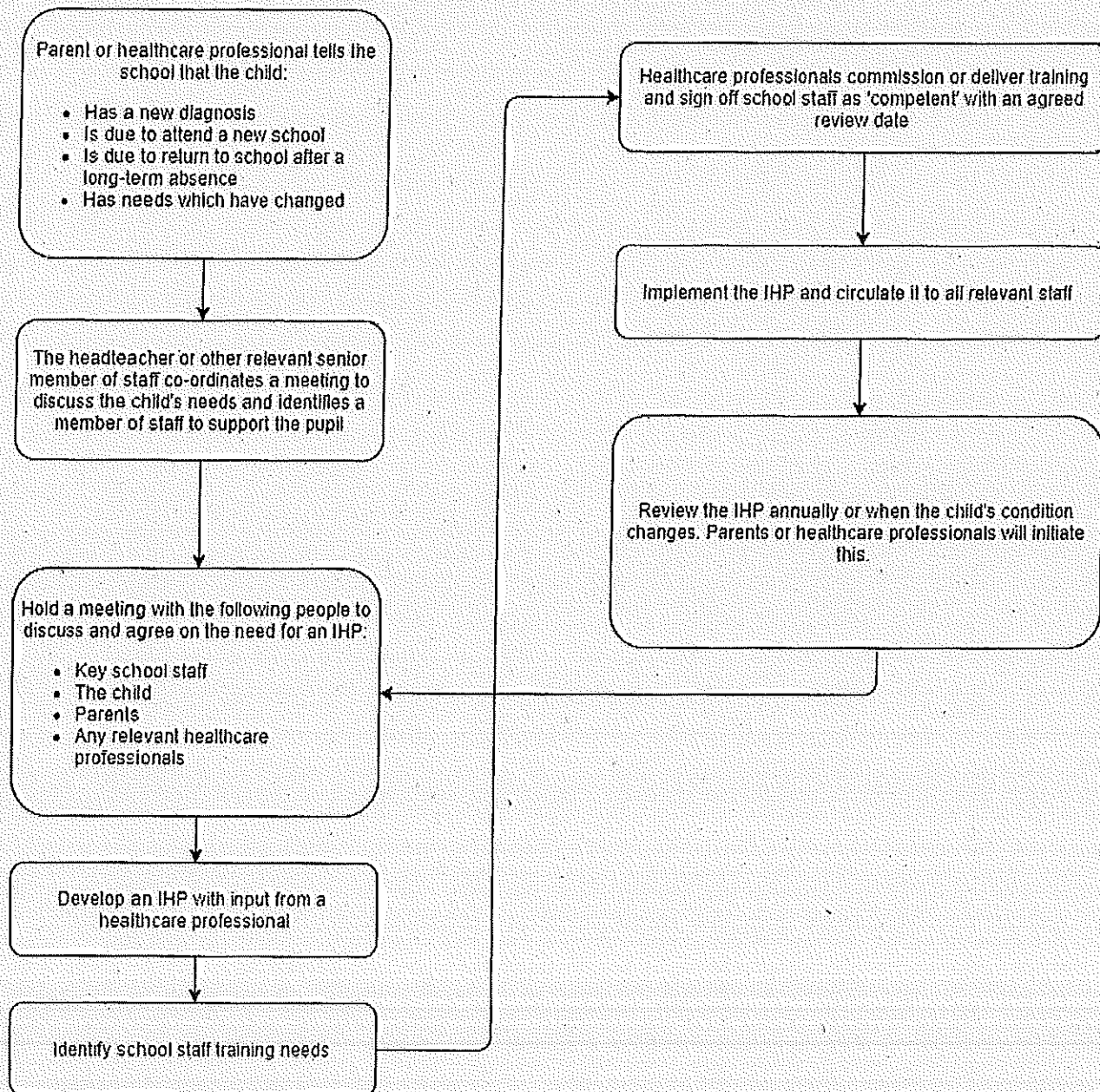
Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

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 Individual Healthcare Plan. (Appendix 1)



## 6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions which can also include specific toileting needs or allergies. The administration of IHP'S has been delegated to the Pastoral Team.

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 not a consensus, the headteacher will make the final decision.

All children currently on the school's **asthma register** or whom we have been informed have been given diagnosis of asthma will require an Individual Healthcare Plan.

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.

If a child requires medication as part of their Individual Health Care Plan then parents will be required to sign a 'Parental agreement for setting to administer medicine' form. (**Appendix 2**)

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. Any pupil who does not have an EHC or Individual Health Care Plan but is on the SEN register will have a 'Pupil Passport' in place (**Appendix 3**). This will be completed by the staff and the child in question.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. Any children with specific toileting needs will be handled with discretion and will have named members of staff from whom they can request assistance. The members of staff will usually be asked to complete a toileting record sheet (**Appendix 4**) which is often useful for parents and healthcare staff in a monitoring capacity. The governing body and the Pastoral Team 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
- 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.
- 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

Paracetamol/Calpol is the only medicine that school keeps for general use. For a child to be given the medicine written permission is needed in advance and will be held on file at school and then a verbal permission will be obtained on the day. (**Appendix 5**)

All doses will be recorded and a slip sent home notifying you of the dose and time of administration.

Prescription and non-prescription medicines (Calpol/Paracetamol) will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so
- Where we have parents' written consent
- If a child requires 4 doses of a particular short term medicine within a 24hour period. (If only 3 doses are required then there is an expectation that this can be managed at home)

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. (**Appendix 6**).

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. Appropriate staff will be informed about where 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.

Only a member of SMT may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

Schools and settings should keep controlled drugs in a locked non-portable container and only named staff should access. A record should be kept for audit and safety purposes.

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

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 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. Supporting Children with Asthma

School now has an Asthma Register (**Appendix 7**) in place along with two emergency salbutamol inhalers and spacers.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, (**Appendix 8**) who have either been diagnosed with asthma and prescribed an inhaler, or who have 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). Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack. A comprehensive instruction leaflet is in place in the staff room which details how to manage Asthma in school and also what to do in an emergency. (**Appendix 9**)

The protocol should include the following – on which this guidance provides advice:

- arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the schools policy on supporting pupils with medical conditions
- having a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler
- having written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan
- ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use
- appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions
- keeping a record of use of the emergency inhaler as required by *Supporting pupils* and informing parents or carers that their child has used the emergency inhaler
- a member of staff carries one of the emergency inhalers/spacers during the lunchtime break in the event that a child diagnosed with asthma requires urgent attention.

## 9. Attendance

Schools, local authorities, health professionals, commissioners and other support services should work together to ensure that children with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority. Home tuition is also an option subject to certain criteria.

Long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied

admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

During school trips the first aid trained member of staff will carry all medical devices and medicines required;

## 10. 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 arrives, or accompany the pupil to hospital by ambulance.

### Use of the public defibrillator (Automated External Defibrillator)

The defibrillator is located at the front of the school building to the left of the main entrance.

Sudden Cardiac Arrest (SCA) is a condition that occurs when the electrical impulses of the human heart malfunction causing a disturbance in the heart's electrical rhythm called ventricular fibrillation (VF). This erratic and ineffective electrical heart rhythm causes complete cessation of the heart's normal function of pumping blood resulting in sudden death. The most effective treatment for this condition is the administration of an electrical current to the heart by a defibrillator, delivered within a short time of the onset of VF.

An AED is used to treat victims who experience SCA. It is only to be applied to victims who are unconscious, without pulse, signs of circulation and normal breathing. The AED will analyse the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock.

Training on the use of the AED will be monitored in line with section 11 of this document.

## 11. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. A record of training will be kept on file. **(Appendix 10)**

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 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.

First-aid provision must be available at all times while people are on school premises, and also off the premises whilst on school visits.

A list of First Aiders in school should be kept up to date as and when relevant training has occurred. **(Appendix 11)**

## **12. Record keeping**

The governing body will ensure that written records are kept of all medicine administered to pupils. (Appendix 12&13) Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of. Staff will read **all** Individual Healthcare Plans with a specific focused placed on the children with whom they regularly come into contact. Staff will be asked to sign in order to validate that they have read and understood these plans. (Appendix 14&15)

## **13. Liability and indemnity**

The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. A risk assessment for this purpose has deemed the risk to be 'low'. This is because the only medicine that school keeps for general use is paracetamol/calpol for which written parental permission is required on a one off basis and held on file. Verbal permission is required at the time it is administered.

## **14. Complaints**

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

## **15. Monitoring arrangements.**

This policy will be reviewed and approved by the governing body annually providing there are no significant changes which require any earlier review.

## **16. Links to other policies**

This policy links to the following policies:

- Accessibility policy
- Complaints
- Equality
- Health and safety
- Safeguarding
- Special educational needs information report and policy
- Code of Conduct

**St. Paul's CE Primary School**

**Health Care Plan**

**Pupils name:**

**Date of birth:**

**Date of Plan/review:**

**Photograph:**

A Health Care Plan should be completed for any pupil whose health needs impact, or may impact upon his/her access to education.

All pupils who need to take medication for a condition which is, or may be, long term, should have a Health Care Plan.

All sections of the plan should be completed. If no action is required in a particular section, this should be recorded.

This Health Care Plan will be drawn up in consultation with the parent or carer and the appropriate health practitioner and will be reviewed annually.

Two copies of this document should be held. In the case of a 999 procedure being required a copy of this form must accompany the pupil to hospital.

**Year Group & Teacher:**

**1. Primary Contact**

**Parent/Legal Guardian:**

**Relationship:**

**Tel Home:**

**Tel Work:**

**Tel Mobile:**

Appendix 1

2. Second Contact

Name:

Address:

Relationship:

Tel Mobile:

3. Clinical/Hospital Contacts

Hospital:

GP:

GP Tel:

Nature of Health Need:

--

Daily Care Requirements	Person/s Responsible

Symptoms requiring attention	Action Required	Person Responsible

**Any special arrangements if pupil is offsite:**

**Health Care Plan copied to:** Parents / Child's School File / Classteacher

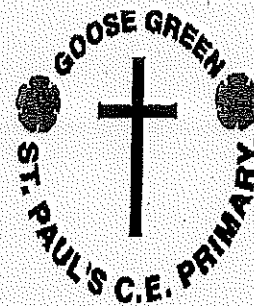
**Any training required:** N/A

**Review date:** September 2017

Parent/carer .....	
Signed: .....	Date: .....
School Staff .....	
Name: .....	Position: .....
Signed: .....	Date: .....



# St Paul's CE Primary School



**NB: Medicines must be in the original container as dispensed by the pharmacy**

## Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

(agreed member of staff)

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

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**Pupil Passport**

INSERT PHOTO

Name: \_\_\_\_\_ Yr: \_\_\_\_\_

Any Known medical conditions

Strengths or praise points for this pupil.

Things I am good at:

Things I may need some support with:

What helps me concentrate in lessons to the best of my ability?

What helps me feel calm?

Who supports me in school?

What I love most about school and my interests and hobbies outside school.

Weekly Toilet Training Record

Name: \_\_\_\_\_

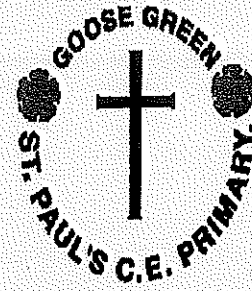
Objective:	
Week Beginning:	

	9.00am	10.00am	11.00am	12.00pm	1.00pm	2.00pm	3.00pm
<b>Monday</b>							
<b>Tuesday</b>							
<b>Wednesday</b>							
<b>Thursday</b>							
<b>Friday</b>							

**B.O = Bowels open**

**A = Accident in pants (Staff required to assist)**

**UO = Urine only**



## Paracetamol Administration Consent Form

Dear Parent/Carer

Paracetamol/Calpol is the only medicine that the school keeps for general use. For a child to be given the medicine verbal permission is needed in the first instance followed by written permission obtained at the end of the school day. All doses will be recorded and a slip sent home notifying you of the dose and time of administration.

**Other than Calpol the school does not keep any medicines for general use.**

**Should your son/daughter be unwell at school and you would wish an authorised member of staff to be able to administer paracetamol to your child, please fill in this form and return to the school office.**

.....  
*I consent to my son/daughter being given paracetamol if considered necessary during the school day.*

- *Name of Child:*

.....

- *Verbal Permission*

- *Date & time*

.....

- *Permission obtained by*

- *(Staff Member)*

.....

- *Quantity & time of*

- *Last dose*

.....

- *Signed: (Parent/Guardian)*

.....

- *Name of Parent/Guardian*

.....

- *Date:*

.....

Appendix 6



Date: .....

- Today your child has been given Paracetamol in school.
- The reason for administering the medicine was as follows:
  - .....
  - .....
- Dosage given ..... ml
- Time Paracetamol administered. .... am/pm (delete as necessary)
- Dosage administered by .....
- Please contact school if you require any further information.



**Asthma Register**

**SchoolName.....Term.....**

Name of child	D.O.B	Class	Preventer	Reliever	Spacer name	Where is the inhaler kept?	Hand held device	Date of expiry	Parental consent given for use of emergency inhaler Yes/No

**CONSENT FORM: USE OF EMERGENCY SALBUTAMOL  
INHALER**

St Paul's CE Primary School

**Child showing symptoms of asthma / having asthma attack**

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which will be kept in class for their individual use.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:.....Date:.....

Name  
(print).....

.....  
Child's name:  
.....

Class:  
.....

Parent's address and contact details:  
.....  
.....  
.....  
.....

Telephone:  
.....

E-mail:  
.....