

Trinity St Mary's Church of England Primary
School

Supporting Pupils with Medical Conditions Policy

Summer Term 2023

"Many Hearts Make A School"



Trinity St Mary's C of E Primary School

Supporting Pupils at School with Medical Conditions Policy

Introduction

This policy reflects the Statutory Guidance from the DfE, December 2015.

On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance in this document is intended to help governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that school will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support they provide, schools should establish relationships with relevant local health services to help them. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, 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.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the [Special educational needs and disability \(SEND\) code of practice](#). The Special educational needs and disability code of practice explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

Purpose

Children 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 should be denied admission (see School Admissions Code 2012) 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, governors 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.

General guidelines

When school is notified that a child has a medical condition procedures are in place to cover any transitional arrangements between schools and arrangements for any staff training or support. School does not have to wait for a formal diagnosis before providing support to a pupil. In cases where pupils medical condition is unclear or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence.

Child Specific Care Plan

Child Specific Care Plans will help school effectively support pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom.

- The school, healthcare professional (if appropriate) and parent should agree, based on evidence, when a plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will take the final view

- Plans will be drawn up in partnership between school, parents and a relevant healthcare professional Specialist Nurse if appropriate. Pupils will be involved whenever appropriate.
- The format of individual plans may vary so that the most effective format for the specific needs of each pupil is used.
- Plans will be accessible to all who need to refer to them, while preserving confidentiality.
- The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed
- Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.
- Where a child has a special educational need identified in a statement or Educational Health and Care Plan (EHC), the plan will be linked to, or may become part of it.
- Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the plan identifies the support the child will need to reintegrate effectively.

Points considered when developing a child specific care plan

- The medical condition, its triggers, signs, symptoms and treatments
- Specific support for the child's educational, social and emotional needs eg how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication this should 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 child's medical condition from a Health Professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the child's condition and the support required
- Arrangements for written permission from parents and the Headteacher, or delegated person, for medication to be administered by a member of staff or self-administered by the child during school hours
- Separate arrangements or procedures for school trips or other school activities outside of the normal school timetable that will ensure that the child can participate, eg risk assessments

- Where confidentiality issues are raised by the parent of a child the designated individuals to be entrusted with information about the child's condition
- What to do in an emergency, including whom to contact and contingency arrangements

Roles and responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility for one person. School will work in partnership with healthcare professional, social care professionals, Local Authorities, parents and pupils

Governing Body

The governing body will make arrangements to support children with medical conditions in school and ensure that a policy is developed and implemented. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so it should ensure that such children can access and enjoy the same opportunities at school as any other child.

In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The governing body should ensure that its arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

Governing bodies must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.

Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Governing bodies should ensure that the school's policy sets out procedures to be followed whenever a school is notified that a pupil has a medical condition.

Governing bodies should ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.

The governing body should ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interest in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

Headteacher

The Headteacher will ensure that:

- the school's policy is developed and effectively implemented with partners
- all staff are aware of the policy and understand their role in its implementation
- all staff who need to know are aware of the child's condition
- there are sufficient trained numbers of staff available to implement the policy and deliver against all IHPs including in contingency and emergency situations
- Staff are appropriately insured and are aware that they are insured to support pupils in this way
- They contact the school nursing service in the case of a child 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.

School Staff

- may be asked to provide support to children with medical conditions, including administration of medicines (although they cannot be required to do so)
- will receive sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility to support children with medical conditions
- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with medical condition needs help.

School Nurse

Every school has access to school nursing services. They are responsible for:

- notifying the school when a child has been identified as having a medical condition which will require support in school
- liaising with lead clinicians locally on appropriate support for the child and associated staff training needs
- providing advice and liaising with staff on the implementation of a child's IHP

Other Healthcare Professionals including GPs and Paediatricians

- They should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes)

Pupils

- Will be fully involved in discussions about their medical support needs and contribute, and comply with, their IHP as appropriate

Parents

- Will provide the school with sufficient and up to date information about their child's medical needs
- Will be involved in the development and review of their child's IHP
- Will provide medicines and equipment and ensure they, or another nominated adult, are contactable at all times

Local Authority

The Local Authority should provide support, advice and guidance to support children with medical conditions to attend full time. Where children would not receive a suitable education at Trinity St Mary's because of their health care needs the LA has a duty to make other arrangements

Providers of Health Services

Providers of Health Services should co-operate with school in providing valuable support, information, advice and guidance

Staff training and support

- The relevant healthcare professional will normally lead on identifying and agreeing with the school, the type and level of training required and how this can be obtained. However school may wish to choose to arrange training and ensure this remains up to date
- a training needs review will be carried out on an annual basis at the start of the school year related to any pupils in school at the time with medical conditions

- Training will be sufficient to ensure that staff are competent and have confidence in their ability to support children. This includes an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. A record of staff training will be kept
- Staff will not give prescription medicines or undertake healthcare procedures without appropriate training – the training will be updated to reflect any IHP
- A first-aid certificate does not constitute appropriate training in supporting children with medical needs
- Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medicine
- School will have arrangements in place for whole school awareness training regarding supporting children with medical conditions (eg non-pupil day, induction arrangements) to help ensure that all medical conditions affecting pupils in the school are understood fully, this includes preventative and emergency measures so that staff can recognise and act quickly when a problems occurs
- The family of a child will be key in providing relevant information to school staff about how their child's needs can be met

The child's role in managing their own medical needs

- The governing body will ensure that arrangements are made, for children who are competent, to manage their own health needs and medicines. This should be reflected in their plan
- If appropriate children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Some children may require an appropriate level of supervision.
- If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them
- If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Parents will be informed when the medication has not been administered for this reason

Managing medicines on school premises

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- No child will be given prescription or non-prescription medicines without their parent's written consent. Please refer to Annex C
- No child will be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g for pain relief, will never be administered without first

checking maximum doses and when the previous dose was taken. Parents will be informed when the dose was given

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- School will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage (exception to this is insulin, which must still be in date but may be available inside an insulin pen or a pump, rather than in its original container)
- All medicines will be stored safely. Children will be informed where their medicines are 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 children in the office (consideration of this will be taken when off school premises eg school trips)
- School will keep controlled drugs that have been prescribed for a pupil securely stored and only staff will have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any dosage used and the amount of the controlled drug held in school
- School staff may administer a controlled drug to whom it has been prescribed in accordance with the prescriber's instructions. School will keep a record of all medicines administered to individual children stating what, how and how much was administered, when and by whom. Any side effects will be noted
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharp boxes will always be used for the disposal of needles and other sharps

Record keeping

Written records will be kept of all medicines administered to children. Parents will be informed if their child has had a serious bump to the head or if the child is not well enough to remain in school.

Emergency procedures

- Where a child has a plan this will clearly define what constitutes an emergency and explain what to do including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other children in the school should know what to do in general terms such as informing a teacher immediately if they think help is needed
- If a child needs to be taken to hospital, staff should stay with the child until the parent arrives or accompany a child to hospital in an ambulance

When local emergency services are called staff will give precise details of which entrance to use (See Annex C)

Day trips, residential visits and sporting activities

The Governing body will ensure that arrangements are clear and unambiguous about the need to support actively children with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

School will make arrangements for the inclusion of children in such activities with any adjustments as required unless evidence from a clinician states that this is not possible.

A risk assessment will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included (refer to guidance on school trips)

Acceptable practice

- School will not assume that every child with the same condition requires the same treatment
- School will not send children with medical conditions home frequently, or prevent them from staying for normal school activities, unless this is specified in their plan
- If a child becomes ill, they will not be sent to the school office or medical room unaccompanied
- School take into consideration hospital appointments when monitoring Attendance
- School will not ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged)
- School will not 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 IHP. School does not prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- School will not require parents, or make them feel obliged, to attend school to administer medication or provide medical support to their child, including toileting issues. No parent will have to give up working because the school is failing to support their child's medical needs
- School will not prevent children from participating in any aspect of school life, including school trips, by requiring parents to accompany

Asthma

About one in seven children have asthma and numbers are increasing. We want to make sure that having asthma does not mean children losing out when they are at school. Most children with asthma can have a full and active life. This policy will help pupils with the management of their asthma while they are at school.

Asthma register

When a child joins the school or is subsequently diagnosed with asthma an individual healthcare plan will be drawn up and reviewed on an annual basis. The Asthma Link person will collate the register and also contact the parents or named responsible carer, to obtain the inhalers that will be held by the school. Parents may wish to provide the school with a copy of their child's "My Asthma Plan".

Indemnity

- Staff who are happy to administer medication will be provided with indemnity.
- In emergencies staff should act as any prudent parent would, which may include giving medication.
- Each inhaler provided by parents / carers for pupils to use must be within date, named and prescribed with an appropriate pharmacy label.

Access to inhalers

- Individual pupils' inhalers are kept in a class boxes in the school office apart from Reception class pupils who have their inhalers stored in their classroom.
- Children are allowed access to their inhalers at any time in the school day, should they feel the need to use it.
- Inhalers should accompany them when taking part in offsite activities, or residential trips.
- Inhalers should be taken outside along with the register for fire drills.

Staff awareness and action in asthma emergencies

- All staff need to be able to manage attacks. Staff will do what a 'reasonable parent' would do in the circumstances prevailing at the time.
- For mild attacks children should take their usual reliever inhaler, as per instructions.
- If the child:
 - does not feel better in 5-10 minutes,
 - is distressed or exhausted,
 - is unable to talk in sentences,
 - has blue lips or you have any doubts

the following steps should be taken:

- 1) One adult should stay with the pupil and use reliever inhaler via spacer while another adult dials 999 for ambulance and states that the child is having a severe asthma attack requiring immediate attention.
- 2) Continue to give relief inhaler while help arrives as per instructions on inhaler.
- 3) Inform parents of the situation and actions taken.
- 4) The incident should then be recorded in the Asthma register in the main office by the person who dealt with the attack, and the entry should be signed and dated by them.

Forgotten or Lost Inhalers

- If a child's condition does not indicate the need to dial 999 i.e. not a severe attack, contact parents to bring in inhaler or collect child.
- If the child is experiencing a severe attack call 999 without delay.

Training

- Headteachers are responsible for assessing and arranging for training needs to be met.

Home/School Liaison

- Parents are asked to complete and update asthma records on admission. Parents are required to update their child's asthma records as and when the condition or medication changes.
- Absence of parental consent should not stop staff from acting appropriately in emergencies.
- Parents will be contacted and requested to replace expired inhalers.

Minimising exposure to triggers

Where possible:

- We will avoid feathery or furry school pets.
- There is a complete ban on smoking in or on the premises.

Liability and Indemnity

School has an Insurance Policy that provides liability cover relating to the administration of mediation.

Complaints

Any parents of pupils dissatisfied with the support provided should discuss their concerns directly with the school. If this cannot be resolved parents may make a formal complaint via the schools complaints procedure.

The Headteacher will have overall responsibility that this policy is implemented. The educational visits coordinator will ensure that risk assessments for school visits are undertaken.

The Inclusion Manager, School Business Manager and SLT will ensure that sufficient staff are suitably trained, cover arrangements are in place, supply teachers are briefed and IHP's are monitored.

This policy has been agreed by the governing body and will be reviewed in the Summer Term 2025 unless DfE and/or Essex County Council guidance is issued before then.

Signed by the Chair of the Governing Body:

Date:

To be reviewed: Summer 2025

ANNEX A

Model process for developing individual healthcare plans

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed



Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil



Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)



Develop IHCP in partnership - agree who leads on writing it. Input from healthcare professional must be provided



School staff training needs identified



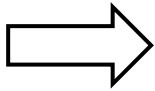
Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed



IHCP implemented and circulated to all relevant staff



IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate



Appendix B: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe 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 by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix C: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other
instructions

Are there any side effects that the
school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

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 _____

Appendix D: record of medicine administered to an individual child

Name of school/setting
Name of child
Date medicine provided by parent
Group/class/form
Quantity received
Name and strength of medicine
Expiry date
Quantity returned
Dose and frequency of medicine

Staff signature _____

Signature of parent _____

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

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

C: Record of medicine administered to an individual child (Continued)

Date

Time given

Dose given

Name of member of
staff

Staff initials

Date

Time given

Dose given

Name of member of
staff

Staff initials

Date

Time given

Dose given

Name of member of
staff

Staff initials

Date

Time given

Dose given

Name of member of
staff

Staff initials

Appendix F: record of medicine administered to all children

Name of school/setting

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[illegible]

Appendix G: staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix H

Contacting emergency services

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. School telephone number – 01245 321711

2. Your name

3. School location – Trinity St Mary's C of E Primary School, Trinity Square, South Woodham Ferrers, Essex

4. State the School postcode – CM3 5JX. HOWEVER it is important that you advise that it is the Tutors Way entrance to the school that is required to be used

5. Provide the exact location of the patient within the school setting

6. Provide the name of the child and a brief description of their symptoms

7. Reiterate to Ambulance Control that the best entrance to use is Tutors Way and state that the crew will be met and taken to the patient

Appendix I: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely