

Chase Lane



Primary School and Nursery

SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

June 2023

Our school promotes perseverance, resilience and mutual respect. Working in partnership with families, we ensure that all children are given the best opportunities throughout their educational journey. Children at Chase Lane embrace challenge and make the best possible progress to enhance their life choices in an ever changing, diverse modern Britain.

Title:	Supporting Pupils at School with Medical Conditions
Function:	Information and Reference
Subject Category:	Safeguarding
Audience:	Staff, Parents, Children and Governors
Date of Review:	June 2025
Member of Staff Responsible:	Headteacher

POLICY DOCUMENT FOR SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

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1. RATIONALE

The school has a duty, under Section 100 of the Children and Families Act 2014, to make arrangements for supporting pupils at school with medical conditions. The governing body will ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. The governing body will 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 will ensure that arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn as well as increase their confidence and promote self-care. They will ensure that staff are properly trained to provide the support that pupils need.

2. 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 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.

3. 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. The 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.

4. INDIVIDUAL HEALTHCARE PLANS

Individual Healthcare Plans (IHP) will help school effectively support pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom (see Appendix A).

Plans will be drawn up in partnership between school, parents and a relevant healthcare professional eg School or Specialist Nurse. Pupils will be involved whenever appropriate (see Appendix B).

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 individual Healthcare Plan (IHP) will be linked to, or become part of that statement or EHC.

Points considered when developing an IHP

- 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, e.g. 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 in an emergency, including whom to contact and contingency arrangements.

5. 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.

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

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

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

Other healthcare professionals 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).

Children

Children will be fully involved in discussions about their medical support needs and contribute, and comply with, their IHP as appropriate.

Parents

Parents will provide the school with sufficient and up to date information about their child's medical needs.

Parents will be involved in the development and review of their child's IHP.

Parents 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 Chase Lane Primary school and Nursery, 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.

6. 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.

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 the staff training will be kept (see Appendix C).

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.

7. 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 IHP.
- Wherever possible children will 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.

8. 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. Forms are available from the office (see Appendix D).
- No child will be given medicine containing aspirin unless prescribed by a doctor. Medication, eg 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.
- 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 either in their class or in the school 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 named 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

9. RECORD KEEPING

Written records will be kept of all medicines administered to children (see Appendices D). Parents will be informed if their child has been unwell in school. Records of asthma inhalers administration will also be kept.

10. EMERGENCY PROCEDURES

The school has arrangements for dealing with emergencies for all school activities. Where a child has an IHP 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.

11. 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).

12. POINTS FOR CONSIDERATION

- School does 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 IHP.
- 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 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.
- Schools are advised to consider defibrillators.

13. LIABILITY AND INDEMNITY

School has an Insurance Policy that provides liability cover relating to the administration of medication. 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 and that risk assessments for school visits are undertaken. The Office Manager and School First Aider will ensure that sufficient staff are suitably trained, cover arrangements are in place, supply teachers are briefed and IHP's are monitored.

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 professionals 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.



Individual Healthcare Plan

Chase Lane Primary School and Nursery

Child's name	
Address	
Date of birth	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

1 st contact name	
Relationship to child	
Phone number (daytime)	
Mobile phone number	
Home phone number	
2 nd contact name	
Relationship to child	
Phone number (daytime)	
Mobile phone number	
Home phone number	

Clinic / Hospital Contact

Name	
Phone number	

GP Contact

Name	
Address	
Phone number	

Who is responsible for providing support in school?

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

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Name of medication, dose, method of administration. When to be taken, side effects, contra indications, administered by / self administered with / without supervision

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Daily care requirements

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

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Other information

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What constitutes an emergency and the action to take if this occurs

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Name	Emergency contact number
Name	Emergency contact number

Name Role / relationship to child.....

Name Role / relationship to child.....

Name Role / relationship to child.....

Name Role / relationship to child.....

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Staff Training Record Sheet – Administration of Medicines

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

I can 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 (suggested review date).

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

CHASE LANE PRIMARY SCHOOL AND NURSERY

ADMINISTERING MEDICINES TO PUPILS

Child's name

Class

Name of medicine

Dosage to be given at(time)

My child is allergic to

I(parent/guardian)
Give permission for a member of staff to administer
the above medicine.

Signature

[illegible]

APPENDIX E

CHASE LANE PRIMARY SCHOOL AND NURSERY

Record of Asthma / Inhaler / Epipen administered to all children

[illegible]