



Supporting Children with Medical Conditions Policy

Approved by Governing Body on:

13th October 2021

Review Date:

Summer Term 2023

Barley Lane Primary School

Supporting Children with Medical Conditions Policy

Contents

1. Aims	2
2. Legislation and statutory responsibilities	3
3. Roles and responsibilities	3
4. Equal opportunities	4
5. Being notified that a child has a medical condition.....	4
6. Individual healthcare plans	4
7. Managing medicines	5
8. Emergency procedures.....	7
9. Training.....	7
10. Record keeping.....	7
11. Liability and indemnity	7
12. Complaints	8
13. Monitoring arrangements.....	8
14. Links to other policies	8
<i>Appendix 1: Being notified a child has a medical condition.....</i>	<i>9</i>
<i>Appendix 2: Example of an Individual Health Care Plan.....</i>	<i>10</i>
<i>Appendix 2: Example of an Allergy Action Plan for a child with an EpiPen</i>	<i>13</i>
<i>Appendix 3: Example of an Allergy Action Plan for a child without an EpiPen</i>	<i>14</i>
.....	14
<i>Appendix 4: MED 1.....</i>	<i>15</i>
<i>Appendix 5: Record of medicines administered in school/setting to all children.....</i>	<i>16</i>

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 board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is the Assistant Headteacher for Inclusion, Mrs Sabrina Pierson.

2. Legislation and statutory responsibilities

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

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

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

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

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

5. Being notified that a child has a medical condition

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

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

See Appendix 1.

6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Mrs Sabina Pierson.

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

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

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the Assistant Headteacher for Inclusion with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

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.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

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.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

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 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. The training will be identified during the development or review of 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 or Assistant Headteacher for Inclusion. 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.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

Royal Sun Alliance fully indemnifies Barley Lane Primary School staff against claims for alleged negligence, providing they are acting within the scope of their employment, and staff have been provided with adequate training and are following these guidelines. For the purpose of indemnity, the administration of medical assistance falls within this definition and hence staff can be reassured about the protection provided. In practice, the indemnity means that Royal Sun Alliance and not the employee will meet the cost of damages should the claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action usually is between the parent and the insurer.

12. Complaints

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

13. Monitoring arrangements

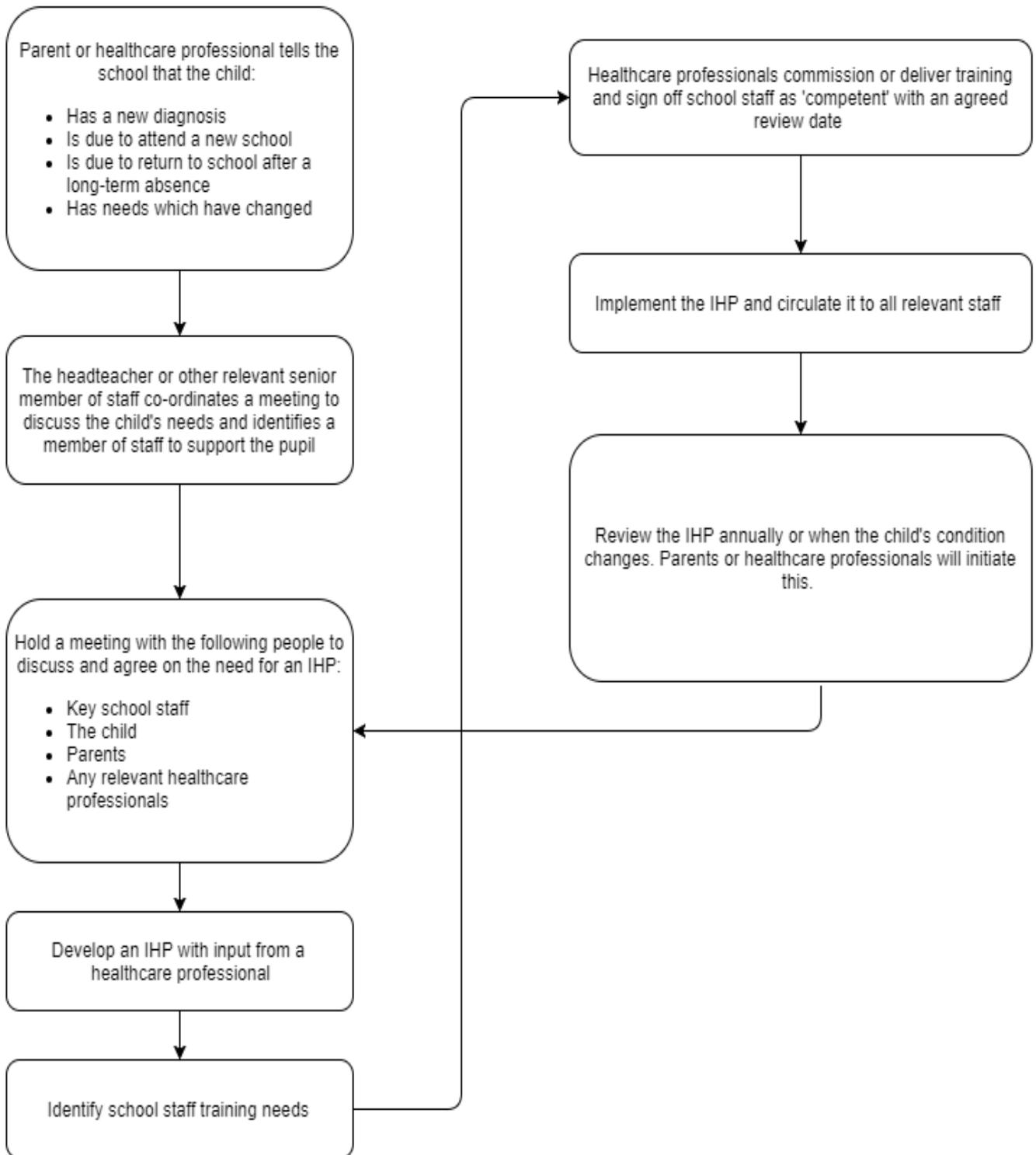
This policy will be reviewed and approved by the governing board every 2 years.

14. Links to other policies

This policy links to the following policies:

- [Accessibility Policy and Plan](#)
- [Complaints Policy](#)
- [Equality Information Objectives](#)
- [Health & Safety Policy](#)
- [Child Protection and Safeguarding](#)
- Special educational needs information [report](#) and [policy](#)
- [First Aid](#)

Appendix 1: Being notified a child has a medical condition



Appendix 2: Example of an Individual Health Care Plan

HEALTHCARE PLAN FOR A PUPIL WITH MEDICAL NEEDS

<u>NAME:</u>	<u>ADDRESS:</u>
<u>DATE OF BIRTH:</u>	<u>TELEPHONE NUMBER:</u> <u>MOBILE TELEPHONE NUMBER:</u>
<u>CONDITION:</u>	<u>GP:</u>
<u>NAME OF SCHOOL:</u>	<u>PAEDIATRICIAN:</u>
<u>CLASS</u>	
<u>DATE:</u>	<u>REVIEW DATE:</u>

<u>PHOTOGRAPH</u>

<u>CONTACT 1:</u>	<u>FAMILY CONTACT 2:</u>
<u>NAME:</u>	<u>NAME:</u>
<u>PHONE NO (WORK):</u>	<u>PHONE NO (WORK):</u>
<u>PHONE NO (HOME):</u>	<u>PHONE NO (HOME):</u>
<u>RELATIONSHIP TO CHILD:</u>	<u>RELATIONSHIP TO CHILD:</u>

--	--

DESCRIBE CONDITION AND GIVE DETAILS OF PUPIL'S INDIVIDUAL SYMPTOMS:

ADDITIONAL INFORMATION:

DAILY CARE REQUIREMENTS (E.G. BEFORE SPORT/AT LUNCHTIME)

MEDICATION:

ACTIONS TO BE TAKEN IN THE EVENT OF "Name" PRESENTING WITH THE FOLLOWING SYMPTOMS:-

WHEN TO CALL FOR EMERGENCY SERVICE (999)

School:

- Will inform parent of observed symptoms or other relevant information.

Parent:

- Will inform the school of all relevant changes as they occur.

Pupil

- Will inform staff when/if they feel unwell
- Will participate/comply with the requirements of the care plan & attend the initial & review meeting if appropriate.

WHO IS RESPONSIBLE IN AN EMERGENCY: (state if different on off-site activities?)

Named Persons Responsible:

.....
.....
.....

Training:

.....

Date:

Signature:.....

Form Copied to:

Parents

School – All School Staff

School Nursing Services

Agreed and signed by Parents:

.....

.....

Headteacher:

Deputy Headteacher:

Health Professional:

Appendix 2: Example of an Allergy Action Plan for a child with an EpiPen



This child has the following allergies:

Name:

DOB:



Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:
- Phone parent/emergency contact

(If vomited, can repeat dose)

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms! ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
<ul style="list-style-type: none"> Persistent cough Hoarse voice Difficulty swallowing Swollen tongue 	<ul style="list-style-type: none"> Difficult or noisy breathing Wheeze or persistent cough 	<ul style="list-style-type: none"> Persistent dizziness Pale or floppy Suddenly sleepy Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- Lie child flat with legs raised (if breathing is difficult, allow child to sit)
- Use Adrenaline autoinjector without delay (eg. EpiPen®) (Dose: mg)
- Dial 999 for ambulance and say **ANAPHYLAXIS (#ANA-PIL-AX-IS#)**

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

- Stay with child until ambulance arrives, do **NOT** stand child up
- Commence CPR if there are no signs of life
- Phone parent/emergency contact
- If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:

2) Name:

Parental consent: I hereby www school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

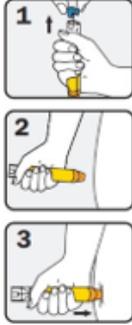
Print name:

Date:

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

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How to give EpiPen®



1 PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember #blue to sky, orange to the thigh!

2 Hold leg still and PLACE ORANGE END against mid-outer thigh #with or without clothing!

3 PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand luggage or in the person, and NOT in the luggage hold. If the action plan and authorisation to travel with emergency medicines has been prepared by:

Sign & print name:

Hospital/Clinic:

Date:

Appendix 3: Example of an Allergy Action Plan for a child without an EpiPen

This child has the following allergies:

Name: _____

DOB: _____

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in **behaviour**

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine: _____ (If vomited, can repeat dose)
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: **ALWAYS** consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

AIRWAY	BREATHING	CONSCIOUSNESS
<ul style="list-style-type: none"> Persistent cough Hoarse voice Difficulty swallowing Swollen tongue 	<ul style="list-style-type: none"> Difficult or noisy breathing Wheeze or persistent cough 	<ul style="list-style-type: none"> Persistent dizziness Pale or floppy Suddenly sleepy Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- Lie child flat with legs raised (if breathing is difficult, allow child to sit)
- Immediately dial 999 for an ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")**
- In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER the SPARE AUTOINJECTOR** if available
- Commence CPR** if there are no signs of life
- Stay with child until ambulance arrives, do **NOT** stand child up
- Phone parent/emergency contact

***** IF IN DOUBT, GIVE ADRENALINE *****

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepenschools.uk

Emergency contact details:

1) Name: _____

2) Name: _____

Parental consent: I hereby **authorise** school staff to administer the medicines listed on this plan, including a "spare" back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed: _____

Print name: _____

Date: _____

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepenschools.uk

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Additional instructions:

If wheezy: DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (blue puffer) via spacer

Signed and Dated:

Headteacher: _____

Class Teacher: _____

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include **instructions for adrenaline autoinjectors. These can be downloaded at bsaci.org**

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at guidance.nice.org.uk/CG116

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical information to enable a child to administer a "spare" adrenaline autoinjector in the event of the above named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below certifies that there are no medical contraindications to the above named child being administered an adrenaline autoinjector by school staff in an emergency. This plan has been prepared by:

Sign & print name: _____

Hospital/Clinic: _____

Date: _____

BARLEY LANE PRIMARY SCHOOL

MED 1

Parental Agreement for School to Administer Medicine

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

CHILD'S DETAILS

Child's Name:	
Date of Birth:	
Class:	
Medical Condition or Illness	

MEDICINE DETAILS

Name/type of Medicine: <i>(As described on the container)</i>	
Date Dispensed:	
Expiry Date:	
Quantity Provided <small>(mls/grams or amount of tablets):</small>	
Dosage to be given and Method:	
When to be taken:	
Any Special Precautions:	
Are there any side effects that the school needs to be aware of?	
Is the medication Self-administered? If YES, school to assign staff member.	
Procedures to take in an Emergency:	

EMERGENCY CONTACT DETAILS

Parent/Carers Name:	
Daytime Telephone Number(s):	
Relationship to Child:	
I understand that I must deliver the medicine personally to the staff member named here:	

PARENTAL DECLARATION

I accept that this is a service that the school is not obliged to undertake and I also understand that I must notify the school of any changes in writing.

Parent/Carers Signature: _____

Parent/Carer Name Printed: _____ Date: _____

SCHOOL AUTHORISATION

The school has agreed to administer this medicine under the parent/carers guidance.

Staff Name Printed: _____ Date: _____

