



SAUNCEY WOOD PRIMARY SCHOOL

Supporting Children with Medical Conditions Policy

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1. Introduction

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.

The DfE's publication *Supporting pupils at school with medical conditions* (December 2015) contains both statutory and non-statutory guidance, which schools must have regard to when carrying out their statutory duty to support pupils at school with medical conditions. The guidance applies equally to activities taking place off-site as part of normal educational activities.

Settings are also under a duty to plan strategically to increase access, over time, to schools. This includes planning in anticipation of the admission of a disabled pupil with medical needs so that they can access the school premises, the curriculum and the provision. The 'reasonable adjustment' may include alterations to the physical environment.

The policy takes account of the statutory guidance and legislation contained in:

- Statutory Guidance for local authorities January 2013
- Implementing the Disability Discrimination Act in Schools and Early Years Settings'. (2005) (DCSF and Disability Rights Commission)
- 'Removing Barriers to Achievement' 10 year Government strategy for SEN (2004). DfES ES/0117/2004 DfES ES/0118/2004 (summary)
- The Education Act 1996 (DfES)
- CS ESTMA County Policy
- Race Relations (Amendment) Act 2000 (RRAA)
- Hertfordshire County Council Equality Policy

2. Policy

This school is an inclusive community that supports and welcomes pupils with medical conditions.

- This medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings. The whole school & local health community understand and support the medical conditions policy.
- Sauncey Wood Primary School provides children with medical conditions with the same opportunities and access to activities (both school-based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- The school will listen to the views of pupils and parents/carers and will ensure that pupils and their parents/carers feel confident in the care they receive from this school and that the level of that care meets their needs.
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence. We understand that children with the same medical condition will not all have the same needs, and our school will focus on the needs of each individual child.
- The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014 (and other relevant legislation, see DfE guidance p27). Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act. Some may also have special educational needs (SEN) and may have an 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 policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

- The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation: pupils, parents/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.

2.1. Identification of children with medical conditions

Parents have the prime responsibility for their child's health and must provide the setting with information about their child's health and wellbeing.

The school asks parents/carers if their child has any physical or mental health condition on the medical questionnaire as part of the registration process, and asks for explicit consent to share this information with relevant school staff and healthcare professionals.

The school ensures that every child with a medical condition has an individual healthcare plan in place before they start school.

Parents/carers are required to inform the school of any new diagnosis, or changes to their child's medical condition, as soon as possible. The school will then act promptly on this information.

2.2. Attendance

- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- This school will not penalise pupils for their attendance if their absences relate to their medical condition.
- This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCo, who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional(s).

2.2.1. Early Identification of pupils whose attendance has been affected

- All staff take responsibility for the identification of the children/young people who are on school roll but are absent from school with a medical need which may impact on their ability to access the curriculum. This will be monitored through the Designated Teacher and key staff identified.
- All staff will support the Designated Teacher to establish, where possible, the amount of time a pupil might be absent and identify ways in which the school can support the pupil in the short term e.g. providing work to be done at home in the first instance.
- The Designated Teacher will have the responsibility for liaising with the team for Education Support for Medical Absence (ESMA), parents or carers and various agencies where the pupils are too ill to attend school.

2.3. School protocols for children with allergies, injuries or medical needs

- Children with diagnosed allergies will have an Individual Healthcare Plan (IHP) in place. When the school is advised of a *potential* allergy, a risk assessment will be completed by the Office Manager and approved by the Headteacher, to safeguard the child whilst further tests are carried out. This risk assessment will be shared with all staff.
- If a child attends school with an injury, a risk assessment will be completed by the Office Manager and approved by the Headteacher, to safeguard the child until the injury is healed. This risk assessment will be shared with all staff.
- An overview sheet of all children with an IHP is shared with all staff members. Supply teachers will be provided with a copy of the overview sheet as part of their morning induction with the Office Manager.



- The Pupils' Dietary & Medical Needs document is updated with details of pupils across the school. It is shared with each class, the catering team, SLT, and a copy is kept in the staffroom.
- 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. They will be kept in the child's classroom in separate, clear, plastic boxes. There will be a photo of the child on the lid of the box, inside will be the medicine, a copy of the IHCP, the medicine or device and a record of the medicine administered (appendix 4)

3. Responsibilities

3.1. The Governing Body

The Governing Body is responsible for ensuring that:

- pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

3.2. The Headteacher

The Headteacher is responsible for:

- the development of this policy and its effective implementation. This includes ensuring that all staff (including temporary and supply staff) are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation and their duty of care to pupils in an emergency.
- ensuring that all staff who need to know are aware of the child's condition.
- ensuring that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- the development of individual healthcare plans.
- contacting the school nursing service in the case of any 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.
- ensuring that medication is correctly and safely stored.

3.3. Staff

Teachers' conditions of employment do not include giving or supervising a pupil taking medicines and there is no legal duty that requires any staff member to administer medicines.

Nevertheless, settings are required to ensure that they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties and any member of staff who agrees to accept responsibility for administering medicines to a child must receive appropriate training and guidance as well as ongoing support, to ensure they are confident to provide the necessary care and that they are able to fulfil any requirements set out in the pupil's healthcare plan.

3.3.1. All staff

All staff understand and are trained in the school's general emergency procedures:

- All staff, including temporary or supply staff, should be aware of the content of this policy, know what action to take in an emergency and receive updates at least yearly.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.



3.3.2. Nominated staff

All nominated staff understand and are trained in what to do in an emergency for children with medical conditions at this school:

- All nominated staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.
- All nominated staff receive training in what to do in an emergency and this is refreshed at least once a year.
- All children at this school with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required have an individual healthcare plan (IHP), which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.
- This school makes sure that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence and this school keeps an up-to-date record of all training undertaken and by whom.

3.4. Office Manager

The Office Manager is responsible for:

- ensuring that medication kept in school is in date and checks this at the start of each half term.
- maintaining a training matrix and alerting the headteacher to any staff training/refresher needs

3.5. Parents

Parents are responsible for providing the school with sufficient and up-to-date information about their child's medical needs.

Parents are key partners and should be involved in the development and review of their child's individual healthcare plan. They should carry out any action they have agreed to as part of its implementation, *e.g.* provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

3.6. Pupils

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

4. The school curriculum and environment

This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities:

- This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.
- This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any



problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.

- This school understands the importance of all pupils taking part in off site visits and physical activity and ensures that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.
- This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.
- This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- Pupils at this school learn what to do in an emergency.
- This school makes sure that a risk assessment is carried out before any off-site visit. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

4.1. Triggers

This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks a:

- This school is committed to identifying and reducing triggers both at school and on out-of-school visits.
- Where appropriate, school staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.

5. Administration of medication

This school has clear guidance on providing care and support and administering medication at school:

- This school understands the importance of medication being taken and care received as detailed in the pupil's IHP.
- Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, parents/carers should request their prescribing clinician to prescribe medication in dose frequencies which enable them to be taken outside the school day.
- This school will make sure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary. This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school has the appropriate level of insurance and liability cover in place.



- This school will not give medication (prescription or non-prescription) to any child without a parent's written consent except in an emergency and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.
- When administering medication, this school will check the maximum dosage and when the previous dose was given. Parents/carers will be informed.
- This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- If a pupil refuses their medication, their parent/carer is informed as soon as possible

5.1. Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

Staff have access to protective disposable gloves and aprons and must take care when dealing with spillages of blood or other body fluids and disposing of dressings.

The spillage kit should be used when cleaning up vomit or large amounts of urine.

5.2. Short-term medication needs

Many children will need to take medicines during the day at some time during their time in the setting. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to the setting where it would be detrimental to a child's health if it were not administered during the session or day. The school will consent to administration of medication during the session if this cannot be avoided and provided the parent has completed a consent form.

Generally, parents should allow at least 24 hours after the start of a course of antibiotics before sending a child back to school. Children should only return to school if they are well enough to do so.

5.2.1. Calpol/Piriton

The school keeps Calpol and Piriton in school for emergency use.

Where a child has a temperature or seems under the weather, Calpol suspension may be administered if a parent has given their written consent for emergency use – although the school will always attempt to contact a parent first. A record of Calpol administered will be kept, including the reason for giving it.

The school also keeps Piriton in school for emergency use, but this would only be given if parents can be contacted and give their permission, as we do not have general consent in place for antihistamine medication. A record of Piriton administered will be kept.

5.3. Longer-term medication needs

If medication is required at school, this will only be given as detailed in the pupil's individual health care plan, which must be accompanied by a specific medication consent form.

5.4. Administration of medication

The setting will only accept medicines that are in the container as originally dispensed and will not deviate from the prescribing instructions on the original packaging. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.

Medication consent forms will be countersigned by the staff member receiving the medication, checking carefully:

- Name of child
- Name of medicine
- Dose
- Method of administration



- Time/frequency of administration
- Any side effects
- Expiry date

If in doubt about any procedure, staff will not administer the medicines but check with the parents before taking further action.

5.5. Refusing Medication

If a child refuses to take medicine, staff will not force them to do so, but should note this in the records. Parents will be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

If staff have any other concerns related to administering medicine to a particular child, the issue will be discussed with the parent.

6. Storing of medication and equipment

This school has clear guidance on the storage of medication and equipment at school:

- This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, e.g. asthma inhalers, epi-pens etc. are readily available wherever the child is in the school and on off-site activities, and are not locked away.
- Pupils may carry their own medication/equipment, or they should know exactly where to access it. Those pupils deemed competent to carry their own medication/equipment with them will be identified and recorded through the pupil's IHP in agreement with parents/carers.
- School will store controlled drugs securely in a non-portable container, with only named staff having access.
- This school will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately. Under no circumstances will medication be stored in first aid boxes.
- This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity and offsite visits:

6.1. Disposal of Medicines

- Parents/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- This school disposes of needles and other sharps in line with local policies and local authority procedures. Sharps boxes are kept securely at school and will accompany a child on off-site visits.

7. Record keeping

This school has clear guidance about record keeping:

- As part of the school's admissions process, parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.
- This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have an EHC plan, their special educational needs are mentioned in their IHP. Appendix 1 is used to identify and agree the support a child needs and the development of an IHP.
- This school has a centralised register of IHPs, and the Office Manager has the responsibility for this register.



- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- This school makes sure that the pupil's confidentiality is protected in line with the General Data Protection Regulation (GDPR) and will only share this information with relevant members of staff and healthcare professionals as appropriate and after obtaining permission from parents/carers.
- This school keeps a record of all medication administered, including the dose, time, date and supervising staff (see Appendix 3).

8. Children with health needs who cannot attend school:

- The Designated Teacher will then discuss a referral to ESMA with the parents/carer and will fill in a Hertfordshire Service Request Form clearly identifying the Education Support for Medical Absence teaching service (ESMA) as the requested provider and request medical evidence from the parent/carer.
- The school will ensure that where pupils with long-term and recurrent conditions are absent, ESMA will be informed and medical evidence secured. Following the acceptance of the referral the school staff will communicate with other parties, attend reviews and facilitate communication between the pupil and the school.
- This contact will ensure that procedures are followed when a pupil is absent from school for medical reasons including procedures to support:
 - Early identification
 - Referrals
 - Personal education plans
 - Reintegration into school
 - Pupils working towards public examinations
 - Involvement of the pupil
 - Evaluation of provision

9. Confidentiality and complaints

9.1. Confidentiality

The Headteacher and staff will always treat medical information confidentially. Ideally, the Headteacher will always seek parental agreement before passing on information about their child's health to other staff.

9.2. Complaints

The school responds to all concerns and complaints related to implementation of this policy, in line with the school's complaints policy.

10. Monitoring and evaluation

This policy is regularly reviewed, evaluated and updated.

We review all medical emergencies and incidents to see if they could have been avoided, and, if appropriate, change school policy according to these reviews.

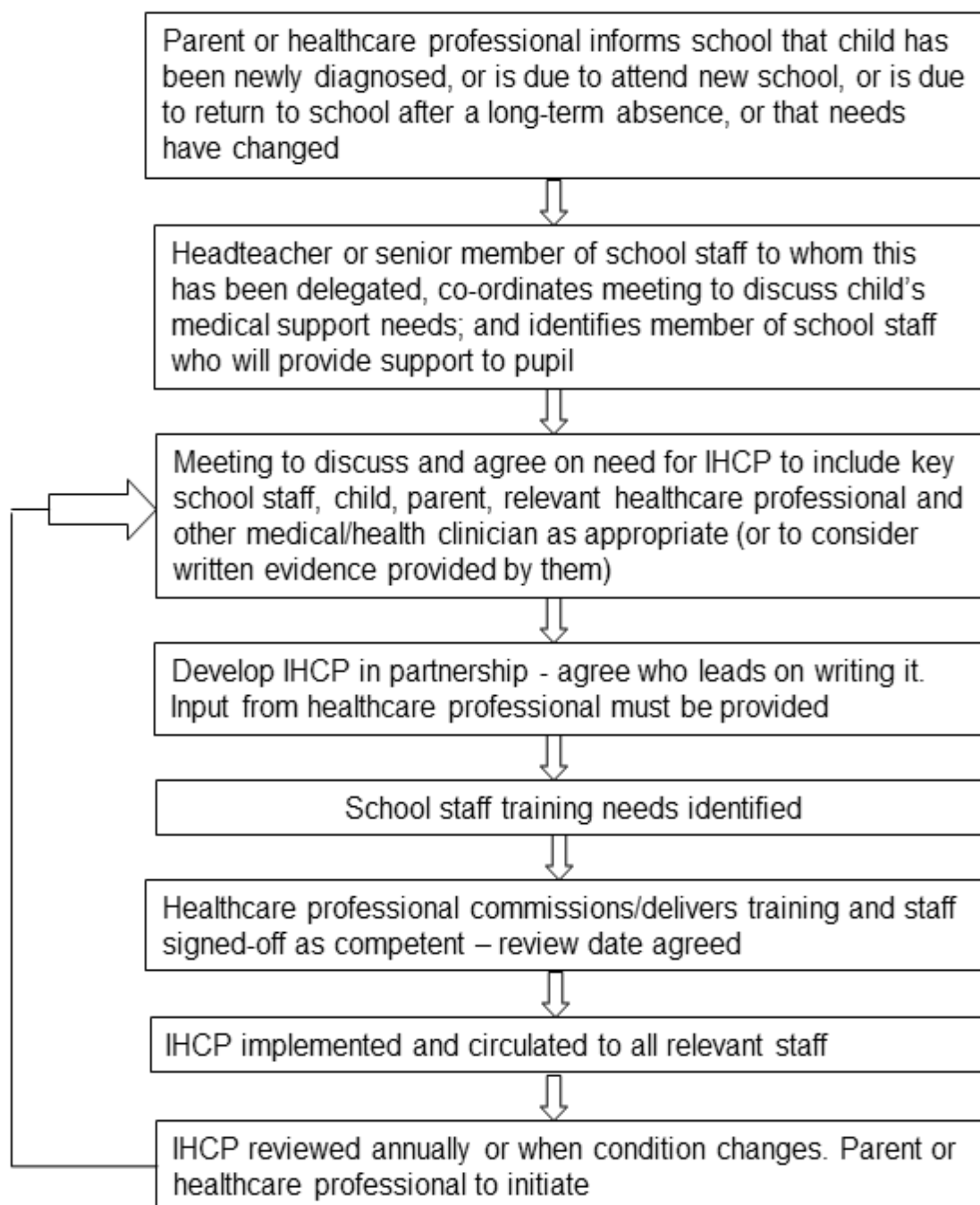
In evaluating the policy, this school ~~s~~take into account feedback from key stakeholders including pupils, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and governors. The views of pupils with medical conditions are central to the



evaluation process. Should parents and pupils be dissatisfied with the support provided they should discuss these concerns with the Headteacher.



Appendix 1: MODEL PROCESS FOR DEVELOPING INDIVIDUAL HEALTHCARE PLANS





Appendix 2 - PARENTAL AGREEMENT FOR A 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.

Date for review to be initiated by	
Name of school	
Name of child	
Date of birth	
Class	
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	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school/setting policy. I will inform the school 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 3- RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of child	
Name of school	
Date medicine provided by parent	
Class	
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			

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

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