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Holywell Primary School

Supporting Pupils with Medical Conditions Policy

(based on Herts Model Policy issued January 2021)

Status:	Statutory
Approval Body:	Governing Body
Review Frequency:	2 Years
Last Review:	December 2022
Next Review:	Autumn 2024



Holywell Primary School

Supporting Pupils with Medical Conditions Policy

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

- 1.1 This school is welcoming and supportive of pupils with medical conditions. It 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.
- 1.2 This school will listen to the views of pupils and parents/carers.
- 1.3 Pupils and parents/carers feel confident in the care they receive from this school and the level of that care meets their needs.
- 1.4 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.
- 1.5 All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- 1.6 The whole school and local health community understand and support the medical conditions policy.
- 1.7 This school understands that all children with the same medical condition will not have the same needs, our school will focus on the needs of each individual child.
- 1.8 The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (Other related legislation is referenced in DfE guidance p21). 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, 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.

2. This school's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.

Stakeholders include pupils, parent/carers, school nurse, school staff, governors, and relevant local health specialist services.

3. The medical conditions policy is supported by a clear communication plan for staff, parent/carers and other key stakeholders to ensure its full implementation.

Pupils, parent/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.

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

4.1 All school 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.

4.2 All staff receive training in what to do in an emergency and this is refreshed at least once a year. (See Appendix 1 - Contacting Emergency Services).

4.3 All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at this school 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. (See Appendix 2 - Individual Health Care Plan)

4.4 The school will initiate the development of an IHP by writing to the parents of a child with a medical condition advising them of this policy and inviting them to a meeting with all relevant staff and healthcare professional. (See Appendix 3 - Model letter to parents).

4.5 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.

4.6 This school had chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom parental consent for its use has been obtained. (See Appendix 4 for further information).

4.7 This school had chosen to hold a 'spare' emergency adrenaline auto-injector (AAI) for use on children who are at risk of anaphylaxis but whose own device is not available or not working and for whom parental consent for its use has been obtained. (see appendix 3 for further information)]

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

- 5.1 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. School nurses will provide annual training for common conditions eg asthma, allergies, epilepsy and diabetes.¹
- 5.2 A staff training record for the administration of medicines will be maintained. (See Appendix 5 - Staff training record – administration of medicines)
- 5.3 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.

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

- 6.1 This school understands the importance of medication being taken and care received as detailed in the pupil's IHCP.
- 6.2 Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so.
- 6.3 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's Governing Body has made sure that there is the appropriate level of insurance and liability cover in place.²
- 6.4 This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality. (See Appendix 6 – Parental agreement for school to administer medicine).

¹ For pupils requiring insulin injections/insulin via pumps or blood glucose monitoring in schools the Paediatric Diabetes Team will provide this level of training and education.

² For school's covered by HCC's insurance where an IHCP is in place; parents have consented for the school to administer medication / meet other support needs as part of that plan; trained staff undertake these support needs and record keeping in relation to administration is robust then liability cover would be in place for common treatments administered by staff. (e.g. in relation to oral medication, inhalers, epi-pens, pre-packaged doses via injection etc.)

The insurance section have a detailed list of treatments which are covered, if you have pupils with significant medical needs contact insurance@hertfordshire.gov.uk or by phone on 01992 555480 for further advice and to ensure coverage.

- 6.5 When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given. Parents/carers will be informed.
- 6.6 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.
- 6.7 Parents/carers at this school understand that they should let the school know immediately if their child's needs change.
- 6.8 If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the school's disciplinary procedures are followed.
- 7. This school has clear guidance on the storage of medication and equipment at school.**
- 7.1 This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, eg 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.
- 7.2 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.
- 7.3 Pupils can carry controlled drugs if they are deemed competent to do so, otherwise this school will store controlled drugs securely in a non-portable container, with only named staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training.
- 7.4 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.
- 7.5 This school will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. 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.
- 7.6 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.
- 7.7 This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

8. This school has clear guidance about record keeping.

- 8.1 As part of the school's admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.
- 8.2 This school uses an IHCP to record the support an individual pupil needs around their medical condition. The IHCP 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 IHCP. (See Appendix 7 - Model process for developing individual healthcare plans).
- 8.3 This school has a centralised register of IHCPs, and an identified member of staff has the responsibility for this register.
- 8.4 IHCPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- 8.5 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.
- 8.6 This school makes sure that the pupil's confidentiality is protected.
- 8.7 This school seeks permission from parents/carers before sharing any medical information with any other party.
- 8.8 This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff. (See Appendix 8 - Record of medicine administered to an individual child and Appendix 9 - Record of medicine administered to all children).

9. 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.

- 9.1 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.
- 9.2 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.
- 9.3 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.

9.4 This school understands the importance of all pupils taking part in off site visits and physical activity and 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.

9.5 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.

10. This school makes sure that pupils have the appropriate medication/ equipment/food with them during physical activity and offsite visits.

10.1 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.

10.2 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.

10.3 This school will not penalise pupils for their attendance if their absences relate to their medical condition.

10.4 This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the INCO who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.

10.5 Pupils at this school learn what to do in an emergency.

10.6 This school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. 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.

11. 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 and has a written schedule of reducing specific triggers to support this.

11.1 This school is committed to identifying and reducing triggers both at school and on out-of-school visits.

- 11.2 School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers.
- 11.3 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.
- 11.4 This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

12. Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

This school works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully. (See Appendix 10 - Roles and responsibilities)

13. The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.

- 13.1 In evaluating the policy, this school seeks 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.
- 13.2 Should parents and pupils be dissatisfied with the support provided they should discuss these concerns to the Headteacher.



Appendix 1

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. your telephone number - [01923 225188](tel:01923225188)
2. your name
3. your location as follows:
[Holywell Primary School](#)
[Tolpits Lane](#)
[Watford](#)
[WD18 6LL](#)
4. state what the postcode is - please note that postcodes for satellite navigation systems may differ from the postal code
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. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone





Appendix 2

Individual healthcare plan

Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family Contact Information 1	Family Contact Information 2
Name	Name
Phone no. (work)	Phone no. (work)
(home)	(home)
(mobile)	(mobile)
Relationship to child	Relationship to child

G.P.	Clinic/Hospital Contact
Name	Name
Phone no.	Phone no.

When to seek medical assistance

Who is responsible for providing pupil support in school (overseen by SENCO)

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 (e.g. before sport/lunchtime)

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

Arrangements for school visits/trips etc

Other information

Plan developed with

Staff training needed/undertaken - who, what, when

Form copied to: (Tick as applicable)

- Pupil record file (office)
- Classroom (for display inside cupboard door)
- Class teacher (planning file)
- Medic alert poster created & displayed



Appendix 3

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

Inclusion Coordinator

enc.



Appendix 4

Emergency Salbutamol Inhaler

The school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom written parental consent for its use has been obtained.

The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf

The use, storage, care and disposal of the inhaler and spacers will follow the school's policy on supporting pupils with medical conditions. Specific guidance on storage and care is provided on page 12 of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

The school hold a register of children prescribed an inhaler and this list is kept with the emergency inhaler.

Written parental consent is sought for the use of the emergency inhaler. Where consent is received the use of the emergency inhaler will be included in the pupils IHP.

Parents/carers will be informed if their child has used the emergency inhaler.

The school's two volunteers for ensuring this protocol is followed are **(insert names)** appropriate support and training has been provided in line with the school's policy on supporting pupils with medical conditions.

Emergency Adrenaline Auto-injector (AAI)

The school has chosen to hold a "spare" AAI device for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working.

These AAI(s) held by the school are not a replacement for a pupil's own AAI(s).

The protocol for the use of this is detailed below, following the Department of Health and Social Care AAI's in schools (September 2017).

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

The use, storage, care and disposal of spare AAI(s) will follow the school's policy on supporting pupils with medical conditions. Specific guidance on storage and care is

provided on page 12/13 of the Department of Health and Social Care Guidance on the use of AAI's in schools.

The school hold a register of children prescribed an AAI or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis).

Written parental consent is sought for the use of the spare AAI as part of the pupil's IHP. The spare AAI will only be used in pupils where both parental consent and medical authorisation has been provided.

A record of use of any AAI(s) will be kept and Parents/carers will be informed if their child has been administered an AAI and whether this was the school's spare or the pupil's own device.

Appropriate support and training has been provided to staff in the use of AAI(s) in line with the school's policy on supporting pupils with medical conditions.

All AAI devices including the spare AAI(s) are kept in a suitable location **(insert location)**. AAI's are not locked away and remain accessible and available for use and not more than 5 minutes from where they may be needed.

The spare AAI is clearly labelled to avoid confusion with that prescribed to a named pupil.

The school's two volunteers for ensuring this protocol is followed are **(insert names)** they are to check on a monthly basis the AAI(s) are present and in date and that replacement AAI(s) are obtained when expiry dates approach.



Appendix 5

Staff training record - administration of medicines

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 6

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 or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
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]
-------------------------------------------------------------	--------------------------

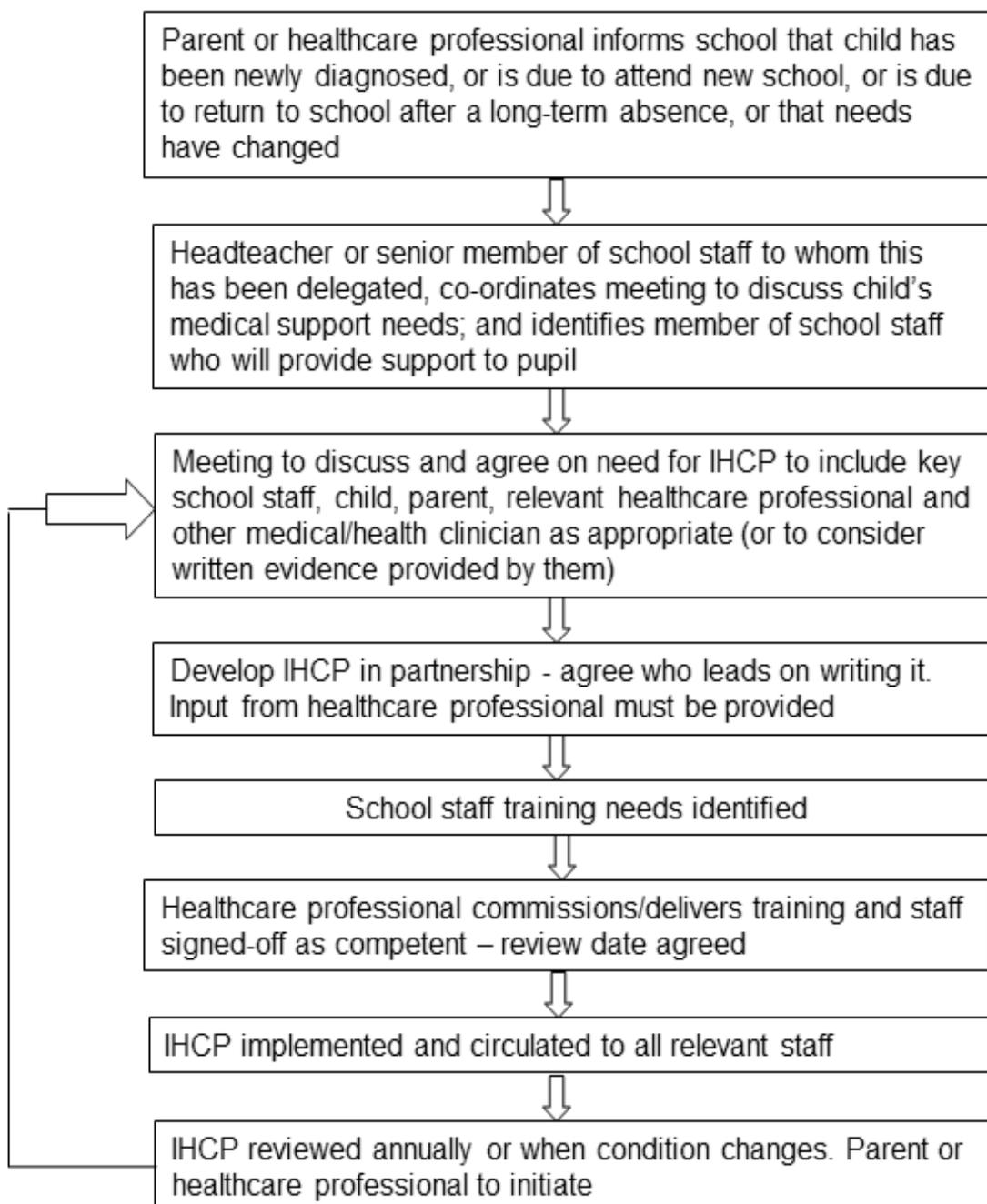
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency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

Signature(s) _____

Date _____

Appendix 7

Model process for developing individual healthcare plans



Appendix 8

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			

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 10

Roles and responsibilities

Governing bodies – must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that 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.

Headteacher – should ensure that their school’s policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child’s condition. They should also ensure 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. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact 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.

School staff – any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers’ professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on 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 a 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. Wherever possible, they will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child’s individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing

teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Anyone dealing with the medical care of a pupil in school should contact the named school nurse for that school to ensure a coordinated approach.

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. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents/carers – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.