

# St Laurence Church Infant School

## Supporting Pupils with Medical Needs Policy



Approved by:	Full Governing Board
Last revised on:	January 2024
Next review due by:	January 2027

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*Children with disabilities have the right to have obstacles to become independent and to be active participants removed. (UNCRC Article 23)  
All children have a right to the best healthcare available. (UNCRC Article 24)*

## 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 **Christie Allchurch**

## 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 (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

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### 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. They have a right to have their views listened to (UNCRC Article 12) As appropriate to their age, pupils should be as involved as possible 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.

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### 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 (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Christie Allchurch, Inclusion Leader and SENCO.

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 inclusion leader will consider the following when deciding what information to record on IHPs:

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- › 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

Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education. The administration of medication should not be a factor that prevents them accessing their education.

The following practice and procedures apply:

- Where possible, medicines should be prescribed in frequencies that allow the pupil to take them outside school hours, this includes those prescribed three times a day - before school, after school and bedtime.
- If this is not possible i.e. medicine prescribed four times a day, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form.
- No child will be given any prescription medication medicines without written parental consent except in exceptional circumstances.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Parents may request that school staff administer over the counter medication. No child will be given any over the counter medicines without written parental consent except in exceptional circumstances.
- All medicines **MUST** be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.

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- The parent/carer will be asked to come into school and personally hand over the medication at the School Office and a Medication Consent form will be completed. This form will be kept in the Medical Information file which is kept in the Medical Room.
- A maximum of four weeks' supply of medication may be provided to the school at one time. (This does not apply to inhalers.)
- [Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone. Schools should keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency.
- Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Written records will be kept of any medication administered to children.
- Any medications left over at the end of the course will be returned to the child's parents.
- Pupils will never be prevented from accessing their medication.
- St Laurence Church Infant School cannot be held responsible for side effects that occur when medication is taken correctly.
- Reasons for any non-administration of regular medication should be recorded and the parent/carer informed on that day. A child should never be forced to accept medication. 'Wasted doses' eg a tablet dropped on the floor should also be recorded.
- On admission to school all parents/carers are required to complete an Information Form. This includes details of any medical conditions, emergency contact numbers, name of family doctor, allergies and special dietary requirement.
- Should a child be admitted to school with specific medical needs we will, in partnership with parents/carers and the school nurse service, discuss individual needs and, where appropriate, an individual alert card will be provided. Any resulting training needs will be met.
- Should the child be able to administer their own medication eg a reliever inhaler for asthma, emollient cream for eczema, we will ensure they are able to do this safely and they will be supervised by a member of staff.
- 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.
- Medications will be stored in the School Office or the First Aid Room. Emergency medication is stored in red pupil bags on the back of the classroom door. Medication which is required to be kept securely will be locked in a school safe.
- A record of the administration of medication will be kept on a Record of Medication form, which will be signed by the member of staff who administered the medication. This will be kept in the Medical Information file.
- Should the medication need to be changed or discontinued before the completion of the course or if the dosage changes, school should be notified in writing immediately. A fresh supply of correctly labelled medication should be obtained and taken into school as soon as possible.
- If medication needs to be replenished this should be done in person by the parent/carer.
- A regular check will be made of the medication stored in school at least termly, and parents/carers will be asked to collect any medication which is out of date or not clearly labelled. If parents/carers do not collect this medication it will be taken to a local pharmacy for disposal.

### 7.1 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

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- › 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

## Asthma

At St Laurence Church Infant School we

- welcome children with asthma and recognise their needs.
- work towards ensuring the school environment is favourable to children with asthma.
- expect and encourage parents/carers to give appropriate information to the school regarding their child's asthma and to provide a prescribed reliever (blue) inhaler and spacer device (if required).
- recognise that children need to have immediate access to their reliever inhaler.
- encourage and help children who have asthma to participate fully in all aspects of school life.
- access Asthma Awareness training for all staff.

On admission to school all parents/carers are required to complete an Information Form this includes details of any medical conditions, emergency contact numbers, name of family doctor, allergies and special dietary requirement.

The following practice and procedures apply:

- Every child with an asthma diagnosis must have a reliever inhaler (blue) available in school and a spacer device if this is normally used.
- All inhaler devices are stored in a red bag in the children's classroom and are clearly labelled with the child's name.
- Reliever (blue) inhalers must be readily available at all times, including during PE (when they should be taken into the hall or onto the field) and all off site activities.
- Most children will not need to use their reliever (blue) inhaler on a daily basis, therefore, if the child has experienced symptoms and has needed to use their inhaler, parents/carers will be informed.
- Parents/carers will always be informed if their child has an asthma attack.
- Parents/carers need to check all reliever inhalers/spacer devices termly or regularly, confirming that the inhalers are in date and are full of medication.
- Inhalers should not be stored where there is excessive heat or cold.

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- Children with asthma are encouraged to participate in PE lessons.
- Some children with asthma may need to use their reliever (blue) inhaler before exercising.
- It is essential that all staff know how to manage a child experiencing an asthma attack.
- In the event of an asthma attack school staff should follow the procedure outlined in the 'Asthma Attack Flowchart' which should be visibly displayed in the Medical Room, Staff Room and PE Hall
- Emergency salbutamol inhaler kits are kept voluntarily by school.

## 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.

See also the First Aid Policy.

## 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 inclusion leader. 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

Staff have received the following training:

- First Aid in the Workplace (4 day)
- Paediatric First Aid (2 day)
- Epilepsy Awareness Training
- Allergy, Anaphylaxis and Auto-Injectors Training
- Asthma Awareness Training

## 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.

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## 12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the inclusion leader in the first instance. If the inclusion leader cannot 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 three years.

## 14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

## Appendix 1: Being notified a child has a medical condition

