



## Supporting Children with Medical Conditions

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Approved by	<b><u>Full Governing Body</u></b>
Statutory policy	<b><u>Yes</u></b>
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Related policies	First Aid Child protection and safeguarding policy SEN information Report Health and Safety Equality information and objectives Accessibility plan

### Version History Log

Date	Version	Comments/Summary of changes
<b><u>11/09/2023</u></b>	2	HT added in further appendix of forms

### **Our Vision Statement** **'Learning for Life'**

Learning for life' with Jesus' promise of 'life in all its fullness' is at the heart of St Mary's.  
At our school, children are seen as unique and will feel loved, safe and empowered to flourish so they reach their full potential both academically and personally



### **Aims**

This policy aims to ensure that:

To ensure that pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life (including school trips and physical education), remain healthy and achieve their academic potential.

- 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)

### **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 and guidance issued by the local authority "Supporting Pupils with Medical Conditions, Surrey Guidance" [Supporting children and young people with medical conditions \(surreylocaloffer.org.uk\)](http://Supporting children and young people with medical conditions (surreylocaloffer.org.uk)) If applicable this policy should be read in conjunction with the SEN, Equality and Accessibility Policies.

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 body**

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body 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.

The school office is responsible for updating SIMs with medical information and making sure that all relevant staff are made aware of the child's condition.

Staff should take the same care that a reasonable, responsible and careful parent would take in similar circumstances, while they are responsible for the care and control of children/young people. In all circumstances, particularly in emergencies, staff are expected to use their best endeavours. The consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

### **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**

The school nursing service may 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 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.

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

Any pupil with a medical condition requiring medication or support in school should have an Individual Health Plan (IHP), which details the support needed.

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 Headteacher/SENCO 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.

- Prescribed medicines



Only prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include the child/young person's name, instructions for administration, dosage and storage can be accepted. The exception to this is Insulin, which must be in date, but is generally provided inside a pen or pump, rather than in its original container.

- **Non-prescribed medicines**

We will administer non-prescriptive medicines to a child providing the consent form 'Pupil Medication Request has been fully completed, this includes the appropriate doses, with written instructions about when the child/young person should take it. Medication must be in the original packaging and clearly named.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when they had their previous dose and ensure the child has not already had the maximum amount in 24 hours was taken.

Parents will always be informed via text and phone.

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 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.

If a requirement of the IHP 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/SENCO. 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.

### **12. Complaints**

If a parent or carer is unhappy about the way a child is being supported for a medical condition they should discuss their concerns directly with the school to resolve the concern. Initially this may be with the class teacher or person nominated to carry out the IHP or the person named in the IHP. If for whatever reason this does not resolve the issue, the parent/carer should discuss these directly with the Headteacher. If the Headteacher 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 body every 2 years.

### **14. Links to other policies**

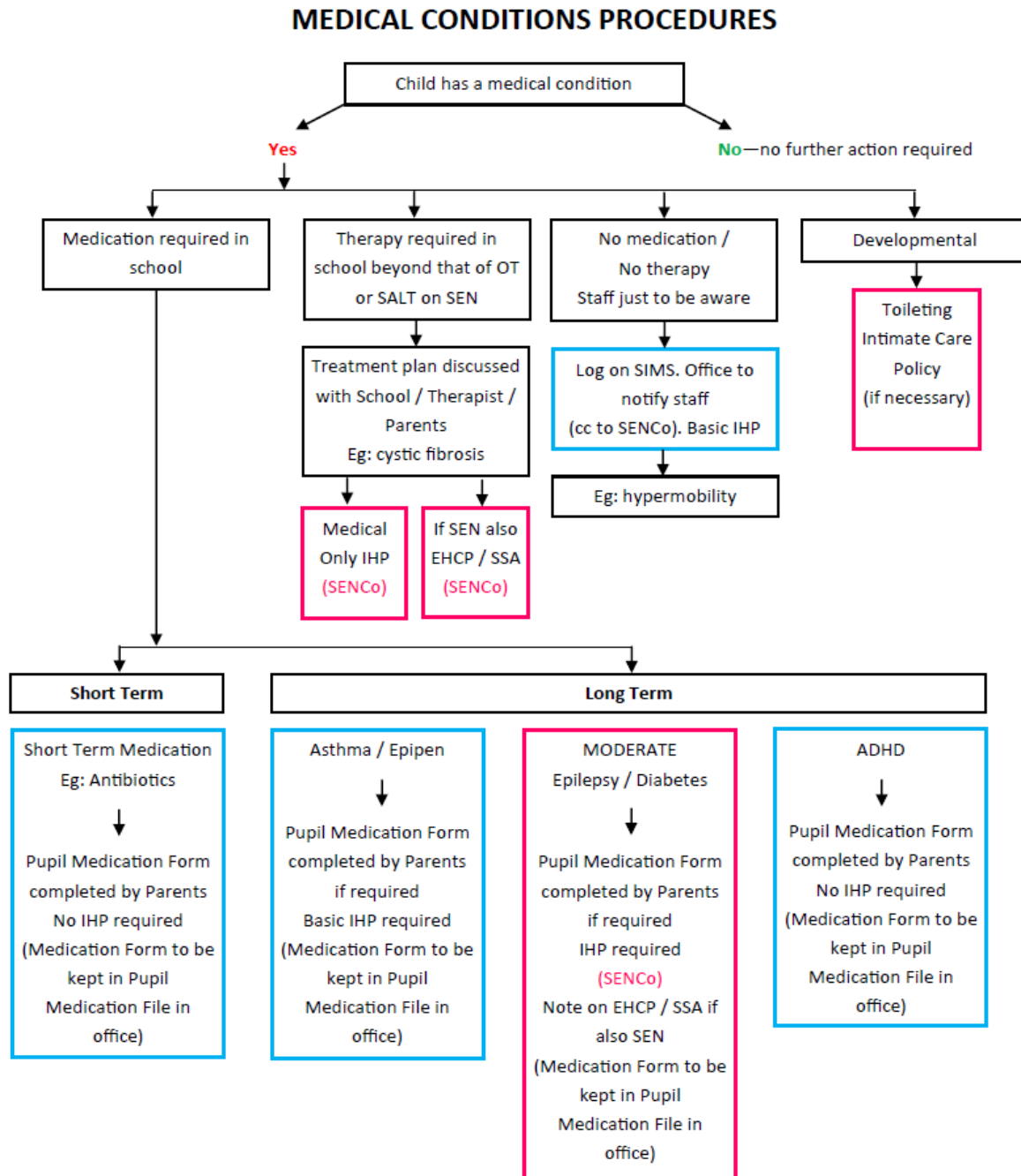
This policy links to the following policies:

- 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**





**Appendix 2: Basic Individual Healthcare Plan**

**Pupil Information**

**Child's Name**

**Date of Birth:**

**Child's Class:**

**Child's  
Address:**

**Medical**

**Condition(s):**

**Family Contact Information**

**Name:**

**Telephone:**

**Mobile**

**Telephone:**

**Relationship:**

**Additional Contact Information**

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Medical Practice**

**Medical**

**Practice:**

**Telephone:**

Medication required in school: Yes\* [ ] No [ ]

\* If 'yes' please complete and return a Pupil Medication Form.

Signed: \_\_\_\_\_ Print: \_\_\_\_\_

Date: \_\_\_\_\_



**Appendix 3: Example of full IHP**

Individual Health Care Plan – example of full plan. These will be tailored to individual medical conditions.

Child's name

Class

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

**Family Contact Information**

Name

Phone no (work)

(home)

(mobile)

Name

Relationship to child

Phone no (work)

(home)

(mobile)

**Clinic/Hospital Contact**

Name

Phone no

**GP**

Name

Phone no



# St. Mary's CofE Primary

## 'Learning for Life'

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Who is responsible for providing support in school?

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

**Describe what constitutes an emergency, and the action to take if this occurs**

Who is responsible in an emergency (*state if different for off-site activities*)

Arrangements for school visits/trips etc

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

Other information



# St. Mary's CofE Primary 'Learning for Life'

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Plan developed with (include names of school nurse or others who have given training or advice)

Staff training needed / undertaken – who, what, when

Form copied to

This plan was developed by (add as appropriate)

School \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Professionals \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Parents / Carers \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**Appendix 4:****Pupil Medication Form (for administration of medicines during the school day)***Confidential***Pupil Details**

Child's Name:			
Class:		Date of Birth:	
Address:			Postcode:

**GP Details**

GP Name:		Tel:	
Address:			Postcode:

**Medication Details**

Medical Condition:			
Name of Medication:			
Required Dosage(s):		Dosage Time(s):	
Storage requirements:			
Medication is...	Ongoing		Temporary

My child will be responsible for the self-administration of medicine(s) as directed below.

I agree to members of staff administering medicine(s) / providing treatment to my child as directed below or in the case of an emergency, as staff consider necessary.

Signed:		Print:	
Date:		Tel:	

**In the event of a change in medication or dosage, a new medical form MUST be completed**

## Appendix 5

### Allergy and Anaphylaxis care

#### General Information

#### What is Anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction due to an abnormal sensitivity, which requires immediate medical attention.

#### Causative factors

It can be triggered by a variety of allergens.

- food (peanut, nuts, egg, dairy products, shellfish)
- medicines (Penicillin)
- venom of stinging insects (bees, wasps, hornets)

#### Recognition / symptoms

Symptoms usually occur within minutes of exposure to the allergen. A combination of symptoms can be present at any one time, such as:

- itching/tingling sensation
- swelling of throat and tongue
- difficulty in swallowing/breathing
- generalised flushing of skin
- abdominal cramps / nausea / vomiting
- sudden feeling of weakness/floppiness
- collapse and unconsciousness

#### Medication

Treatment is urgent and essential to prevent progression of a severe anaphylactic reaction.

Diagnosis is usually made by the child / young person's GP or consultant.

Sometimes skin tests can further confirm the diagnosis.

Two main types of medication are available for treatment of an acute allergic reaction:

- 1) Antihistamines (e.g. Piriton / Zirtec)
- 2) Preloaded adrenaline injection (e.g. Epipen, JEXT)

There should be no serious side effects even if the above medication is given repeatedly or is misdiagnosed.

Relapse of an acute allergic reaction is possible after apparent recovery. Ring 999 if a pre-loaded adrenaline injection has been given. Medical attention must be sought in every case.

#### Day-to-Day

##### 1) Food management

Meal times - An agreement between the setting and parents is required about setting dinners. Packed lunches are an alternative. Awareness of lunchtime supervisors and catering organisations is essential. However, it should be noted that it is not always possible to prevent the child / young person coming into contact with allergens. Hand-washing should be encouraged to mitigate this.

Setting journeys/outings - Careful pre-planning and awareness amongst peers and staff is essential.

Cookery and Science experiments - Suitable alternatives should be agreed.

2) **Support for setting staff**

Staff indemnity is provided by Surrey County Council (for those schools/settings buying into Surrey County Council Insurance) for emergency medicine administration.

Regular comprehensive training of setting staff is usually available from the School Health Team/Community Nursing Team. In some areas, local hospital allergy clinics may undertake this training.

Ongoing advice and support is usually available from the School Health Team.

3) **Emergency management**

Preloaded adrenaline injection should be used immediately in a severe reaction (see child / young person's Individual Healthcare Plan for details). If in doubt about the severity of an allergy reaction, use preloaded adrenaline injection anyway.

Call an ambulance immediately.

**SPECIFIC INFORMATION**

Further information available from:

Anaphylaxis Campaign Helpline: 01252 542029

<http://www.anaphylaxis.org.uk/>

Address:     The Anaphylaxis Campaign  
              PO Box 275  
              Farnborough  
              Hampshire  
              GU14 6SX



**Allergy and Anaphylaxis  
Individual Healthcare Plan**

**This child / young person is at risk of Anaphylaxis**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Current Year/Class: \_\_\_\_\_

GP/Local Hospital No: \_\_\_\_\_

(Name) \_\_\_\_\_ may suffer from an anaphylaxis  
reaction

if he/she is exposed  
to \_\_\_\_\_

(Name) \_\_\_\_\_ also has (other medical  
conditions)

His/her usual allergic symptoms are:

**If we believe your child is experiencing allergic symptoms which differ to those detailed above, we will administer Antihistamine in the first instance and contact parent/carer.**

**Procedures**

In the event of an acute allergic reaction, staff will follow this procedure:

- Contact Ambulance Service – dial 112 or 999
- One adult will inform the headteacher immediately of action taken
- Then inform the following contact numbers in order of priority

<p><b><u>Contact No 1</u></b></p> <p><b><u>Name:</u></b> _____</p> <p><b><u>Telephone</u></b> _____ <b><u>No:</u></b> _____</p> <p><b><u>Relationship:</u></b> _____</p>
<p><b><u>Contact No 2</u></b></p> <p><b><u>Name:</u></b> _____</p> <p><b><u>Telephone</u></b> _____ <b><u>No:</u></b> _____</p> <p><b><u>Relationship:</u></b> _____</p>
<p><b><u>Contact No 3</u></b></p> <p><b><u>Name:</u></b> _____</p> <p><b><u>Telephone</u></b> _____ <b><u>No:</u></b> _____</p> <p><b><u>Relationship:</u></b> _____</p>

**If we are unable to make contact with parent/carer, we will continue to monitor the child and should the child deteriorate, we will call 999 if required.**

One adult should stay with the child / young person to assess the severity of symptoms and in case of:

- Itchiness
- Tingling of lips and face
- Tummy cramps
- Vomiting
- Blotchiness of skin

<p><b>Give</b> _____ <b>(Oral Antihistamine)</b></p> <p style="margin-left: 100px;"><b>_____ ml at once</b></p>
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In cases of:

- Wheeziness
- Swelling of face and throat
- Difficulty in breathing/swallowing
- Feeling faint

**Place child / young person on floor in recovery position (Safe Airway Position)**

**Give preloaded adrenaline injection to outer thigh  
(this can be administered through light clothing).**

- If no breathing/pulse, initiate basic life support (CPR).
- If there is no improvement to above action within 10 minutes and there are symptoms of weakness/floppiness pallor then:

**Repeat preloaded adrenaline injection once more if 2nd preloaded adrenaline injection is available**

- Hand over child / young person's care to Ambulance Team/parents on their arrival
- Handover preloaded adrenaline injection to ambulance staff or if this hasn't been done, safely dispose of it.
- Record all medication given with date and time of administration

### **Awareness**

The headteacher will arrange for the staff in the setting to be briefed about his/her condition and about other arrangements contained in this document.

The setting staff will take all reasonable steps to ensure that \_\_\_\_\_ (name) does not eat any food items unless they have been prepared/approved by his/her parents.

\_\_\_\_\_ (name) parents will remind their child regularly of the need to refuse any food items, which might be offered to them by other children / young people.

In particular, \_\_\_\_\_ (Name) parents will provide for him/her the following

food items:

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### **Medication/Staff training**

The setting will hold, under secure conditions, appropriate medication, clearly marked for use by designated staff or qualified personnel and showing an expiry date.

It is the parents' responsibility to ensure the setting has appropriate up-to-date medication.

The school have undertaken to administer the medication. Further advice is available to setting staff at any point in the future where they feel the need for assistance. Staff training will be completed regularly.

If there are proposals, which mean that, he/she may leave the setting site, prior discussions will be held between the setting and his/her parents to agree appropriate provision and safe handling of his/her medication.

**STAFF INDEMNITY**

The County Council provides a staff indemnity for any setting staff (of those settings buying into Surrey County Council Insurance) who agree to administer medication to a child / young person given the full agreement of the parents and the setting.

**AGREEMENT AND CONCLUSION**

A copy of these notes will be held by the setting and the parents. A copy will be sent to the GP for information.

Any necessary revisions will be the subject of further discussions between the setting and parents.

Signed and agreed:

Child / Young Person

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

Parent / Guardian

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

School / Setting Representative Agreement:

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

Job Title \_\_\_\_\_

## Appendix 6

St Mary's C of E Primary School  
Record of medicine administered to all children

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Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Name of 2 <sup>nd</sup> staff present	Parent Informed If Applicable

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