

Southville Primary School Supporting Children with Medical

Conditions Policy

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Signed: (Headteacher)	Angersman	Date: 21.5.25
Signed: (Chair of Governors)		Date: 21.5.25

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents (for the purposes of this policy, parents means any person who has legal parental responsibility for a child) 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 body will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of a pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure a member of staff 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) (please see Appendix B)

The named persons with responsibility for implementing this policy is the Headteacher.

2. Legislation and statutory responsibilities

This policy meets the requirements <u>under Section 100 of the Children and Families Act 2014</u>, which places a duty on governing body to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: <u>Supporting pupils at</u> <u>school with medical conditions.</u>

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. The governing body delegates operational matters and day-to-day tasks to the headteacher and other approved members of staff.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their roles 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, delegating this role where appropriate (this role has been delegated to the RM and DT and SENCO when required).
- 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 (this role has been delegated to the RM and DT and SENCO when required).
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date (this role has been delegated to the RM and DT and SENCO when required).

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 in-date medicines and equipment

3.5 Pupils

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

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school nurse and notify them of any pupils identified as having a medical condition.

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 as soon as possible. See Appendix B

Parents must notify the school of any changes to a child's ongoing medical needs so that IHP can be updated where required.

6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the RM and DT, who ensures that the IHPs are completed where appropriate.

Plans will be reviewed annually, or earlier if there is evidence that the pupil's needs have changed. Plans will be developed with healthcare professional (where appropriate) and the parents ensuring the plan is in the pupil's best interests 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 between the school, a healthcare professional (where appropriate) and the parents when an IHP would be appropriate. This will be based on evidence. If there is not a 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 HM and DT will consider the following when deciding what information to record on the 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 selfmanaging 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 for medication to be administered by a member of staff 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 medicines will only be administered at school:

- When the school determines that it would be detrimental to the pupil's health or school attendance not to do so and
- Where we have parents' written consent (please see Appendix A for the form parents must fill in and hand to school office along with the medication)

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

- Where medication has been prescribed to the child, such medication can only be given if the prescription is named for the child and states that a dosage is required during the school day, e.g. at lunchtime; in such cases, parents complete a form once for the duration of the prescription
- Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken.

Prescribed steroid creams, will not be applied in school. The application of steroid creams should be a maximum of twice per day 10-12 hours apart and therefore should be applied before school and in the evening.

The school will only accept prescribed medicines that are:

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

All medicines will be stored in the safest and most appropriate way, taking into account the type of medication, the needs of the child in question and the welfare of the other children. Pupils will be informed about where their medicines are at all times and will be able to access them quickly. Medicines and devices such as asthma inhalers, blood glucose testing meters and epi pens will always be readily available to pupils.

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

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

All controlled drugs will be kept in a secure cupboard in school and only named staff will have access.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines.

On occasions it maybe necessary for pupils to carry their own medicines and relevant devices, this will be assessed by the school on an individual basis and a relevant safeguard will be put in place. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, parents will be informed 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 medical condition, 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 unless stated in their IHPs

- 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
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life

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. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

Training will:

- Fulfil the requirements identified by the school
- Help staff to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures
- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils

All staff will be made 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.

10. Record keeping

The governing body will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their child has been unwell at school.

IHPs are kept in a readily accessible place.

11. Liability and indemnity

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

The insurance policy is held by Bristol City Council and covers this school.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the office in the first instance. If they 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.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaint's procedure
- Equality policy
- First aid policy
- Health and safety policy
- Safeguarding policy
- Special educational needs policy

Appendix A



Parental agreement for school to administer Prescribed medication

The school will only administer medicine if this form is fully completed and signed by a parent or carer with legal parental responsibility and where the administration of such medicine is within the remit of the school's Supporting Pupils with Medical Conditions Policy.

Please note that where a medication has been prescribed to the child, this form needs to be completed once for the duration of the administration period.

BASIC DETAILS

Name of child and Date of birth	
Class and year group	
Medical condition or illness medicine is being used to treat	

MEDICINE

Name/type of medicine (as described on the original container)	
Expiry date of medication	
Start date and End date for administration of medicine	
Dosage and timing of administration of medicine	
Special precautions/other instructions	

YOUR DETAILS

Name of parent or carer completing form	
Relationship to child	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Southville Primary School staff to administer medicine in accordance with my instructions and the school's policy. I will inform Southville Primary School immediately, if there is any change in dosage or frequency of the medication or the medication needs to stop being administered.

Signed Parent/Carer: _____ Date: _____

Day	Time	Dosage	Administered by

Appendix B



Individual Healthcare Plan

Name of School	Southville Primary School	
Child's Name		
Class		
Date of Birth		
Child's Address		
Medical Diagnosis or Condition		
Date		
Review Date		

Family contact information	
Name	
Relationship to child	
Phone no. mobile	
Phone no. Home	
Phone no. Work	
Email	
Name	
Relationship to child	
Phone no. mobile	
Phone no. Home	
Phone no. Work	
Email	

Family Doctor:	
Name	
Phone No.	
Clinic/Hospital Contact:	

Description of medical condition

Child's daily medical needs/requirements:

Child's needs/requirements in a medical emergency:

Parental agreement for medication to be kept in school and for the
administration of medication by school staff:

Name of school	Southville Primary School
Child's name	
Class	
Date of birth	

Medical condition / illness:	
Name of medication	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Self-administration	Yes / No

NB: Medicines must be in the original container as dispensed by the pharmacy.

Date

Signed

EQIA Process Summary

Policy:		Supporting Children with Medical Conditions						
EQIA completed by:		Headteacher and FGB						
Following I	QIA, ha	ve any po	tential imp	acts been ider	ntified?			
Yes		\checkmark		No				
			Which pro	tected charact	teristic could be a	affected?		
Age		Sexual or	ientation	Gen	Gender reassignment		Married/ civil partnership	
Disability	\checkmark	Race	(colour, nat	onality, ethnic or national origin)			Pregnancy/ maternity	
Sex				Experien	ence of care system		Religion or b	pelief
		Wh	at evidenc	e has been use	ed to inform the	assessmen	t?	
Data	a		Statistics		Consultation		Survey	
Knowledge of com			community	\checkmark	Other		[Detail]	
			Wha	t amendment	s have been mad	le?	1	
		tive impac						
• No	ne		What	further actior	ns/ mitigations a	re required	?	
• No	ne		What		ns/ mitigations an	re required	?	
• No Date	ne		What lo additions	Moni			? s outlined above	
	ne			Mon i required	toring	Addition		

*If answered 'no', no further completion is required and the remaining text is coloured grey.