



St Paul's Church of England Primary School Supporting Pupils with Medical Conditions

Adopted by: Children, Families and Communities Committee

On: Tuesday 30th January 2024

Review: Spring 2025

Compliance

St Paul's CE Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils of statutory school age, have an entitlement to a full time curriculum or as much as their medical condition allows.

This policy complies with the statutory requirement laid out in the [Supporting pupils at school with medical conditions, DfE \(December 2015\).](#)

The school will have regard to the statutory guidance issued. We take account of it, carefully consider it and we make all efforts to comply.

Section 1 – Key roles and responsibilities

i) The Local Authority (LA) is responsible for:

1. Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
2. Providing support, advice/guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
3. Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

ii) The Governing Board of St Paul's CE Primary School is responsible for:

1. Ensuring arrangements are in place to support pupils with medical conditions.
2. Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
3. Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
4. Ensuring that the policy covers arrangements for pupils who are competent to manage their own health needs.

5. Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits, trips, sporting activities, remain healthy and achieve their academic potential.
6. Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
7. Ensuring written records are kept of, any and all, medicines administered to pupils.
8. Ensuring the policy sets out procedures in place for emergency situations.
9. Ensuring that the level of insurance in place reflects the level of risk.
10. Handling complaints regarding this policy as outlined in the school's complaints policy.

iii) The Headteacher is responsible for:

1. Ensuring that the policy is developed effectively with partner agencies and then making staff aware of this policy.
2. The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of St Paul's CE Primary School.
3. Liaising with healthcare professionals regarding the training required for staff. (This may be delegated to a member of the SLT or other relevant post holder).
4. Identifying staff who may need to be aware of a child's medical condition. (This may be delegated to a member of the SLT or other relevant post holder).
5. Developing Individual Healthcare Plans (IHPs). (This may be delegated to a member of the SLT or other relevant post holder).
6. Ensuring that a sufficient number of trained members of staff are available to implement the policy and deliver the IHPs in normal, contingency and emergency situations. (This may be delegated to a member of the SLT or other relevant post holder).
7. If necessary, facilitating the recruitment of staff for the purpose of delivering the commitments made in this policy. Ensuring more than one member is identified, to cover holidays/absences and emergencies.
8. Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
9. Continuous two way liaison with school nurses and school in case of any child who has or develops an identified medical condition. (This may be delegated to a member of the SLT or other relevant post holder).
10. Ensuring confidentiality and data protection.
11. Assigning appropriate accommodation for medical treatment/care.

iv) Staff members are responsible for:

1. Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. **A first-aid certificate is not sufficient.**
2. Knowing where controlled drugs are stored and how to gain access to them.
3. Taking account of the needs of pupils with medical conditions in lessons.
4. Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
5. Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidelines (*Supporting Pupils with Medical Conditions, DfE December 2015 – pg 20*)

v) School nurses are responsible for:

1. Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
2. Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
3. Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.
4. Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training.

vi) Parents and carers are responsible for:

1. Keeping the school informed about any new medical conditions or changes to their child/children's health.
2. Participating in the development and regular reviews of their child's IHP.
3. Completing a parental consent form to administer medicine or treatment before bringing medication into school.
4. Providing the school with the medication their child requires and keeping it up to date including collecting leftover/expired medicine.
5. Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

vii) Pupils are responsible for:

1. Providing information on how their medical condition affects them.
2. Contributing to their IHP.

3. Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

Section 2 – Training of staff:

- i) Newly appointed teachers, supply or agency staff and support staff will receive information and support on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction.
- ii) The clinical lead for each training areas/session will be named on each IHP.
- iii) No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and being signed off as competent.
- iv) The school will keep a record of medical conditions supported, training undertaken and a list of teachers/staff qualified to undertake responsibilities under this policy.
- v) Training for staff working with pupils with IHPs is usually provided by the medical team supporting the pupil or by the school nurse.
- vi) First aid training is commissioned from St John's Ambulance. Individuals are trained in pediatric first aid and first aid at work. We hold general first aid training every three years for staff in INSET training.
- vii) School nurse or online training is used to support staff managing asthma, anaphylaxis and other medical conditions managed within the school population.

Section 3 – Medical conditions register/list

- i) The school's admissions forms request information on pre-existing medical conditions. The Welfare Officer is available at the start of each day in the playground and can be contacted at any time through the school office for parents to share details of a condition if it develops or is diagnosed.
- ii) The Welfare Officer reviews and updates the school's medical conditions list on the School Management System, *Arbor*, termly. She is supported to do this by a member of the administrative team. Details of medical conditions are available to all staff through *Arbor*. The Welfare Officer creates an overview of medical conditions for class teachers and staff working across classes for the pupils in their care. This is reviewed and updated on a termly basis.
- iii) Supporting resources to explain and describe conditions is pinned to the child's profile in *Arbor* and is downloadable by any member of staff.
- iv) Pupils with significant medical needs have a red banner pin on their profile in *Arbor*. This is to alert staff to a potentially serious condition.
- v) Medical Condition overviews are also shared with supply staff at their induction. Data sharing principles are adhered to.

vi) The school has a transition policy outlining arrangements for transition into, through and out of the school. Part of the information transfer includes sharing details of pupils with medical conditions.

Section 4 – Individual Healthcare Plans (HLPs)

i) Where necessary (the headteacher will make the final decision) an Individual Healthcare plan (IHP) will be developed in collaboration with the pupil, parents, headteacher, SENCO, class teacher and medical professionals.

ii) The design and content of an IHP can be flexible, to reflect the needs of the individual. However, details of the key elements to include in an IHP can be found on pg 11 of *Supporting pupils at school with medical conditions (DfE, Sept. 2015)*.

iii) IHPs will be easily accessible to all relevant staff, attached to the child's profile in *Arbor*. Parental consent will be sought for pupils with potentially life-threatening conditions to display a photograph and instructions, which can be displayed in welfare rooms and staffrooms to make essential symptom and action information clearly and easily accessible to all staff. The Welfare officer will manage and create these resources.

iv) IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

v) Where a pupil has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.

vi) Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between LA/AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

Section 5 – Transport arrangements

i) Where a pupil with an IHP is allocated school transport, the school will invite a member of the School Transport team to participate in the IHP meeting. A copy of the IHP will be copied to the Transport team and be kept on the pupil record. The IHP must be passed to the current operator and the Transport team will ensure that information is supplied to the school when a change of operator takes place.

ii) For some conditions the driver/escort will require adequate training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in their travel arrangements for school. This is included in the specification to tender for that pupil's transport.

iii) When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labeled with the name and dose etc.

iv) Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

Section 6 – Education Health Needs (EHN) referrals

- i)** All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils.
- ii)** The school works with the Education Welfare department of the Local Authority to complete referrals when needed.

Section 7 – Medicines

- i)** Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.
- ii)** If this is not possible, prior to staff members administering any medication, the parent/carers of the child must complete and sign a parental consent to administration of medication form.
- iii)** No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- iv)** Where a pupil is prescribed medication by a healthcare professional without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- v)** No pupil will be given medication containing aspirin without a doctor's prescription.
- vi)** Medicines **MUST** be in date, labeled, 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.
- vii)** A maximum of four weeks' supply of the medication may be provided to the school at one time.
- viii)** A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. The school will otherwise keep controlled drugs that have been prescribed for a pupil securely in a non-portable container that only names staff have access to. Controlled drugs are stored in a way that makes them easily accessible in an emergency.
- ix)** Prescribed 'management' drugs, used to alleviate an ongoing medical condition, for example asthma inhalers or epipens, are kept in a medical bag in each classroom. The bags are taken with the class around the school, so that they are immediately accessible for the pupil if needed.
- x)** Short term, prescription medicines, which need to be administered during the school day, are kept in the school office.

- xi)** Short term prescribed medications are administered by two members of staff. The child's full name, class and identify as recorded on the medication labels and consent form are checked carefully before administration, with the second adult cross checking identity.
- xii)** Any medications left over at the end of the course are returned to the child's parents.
- xiii)** Written records are kept of any medication administered to children.
- xv)** Pupils will never be prevented from accessing their medication.
- xvi)** The Welfare room noticeboard is used to display posters giving details of common medical conditions e.g. Asthma, diabetes, sickle cell, epilepsy, anaphylaxis etc. The Public Health England *Guidance on Infection Control in Schools* document is also displayed in the welfare room.
- xvii)** St Paul's CE Primary School cannot be held responsible for side effects that occur when medication is taken correctly.
- xviii)** Staff will not force a pupil, if the pupil refuses to comply with the health procedures, the resulting actions will be clearly written into the IHP which will include informing parents.

Section 8 – Emergencies

- i)** Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so that they are aware of signs and symptoms.
- ii)** Pupils will be informed in very general terms what to do in an emergency – such as telling an adult.
- iii)** If a pupil needs to be taken to hospital, a member of staff will remain with the child until the parent(s) arrive.

Section 9 – Day trips, residential visits and sporting activities

- i)** All day trips, residential visits and sporting activities are planned as inclusive activities. Reasonable adaptations are made to ensure that pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states that it is not possible.
- ii)** Written risk assessments are made for all trips and visits except those in the immediate vicinity of the school. The risk assessment process includes planning appropriate support/adaptation to enable pupils with medical conditions to participate safely in the trip/visit.

Section 10 – Transition

Where the school is notified of a pupil joining either at the start of Reception or as an in year admission, the Inclusion Coordinator contacts any previous setting/school, parents and relevant healthcare professional to determine the level of care needed and to secure details of

the previous IHP. The IHP is reviewed and updated to reflect the child's admission to our school.

Where a pupil with an IHP is leaving our school, either at the end of Year 6 or as an in year transfer, the Inclusion Coordinator contacts the receiving school to inform and share details of the pupil's IHP, so that the receiving school can review and update the IHP in readiness for admission.

Where a pupil develops a medical condition, whilst on roll, the Inclusion Coordinator will liaise with parents, medical professionals and the school nurse to develop an IHP, identify any staffing and/or training needs that may be required.

Section 11 – AED, Epipens and Inhalers

The school has two AED machines, each situated within the entrance of each site. A number of staff have been trained by the London Ambulance Service. The machines are automated and can, in an emergency, be used by a non-specialist. The school also holds a generic epipen and asthma inhaler.

Section 12 – Avoiding unacceptable practice

Each case will be judged individually but in general the following is not considered acceptable.

The following behaviour is unacceptable at St Paul's CE Primary School:

- i)** Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- ii)** Assuming that pupils with the same medical condition need the same treatment.
- iii)** Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
- iv)** Sending pupils home frequently or preventing them from taking part in activities at school.
- v)** Sending pupils to the medical room or school office alone or with an unsuitable escort if they become ill.
- vi)** Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- vii)** Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- viii)** Creating barriers to children participating in school life, including school trips.
- ix)** Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

Section 13 – Insurance

- i)** School staff who undertake responsibilities within this policy, following the procedures established in this policy, are covered by the school's insurance.
- ii)** Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the School Business Manager.

Section 14 – Complaints

- i)** All complaints should be raised with the school in the first instance.
- ii)** The details of how to make a complaint can be found in the school's complaints policy. The policy can be found on the school website or a copy can be requested from the school office.

Annex A – Model process for developing individual healthcare plans – from *Supporting children with medical conditions* (DfE, September 2018).

