



Supporting Pupils with Medical Conditions Policy

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Statement of intent

The governing board of Ralph Butterfield Primary School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

Ralph Butterfield Primary School believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

:

1. Legal framework

1.1. This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017

1.2. This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2019) 'Education inspection framework'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

1.3. This policy has due regard to the following school policies:

- Administering Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Complaints Procedures Policy
- Allergen Policy
- Equality Information and Objectives Policy
- Attendance and Absence Policy

2. Roles and responsibilities

2.1. The governing board is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.

- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that relevant members of staff, who work most regularly with a child with a specific medical condition, have sufficient understanding of the condition to provide support.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

2.2. The Headteacher holds overall responsibility for implementation of this policy.

2.3. The Headteacher is responsible for:

- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all Individual Healthcare Plans (IHPs), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse team (Yor-ok) where a pupil with a medical condition requires support that has not yet been identified.

2.4. Parents are responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

2.5. Pupils are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.

- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

2.6. School staff are responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

2.7. The external school nurse team is responsible for:

- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

2.8. Clinical commissioning groups (CCGs) are responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

2.9. Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

2.10. Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the external school nurse team and other healthcare professionals, and participating in local outreach training.

2.11. The LA is responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

2.12. Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

2.13. Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

2.14. Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural (SMSC) development.

3. Admissions

3.1. No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

4. Notification procedure

4.1. When the school is notified that a pupil has a medical condition that requires support in school, the external school nurse will inform the school office who will notify the Headteacher. Following this, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP (outlined in detail in [section 8](#)).

4.2. The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the Headteacher based on all available evidence (including medical evidence and consultation with parents).

4.3. For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution.

4.4. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

5. Staff training and support

- 5.1. Any staff member providing support to a pupil with medical conditions will receive suitable training.
- 5.2. Staff will not undertake healthcare procedures or administer medication without appropriate training.
- 5.3. Training needs will be assessed by the external school nurse team through the development and review of IHPs, on a termly basis for all school staff, and when a new staff member arrives.
- 5.4. Through training, relevant staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Relevant staff will have sufficient knowledge of the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.
- 5.5. The external school nurse will confirm the proficiency of staff in performing medical procedures or providing medication.
- 5.6. A first-aid certificate will not constitute appropriate training for supporting pupils with specific medical conditions. Annual refresher training can be sought from the external school nurse team for first aid staff and any other staff members who may have pupils in their classes with medical conditions.
- 5.7. Whole-school awareness training will be carried out on a termly basis for all staff, and included in the induction of new staff members by the School Business Manager for adrenaline auto-injector users.
- 5.8. The external school nurse team will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.
- 5.9. Training will be commissioned by the SBM and provided by the following bodies as appropriate:
 - Commercial training provider
 - The external school nurse team
 - GP consultant
 - Parents of pupils with medical conditions
- 5.10. Parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.
- 5.11. The governing board will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

6. Self-management

- 6.1. Whilst in secondary schools there would be some encouragement for children to self-administer, in the primary school setting all medications will be held either within the classroom, by the teacher and/or in the school office.

- 6.2. Pupils will not be allowed to carry their own medicines and relevant devices.
- 6.3. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.
- 6.4. If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken.

7. Supply teachers

- 7.1. Supply teachers will be:
 - Informed of all relevant medical conditions of pupils in the class they are providing cover for. This information is located in the bespoke class information folders presented on arrival at school.
 - Covered under the school's insurance arrangements.

8. Individual Healthcare Plans (IHPs)

- 8.1. The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Headteacher will make the final decision.
- 8.2. The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.
- 8.3. IHPs will include the following information:
 - The medical condition, along with its triggers, symptoms, signs and treatments.
 - The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues.
 - The support needed for the pupil's educational, social and emotional needs.
 - The level of support needed, including in emergencies.
 - Whether a child can self-manage their medication.
 - Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
 - Cover arrangements for when the named supporting staff member is unavailable.
 - Who needs to be made aware of the pupil's condition and the support required.
 - Arrangements for obtaining written permission from parents and the Headteacher for medicine to be administered by school staff or self-administered by the pupil.

- Separate arrangements or procedures required during school trips and activities.
 - Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
 - What to do in an emergency, including contact details and contingency arrangements.
- 8.4. Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.
- 8.5. IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved.
- 8.6. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.
- 8.7. Where a pupil has an EHC plan, the IHP will be linked to it or become part of it.
- 8.8. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.
- 8.9. Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

9. Managing medicines

- 9.1. In accordance with the school's Administering Medication Policy, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.
- 9.2. Pupils will not be given prescription or non-prescription medicines without their parent/carers' written consent.
- 9.3. Non-prescription medicines may be administered in the following situations:
- When it would be detrimental to the pupil's health not to do so
 - When instructed by a medical professional
- 9.4. No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor.
- 9.5. Pain relief medicines will not be administered without first checking when the previous dose was taken and the maximum dosage allowed.
- 9.6. Parents will be informed any time medication is administered that is not agreed in an IHP.
- 9.7. The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

- 9.8. All medicines will be stored safely but accessible for immediate use in a lockable cabinet in the first aid room/school office.
- 9.9. When medicines are no longer required, they will be returned to parents for safe disposal.
- 9.10. Sharps boxes will be used for the disposal of needles and other sharps.
- 9.11. Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered.
- 9.12. The school will hold asthma inhalers for emergency use. The inhalers will be stored in the first aid room and their use will be recorded.
- 9.13. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.
- 9.14. Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

10. Adrenaline auto-injectors (AAIs)

- 10.1. A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis and held in the school office. Within each classroom the adult will have access to a laminated card displaying a photograph of the pupil, their class and the medical condition. This will be kept in easy reach of the adult within the classroom in the event of an allergic reaction, whereby another child in the class will take this to a first aider in the office who will continue to initiate the emergency response. The teacher will administer the epi pen they hold if the child displays symptoms of anaphylaxis whilst waiting for the first aider to attend.
- 10.2. Where a pupil has been prescribed an AAI, this will be written into their IHP.
- 10.3. For pupils who have prescribed two AAI devices, one will be stored inside a correctly labelled bag in a safe but easily accessible place within the classroom and the second device will be kept inside a correctly labelled bag stored in a medical cabinet within the First Aid room, which is easily accessible.
- 10.4. Staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.
- 10.5. When possible, the school will keep a spare AAI for use in the event of an emergency, where availability allows. There are shortages in AAI even for parents when they are restricted to only one AAI. A record is kept of all AAI and their expiry dates on the medical tracker. Parents are informed of the imminent expiry and asked to bring in an up-to-date AAI, with the intention of a replacement being made available before the

expiry date. Parents are also asked, on the medical form, to ensure school always has an in-date AAI/s.

- 10.6. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used **where availability allows**.
- 10.7. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate, **where availability allows**.
- 10.8. Where a pupil is or appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
- 10.9. In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device.
- 10.10. Where any AAIs are used, the following information will be recorded on the **Adrenaline Auto-Injector (AAI) Record**:
 - Where and when the reaction took place
 - How much medication was given and by whom
- 10.11. For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.
- 10.12. For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.
- 10.13. AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.
- 10.14. In the event of a school trip, pupils at risk of anaphylaxis will have their AAI held by the adult in charge of the class and the school will give consideration to taking the spare AAI in case of an emergency, **where availability allows**.

11. Record keeping

- 11.1. In accordance with paragraphs 9.11, 9.12, and 9.14, written records will be kept of all medicines administered to pupils.
- 11.2. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed.

12. Emergency procedures

- 12.1. Medical emergencies will be dealt with under the school's emergency procedures.
- 12.2. Where an IHP is in place, it should detail:
 - What constitutes an emergency.
 - What to do in an emergency.
- 12.3. Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

12.4. If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive.

12.5. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

13. Day trips, residential visits and sporting activities

13.1. Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

13.2. Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals.

13.3. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

14. Unacceptable practice

14.1. The school will not:

- Assume that pupils with the same condition require the same treatment.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.

- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

15. Liability and indemnity

15.1. The Governing Body will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

15.2. The school holds an insurance policy with City of York Council covering liability relating to the administration of medication. The policy has the following requirements:

- All staff must have undertaken appropriate training.
- 15.3. The school holds an insurance policy with City of York Council covering healthcare procedures. The policy has the following requirements:
- All staff must have undertaken appropriate training.
- 15.4. All staff providing such support will be provided with access to the insurance policies.
- 15.5. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

16. Complaints

- 16.1. Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.
- 16.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy.
- 16.3. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.
- 16.4. Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

17. Home-to-school transport

- 17.1. Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.
- 17.2. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

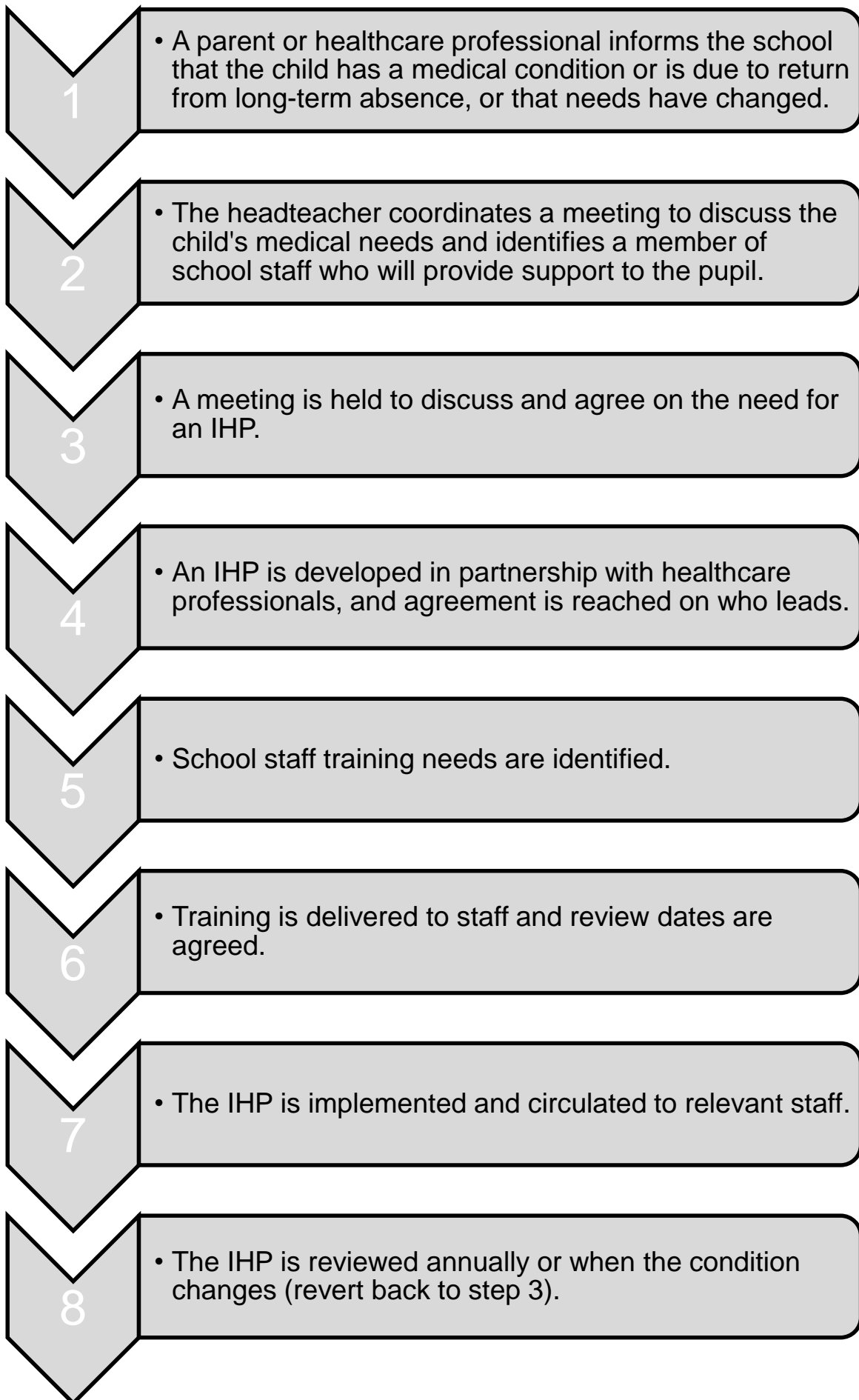
18. Defibrillators

- 18.1. The school does have a defibrillator. A trained first aider would be alerted to carry out the technique of resuscitation and call 999 and inform the parent. Any member of staff can utilise the defibrillator.

19. Monitoring and review

- 19.1. This policy is reviewed on an annual basis by the governing board, a first aider and the Headteacher.
- 19.2. Any changes to this policy will be communicated to all staff, parents/carers and relevant stakeholders.
- 19.3. The next scheduled review date for this policy is November 2024

Individual Healthcare Plan (IHP) Implementation Procedure



Individual Healthcare Plan

Pupil's name:

Group/class/form:

Date of birth:

Pupil's address:

Medical diagnosis or condition:

Date:

Review date:

Family contact information

Name:

Relationship to pupil:

Phone number (work):

(home):

(mobile):

Name:

Relationship to pupil:

Phone number (work):

(home):

(mobile):

Clinic/hospital contact

Name:

Phone number:

Child's GP

Name:

Phone number:

Who is responsible for providing support in school?

Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices, environmental issues, etc.:

Name of medication, dose, method of administration, when it should be taken, side effects, contra-indications, administered by staff member/self-administered with/without supervision:

Daily care requirements:

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

Arrangements for school visits and trips:

Other information:

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

Responsible person in an emergency (state if different for off-site activities):

Plan developed with:

Staff training needed or undertaken – who, what, when:

Form copied to:

Parental Agreement for the School to Administer Medicine

Ralph Butterfield Primary School

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

FORM A

The school will not give your child medicine unless this form has been completed and signed.

Name of child :		Class :	
		Date of Birth	
Medical condition or illness :			
Name/type of medicine (<i>as described on the container</i>) storage :			
Date dispensed :			
Expiry date :			
Dosage & method :			
Date & time of last dosage the child was given :			
Date of <u>first</u> dosage to be given in school :			
Date of <u>last</u> dosage to be given in school :			
Time(s) of dosage(s) :			
Possible side effects:			
Child to self-administer :	Yes / No (delete as appropriate)		
Procedures to take in emergency :			
Name & surgery/tel no of GP :			
Has the medicine has been administered without adverse effect to the child in the past and has the parent/carer certified this is the case	Yes / No (delete as appropriate)		

MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY.

Contact Details

Name :	
Daytime tel no :	
Relationship to child :	

I understand that I must deliver the medicine personally to the Headteacher or office staff.

I accept that this is a service that the school is not obliged to undertake.

Signed _____ (Parent/Carer) Date _____

Signed _____ (Headteacher) Date _____

Staff Training Record – Administration of Medication

Ralph Butterfield Primary
School:

Name of staff member:

Type of training received:

Date of training completed:

Training provided by:

Profession and title:

I confirm that the staff member has received the training detailed above and is competent to carry out any necessary treatment pertaining to this treatment type. I recommend that the training is updated by the school nurse.

Trainer's signature: _____

Print name: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Print name: _____

Date: _____

Suggested review date