

# Managing Pupils with Medical Conditions

Mersham Primary School



Approved by: Charlotte Francis-Finch (Chair of Governors)

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# Policy Rationale

This school is an inclusive community that aims to support and welcome pupils with medical conditions. This school's medical conditions policy is drawn up in consultation with a wide-range of local key stakeholders within both the school and health settings.

## 1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

**The named person with responsibility for implementing this policy is Katy Jackson (SENDCo).**

This school aims to provide all pupils with all medical conditions the same opportunities as others at school.

We aim to help pupils and ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being.

Pupils with medical conditions are encouraged to take control of their condition. Pupils feel confident in the support they receive from the school to help them do this.

We aim to include all pupils with medical conditions in all school activities.

Parents, carers and guardians of pupils with medical conditions feel secure in the care their children receive at this school.

The school ensures all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency.

All staff understand the common medical conditions that affect children at this school. Staff receive

training, when appropriate, on the impact this can have on pupils

The medical conditions policy is understood and supported by the whole school and local health community.

## 2. Legislation and Statutory Responsibilities

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

It is also based on the Department for Education's statutory guidance on supporting pupils with medical conditions at school.

### 2.1 Definitions of Medical Conditions:

Pupils' medical needs may be broadly summarised as being of two types:-

- **Short-term** affecting their participation at school because they are on a course of medication.
- **Long-term** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupil's feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEND policy and Information Report and the Individual Healthcare Plan will become part of the EHCP.

## 3. Roles and Responsibilities

### 3.1 The governing board

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

The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### 3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition

- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

### 3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

#### *School first aiders:*

| <b>Staff Name</b>                            | <b>Qualification Held</b>                     | <b>Expiry Date</b> | <b>Due to expire this academic year</b> |
|----------------------------------------------|-----------------------------------------------|--------------------|-----------------------------------------|
| <b>Miss Carla Tripp</b>                      | <b>Paediatric Emergency First Aid Level 3</b> | <b>7.11.27</b>     | <b>No</b>                               |
| <b>Mrs Natalie Fellows (maternity leave)</b> | <b>Paediatric Emergency First Aid Level 3</b> | <b>26.4.26</b>     | <b>Yes</b>                              |
| <b>Miss Kirstyn Read</b>                     | <b>Paediatric Emergency First Aid Level 3</b> | <b>21.11.26</b>    | <b>No</b>                               |
| <b>John Oatham</b>                           | <b>Paediatric Emergency First Aid Level 3</b> | <b>7.8.28</b>      | <b>No</b>                               |
| <b>Mrs Caroline Quantrell-Evans</b>          | <b>Paediatric Emergency First Aid Level 3</b> | <b>26.1.26</b>     | <b>Yes</b>                              |
| <b>Mrs Catherine Delaney</b>                 | <b>Paediatric Emergency First Aid Level 3</b> | <b>14.3.26</b>     | <b>Yes</b>                              |
| <b>Ms Victoria Earle</b>                     | <b>Paediatric Emergency First Aid Level 3</b> | <b>1.7.28</b>      | <b>No</b>                               |
| <b>Mrs Natalie Lyons</b>                     | <b>First Aid at Work Level 3</b>              | <b>14.2.28</b>     | <b>No</b>                               |
| <b>Mrs Sarah Croucher</b>                    | <b>Paediatric Emergency First Aid Level 3</b> | <b>12.9.26</b>     | <b>No</b>                               |
| <b>Mrs Catherine Cox</b>                     | <b>Paediatric Emergency First Aid Level 3</b> | <b>24.4.28</b>     | <b>No</b>                               |

|                              |                                         |                 |            |
|------------------------------|-----------------------------------------|-----------------|------------|
| <b>Miss Olivia Whitehead</b> | <b>Paediatric First Aid<br/>Level 3</b> | <b>18.08.26</b> | <b>Yes</b> |
|------------------------------|-----------------------------------------|-----------------|------------|

#### **Diabetes Training:**

Carla Tripp  
Victoria Harris  
Natalie Fellows  
(maternity leave)  
Catherine Cox  
Caroline Quantrell-Evans

#### **Epilepsy Training:**

Carla Tripp  
Victoria Harris  
Catherine Delaney  
Lindsay Wheeler  
Jazmyn East  
Kirstyn Read

#### **Anaphylaxis Training (Epi-Pen)**

Lexy Sly  
Olivia Whitehead  
Leah Benjamin  
Emmie Maher

#### **Children and Young People's Asthma Training**

Natalie Lyons

#### **Named person for administering medicines:**

Miss Carla Tripp

### **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

#### **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.

### **3.5 School nurses and other healthcare professionals**

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

## 4. Equal Opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so, unless there is evidence from a clinician such as a GP that this is not possible.

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 **may** 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 **a reasonable time frame**, 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. This has been delegated to Katy Jackson (SENDCo)

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has

SEN but does not have an EHC plan, the SEND 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 SENDCo, 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.**

Where a dose of Calpol is required during the school day, this will only be administered from the child's own, named container of medication. The parent should come to school and administer the medication. In special circumstances, where a parent is unable to attend school site, we ask that they give verbal consent over the telephone for medication to be administered by relevant school staff.

Parents will always be contacted on the phone or via Arbor before any dose was administered to ensure that no previous dose had been administered prior to the child arriving at school. Medicines must be administered in an appropriate location for example, the School Office.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.



The school will only accept prescribed medicines that are:

- In-date
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage
- Required to be administered four times per day (medicines which require administration three times a day must be administered before and after school).

All medicines will be labelled before storage at school. This will include the child's name, the date and the review date.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

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.

Throat lozenges such as Strepsils, are considered a non-prescription medicine and must be stored in accordance with the instructions above. Other throat sweets, such as Locketts, Soothers or Tunes are not permitted in school. If you feel that you require an exception to be made to any of the above, please arrange an appointment with the SENDCo, Mrs Jackson.

## 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 are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

## 7.2 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.

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.

## 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 SENDCo. 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.

Relevant 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, where necessary.

## 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.

The details of the school's insurance policy are  
Zurich Municipal  
Farnborough  
Hampshire

## 12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the

Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

### Unacceptable Practice

Although staff at Mersham Primary School should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone suitable;
- Penalise children 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 breaks whenever they need to in order to manage their medical condition effectively;
- Require parents\carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips.

## 13. Monitoring Arrangements

This policy will be reviewed and approved by the governing board every year.

## 14. Links to other Policies

This policy links to the following policies:

- Complaints Policy
- Disabilities Accessibility Plan
- Equalities Policy
- Off-Site Visits Policy
- Safeguarding Policy
- SEND Policy and Information Report

## 15. Other issues for consideration

Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.

The Governing Body has invested in a defibrillator which is situated at the front of the school. Two staff members are currently trained to use a defibrillator, with all staff receiving training in 2019.

The Governing Body have made the decision not to hold asthma inhalers on site for emergency use and medication held on site will be via prescription only. See guidance here:

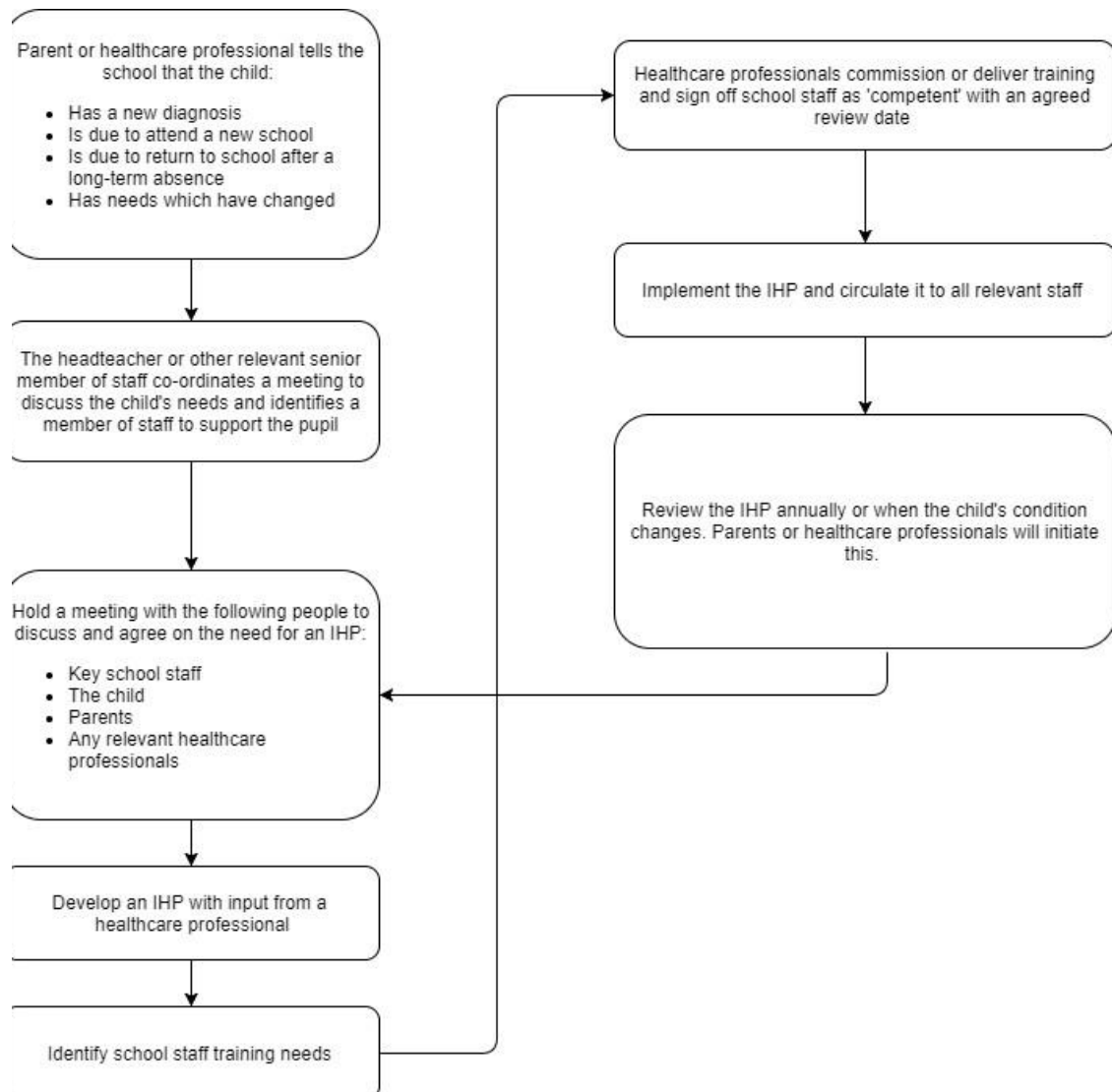
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/e\\_mergency\\_inhalers\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/e_mergency_inhalers_in_schools.pdf)

This policy is written in line with the requirements of:-

- Children and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014
- 0-25 SEND Code of Practice, DfE 2014
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equalities Act 2010
- Schools Admissions Code, DfE 1 Feb 2010
- Mersham Primary School SEND Policy and Information Report 2022-23
- Mersham Primary School Safeguarding Policy 2022-23

## Appendices

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



## Appendix 2: Model process for developing individual healthcare plans

