



**Supporting Pupils
with
Medical Conditions Policy
2024**

Wadsworth Fields Primary School

This policy should be read in conjunction with the SEN Policy and the Equality Policy.

Rationale:

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same processes of admission as other children and cannot be refused admission on medical grounds alone. Teachers and other school staff have a duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to staff leading activities off site.

The prime responsibility for a child's healthcare lies with the parent who is responsible for the child's medical care and medication and should supply the school with information. The school has regard for the DFE 'Supporting Pupils at School with Medical Conditions', April 2014. This policy outlines Wadsworth Fields Primary School's approach to meeting the requirements of this guidance.

Key Principles:

- Children with medical conditions should be properly supported so that they have full access to education, including school trips and physical education
- Arrangements must be in place in school to support children with medical conditions, including the appropriate use of risk assessments and the development, implementation and review of healthcare plans with the support of the school nursing service
- School, parents, the child and healthcare professionals will work closely together to ensure that the needs to students with medical conditions are met
- Our focus in on the child as an individual and how their medical needs are met to ensure full inclusion, access and enjoyment of school life.

Training and Staff Awareness

- The school has a number of trained first aiders, a list which is displayed on the Health and Safety notice board. There are first aiders in each area of school and on the lunchtime staff.
- Relevant staff will be made aware of each child's medical condition and needs and information boards in both the staffroom and midday area give details about children with specific medical needs and how to respond to these.
- Key staff will be regularly trained in supporting individual pupils with specific medical conditions such as diabetes, epilepsy and severe allergies
- We will ensure that cover arrangements are made in the case of staff absence or turnover to ensure that needs are met
- We will undertake risk assessments for activities off site considering individual needs. This may include individual risk assessments for specific children.

Individual Healthcare Plans

Where the child has a long term and complex medical condition(s), they should have an individual healthcare plan (IHC) providing clear guidance on what needs to be done, when and by whom. The school nurse, parent or carer, school and healthcare professionals collaborate to develop the plan. It is vital that the IHC reflects up to date medical knowledge about the child (input from healthcare professionals) and agreement should be reached as to who is responsible for leading on writing it. These should be reviewed annually or as conditions or medications change. Not all pupils with medical conditions need an IHC.

Children with Education Health Care (EHC) plans and Medical Needs

For pupils with EHC plans, the IHC should be linked to or become part of the EHC plan.

Roles and Responsibilities

Governing Body

The governing body have

- Overall responsibility to ensure pupils with medical conditions are supported to participate fully in school life
- Responsibility to ensure that staff are appropriately trained and competent
- Ensure that complaints are dealt with appropriately. This should first be discussed directly with the school and then in line with the complaints procedure.

The Head Teacher

The head teacher will

- Ensure the policy is implemented
- Ensure relevant staff are informed about medical conditions and trained
- Have overall responsibility for developing Individual Health Care (IHC) plans
- Ensure appropriate levels of insurance are in place
- Have overall responsibility for liaison with the school nursing service

School Staff

School staff will

- Take into account the medical needs of the children that they teach
- Support pupils following guidelines from the IHC plan
- Attend training as required in supporting pupils with medical conditions

- Ensure that a child with a medical condition is supported in school to be fully integrated, even if there are long periods of absence
- Support the development of good relationships with other pupils who may not understand a certain medical condition
- Consider how curriculum coverage may have to be adapted for a child with long periods of absence
- Consider if extra time or support needs to be allocated for assessments, new activities or transition and adapt practice accordingly

School Nurse Service

The school nursing service will

- Be responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Whenever possible, they should do this before the child starts school.
- Support staff in implementing an IHC plan providing advice and liaison, particularly training
- Contribute medical advice to the writing of an IHC plan
- Liaise with other NHS staff and clinics
- Provide advice and support for schools about medical conditions

Pupils

As children move through school so the responsibility they take for their own care may change and develop. They are entitled to input into their own requirements. Pupils:

- May be best placed to describe how a condition affects them
- Should be sensitive to the needs of others
- Should be involved as much as possible in decisions and plans affecting them
- Should be encouraged to self-administer medication (with support) where appropriate to develop independence

Medical Administrative Support

Medical Responsibilities to be taken on by different people depending on the roles detailed below.

Office staff will:

- Ensure medicine forms are completed appropriately on the forms provided
- Send medicine forms to class teachers to be completed
- Inform lunchtime staff of children with food allergies-
- Maintain and collate medical information passed on by parents

First Aid lead will have overview of:

- Policies for the safe storage of medicines in school

- Procedures to check that medicines are not out of date- chase up parents to review
- Ensuring that photographs of children with allergies, plus brief description of allergy is displayed in suitable areas around the school (eg staffroom, office, lunch area)
- Processes to ensure that teaching staff are informed of allergies, medical needs of pupils in their class through central recording system

SENDco will:

- Liaise with School Nurse service, parents and teaching staff to ensure Healthcare plans are in place for all pupils needing one
- Ensure that the School Nurse is informed of new children to the school needing Health care plans

Parents/ Carer

Parents/carers are key partners in the development of Individual Health Care plans and have a right to be consulted. They need to feel confident that health needs are managed well in school. To support the process they should

- Provide the school with up to date information
- Attend clinic appointments are appropriate
- Be involved in the development and review of ICH plans
- Carry out action they have agreed to implement as part of the ICH plan
- Keep the school informed immediately of any change of medication, health care requirements or emergency contact details

Procedures for Managing Medicines

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- Pupils should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed and documentation completed by parent to inform school.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- Non-prescription medication will be administered to children with long term medical needs to enable them to have maximum attendance at school. Parents and school will coordinate to ensure that maximum doses are not exceeded.

- Children with short term illness who require short term use of non-prescription medication should take medication before or after school. Parents are able to come to school to give additional doses as required.
- Schools should only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by a pharmacy and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or pump, rather than in its original container
- All medicines should be stored safely in the Staff room, in the classrooms for inhalers or in the office for stored emergency medication. Children who have EpiPens for allergies will carry these with them at all times if appropriate. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who can access them if locked away. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, eg on school trips.

In WFPS

- inhalers are kept in classrooms
- prescribed medicines stored in the staffroom
- adrenaline pens are kept with children – this is managed differently depending on the ages of the children

Medicines are stored in this way to maximise access when needed while maintaining safety of all children in school

- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
- Governing bodies should ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school. Medical processes are checked each year as part of the governing body health and safety checks

Children who manage their own Medical Needs

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Some children can be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily (eg child in KS2 with Type 1 diabetes or with a severe allergy). Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

Emergency Procedures

As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips. These should be reflected in school visit planning. Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think that help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure that they understand the local emergency services arrangements and that they have correct information to about both location and health needs to share.

For children with severe medical needs, where the Medical Care Plan states emergency procedures, up to date information must be kept readily available for emergency services.

Current legislation allows schools to hold spare salbutamol inhalers and adrenaline auto-injectors. It is at the school's discretion whether this option is accessed. The use of any spare medication must be used with permission of a medical practitioner and a person with parental responsibility and only if the pupil's current medication is out of date or empty. At WFPS we do not currently hold spare medication. Some children who have an epipen on the premises have been prescribed only one pen while others have a spare which can be used in an emergency.

Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits 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, or ignore medical evidence or opinion (although this can 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 plan
- send a child with additional medical needs to the office unaccompanied or with someone unsuitable
- 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
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including PE and school trips eg by requiring parents to accompany the child

Signed Chair of governors

Date

This policy will be reviewed in two years unless there are changes to legislation, or pupils' needs within school.

Review date: July 2026

Ruth Noyes