Supporting Pupils with Medical Conditions Policy

Farsley Westroyd Primary School and Nursery

Approved by:	Governors	**Date:** 3.10.25
Last reviewed on:	Oct 25	
Next review due by:	Oct 26	

Contents

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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 (INDIVIDUAL HEALTH CARE PLANs)

The named person with responsibility for implementing this policy is Amy Johnston

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 (DfE)'s statutory guidance on supporting pupils with medical conditions at school.

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 Individual Health Care Plans
- 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
- The school has an allergy policy and that the procedures detailed in this are in place and monitored.

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.

All school employed staff will read the allergy policy and have annual anaphylactic training.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs including allergies
- Be involved in the development and review of their child's Individual Health Care Plan and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the Individual Health Care Plan, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

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 Individual Health Care Plans. They are also expected to comply with their Individual Health Care Plans.

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. They may also support staff to implement a child's Individual Health Care Plan.

Healthcare professionals, such as GPs and pediatricians, 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 Individual Health Care Plans.

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 Individual Health Care Plan.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

6. Individual healthcare plans (INDIVIDUAL HEALTH CARE PLANs)

The headteacher has overall responsibility for the development of Individual Health Care Plans for pupils with medical conditions. This has been delegated to Amy Brown.

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 Individual Health Care Plan. It will be agreed with a healthcare professional and the parents when an Individual Health Care Plan would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision. A health care plan is drawn up by school, using advice from parents and medical professionals. If a child is under a medical professional it is expected that the medical team will provide school with a care plan. All children with asthma should have their asthma reviewed annually and parents/school provided with an uptodate asthma plan.

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

Individual Health Care Plan s 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 Individual Health Care Plan.

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 the headteacher / role of the individual with responsibility for developing Individual Health Care Plans, will consider the following when deciding what information to record on Individual Health Care Plans:

- 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 with specific time and dose of administration
- When the prescribed dose for prescription medication, is four times or more a day.

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

Pupils under 16 will not be given medicine containing aspirin or ibuprofen 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. With written consent from parent when this was. Parents will always be informed through Meditracker of administration.

The school will only accept prescribed medicines that are:

- In-date
- Labelled with the child's name
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

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.

Any administration must be recorded on Medi-tracker, with dose and time of administration recorded. A text/email will then be sent to parents through Medi-tracker.

Parents will be regularly reminded to update their child's medical needs on Arbor and to inform school in writing when changes are made.

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.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other 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 on meditracker.

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 Individual Health Care Plans.

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 Individual Health Care Plan and inform parents 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 Individual Health Care Plan, 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, including lunch, unless this is specified in their Individual Health Care Plans
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- 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
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' Individual Health Care Plans 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 Individual Health Care Plans. 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 the headteacher / SENCO 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 Individual Health Care Plans
- 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.

All 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.

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. Records are kept on Meditracker.

Individual Health Care Plans are kept in a readily accessible place which all staff are aware of in individual pupil files.

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.

12. Complaints

Parents with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the SENCO in the first instance and then the Headteacher. If the issue cannot be resolved the Headteacher will direct parents to the school's complaints procedure.

13. Monitoring arrangements

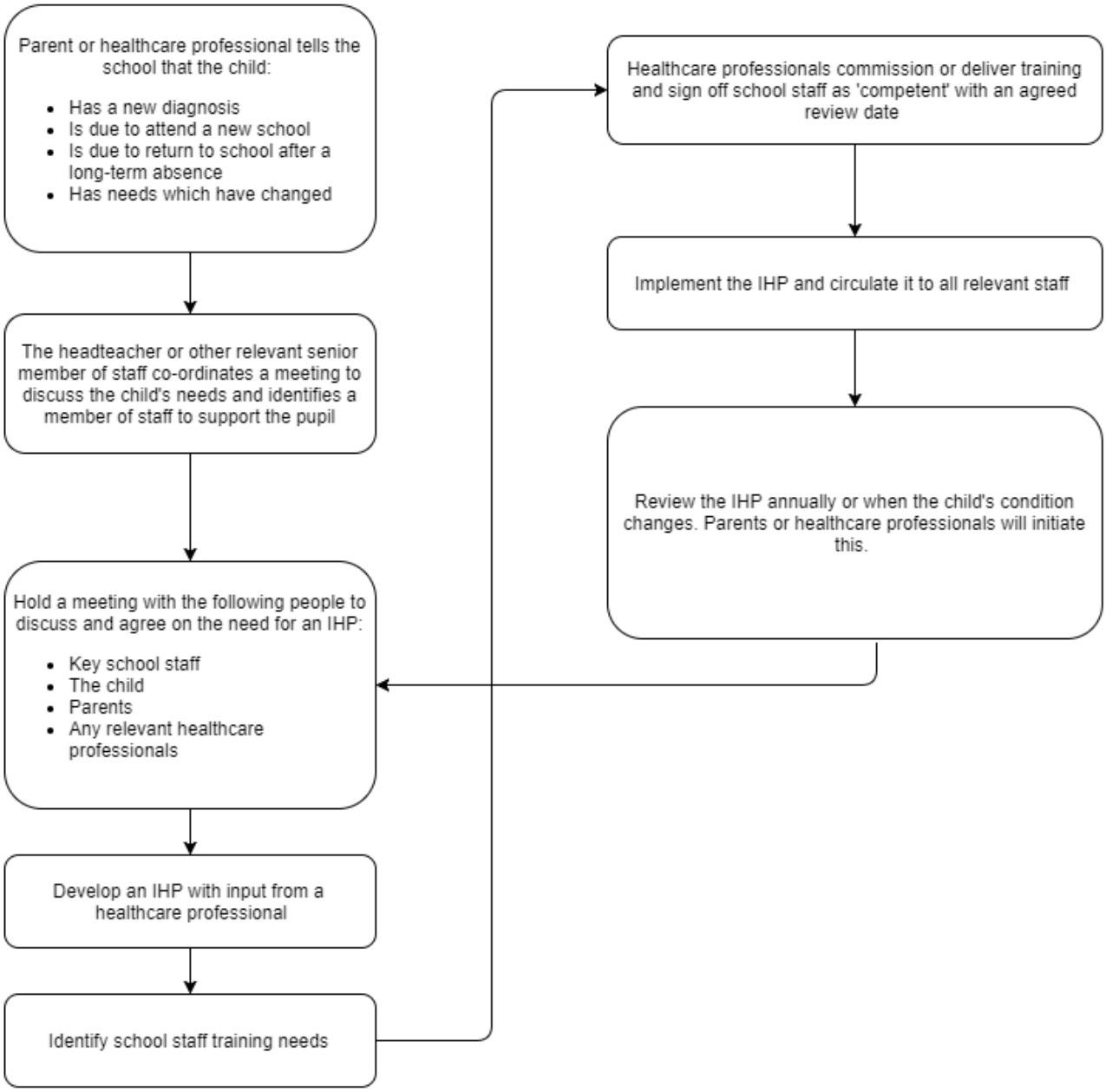
This policy will be reviewed and approved by the governing board every year.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Allergy policy
- Health and safety
- Safeguarding

Appendix 1: Being notified a child has a medical condition



Individual Healthcare Plan (IHPs)

An IHP is a shared document which:

- Recognises a child/young person's health needs
- Shares agreed daily medical care within education settings
- Shares agreed emergency medical procedures
- Recognises the impact of health needs upon the child's identity, inclusion, learning, social and emotional experiences
- Is a graduated approach including universal, targeted and specialist provision

Photo

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	

Medical diagnosis or condition	
Date	
Review date (*at least yearly*, *following significant change or ahead of transitions*)	

Part 1: Emergency procedure

What constitutes an emergency?

Who is responsible in an emergency (state if different at offsite provision)?

What are the emergency procedures?

Who has read this IHP and is aware of all emergency procedures:

Update whenever emergency procedure changes or staff changes

Name:	Role:	Date:

Part 2: Calling an ambulance

Dial 999, ask for an ambulance and be ready with the information below (fill this out **now**).
Speak clearly and slowly and be ready to repeat information if asked.

1. (Your telephone number) _____.

2. Your name

3. (Your location) _____.

4. (Your postcode for satellite navigation) _____.

5. Provide the exact location of the child within the school setting

6. (Child's Name) _____.

7. (Child's condition) _____.

8. Brief description of their current symptoms

9. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

*Put this **completed** form by the school telephone*

Part 3: Contact details

_____

Family

Name	
Relationship to child	
(home phone number)	
(mobile phone number)	
Name	
Relationship to child	
(home phone number)	
(mobile phone number)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Address	
Phone no.	

Other external professionals involved:

Name:	Role:	Contact details:

Staff who provide support within school:

Name:	Role/responsibilities:

Child/Young person's views on their care and support needs *(Who else does the child/young person want to know about their needs? What are priorities to them? How can they share their views?)*:

Members of the Leeds Children's Hospital, Youth Forum would like a link member of staff they trust and feel comfortable sharing sensitive information with, who understands their condition/s and needs. This should be someone that they like and can be available for emotional support.

Child/Young person's **'Link Person'**:

Form copied to
Staff signature _____ Signature of parent _____ *Signature of child / young person _____ **Signature of health representative _____ * Children/young people are encouraged to be fully involved in the plan. They should be supported to share their views ahead of or during the review with help from those they trust. ** If the specialist nurse/health representative has attached additional medical information, it is not necessary for them to sign the IHP.

Part 4: Medical and/or physical needs

Describe the child/young person's medical and/or physical needs (e.g., symptoms, signs/triggers, treatments, and any pertinent historical detail)

Provision within school including any facilities, equipment, devices, accessibility, staff training, etc. needed (NB: details on medication will be in Part 6)

Provision	**Cost**
Total costs per annum	

If you will be applying for FFI (i.e., G band) you can record annual costing here.

Daily care needs

Required training	
Who is trained (Name/date/valid till)	• •
Who needs to receive training	• •
Named person responsible for arranging training	

Additional detail on medical and/or physical needs:

Impact on the family (*What effect does the child/young person's needs have upon the family? What additional support might they need and who can provide this? What support is needed for the siblings e.g., involvement/awareness in emergency procedures, information to sibling's teachers around challenging periods, etc. What communication mechanisms are in place?*)

Attendance *(Anticipated impact on attendance. Expectations around school attendance before/after appointments. What would 'good' attendance look like and how will it be celebrated?)*

Part 5: Additional needs resulting from medical and/or physical needs

Use the guidance questions below to have an open discussion (including the child where age/developmentally appropriate) regarding the additional needs which result from the child's medical and/or physical needs. Record the main points for each topic, and use the IHP provision mapping examples document to identify provision at the universal, targeted and specialist level. Revisit these questions when something significant changes in terms of needs, as part of a review or in preparation for transition.

If you will be applying for FFI (i.e., G band) you can record annual costing here.

Identity

- How do they understand their medical needs?
- What words or labels do they feel comfortable using to describe their needs? Are these different from words/labels applied to them?
- How do they want to talk about their medical needs and who do they want to share this with?
- What is their awareness and feelings about difference from their peers and how does this affect them?

Main points discussion:		
Universal provision	Targeted provision	Specialist provision

• • • • •	• • • • •	• • • • •
Costing (where needed for FFI):		

Inclusion and connection

- In what circumstances do they feel different or feel like an outsider?
- How are they supported to fully be included in school trips / Residential / School performances? What challenges are there for these and how are these catered to? (beyond physical access)
- How do peers understand or respond to their difference, and is there a need to improve perceived value within the classroom?
- How do they stay connected to school life during longer absences?

Main points discussion:		
Universal provision	Targeted provision	Specialist provision
• • • • •	• • • • •	• • • • •
Costing (where needed for FFI):		

Social experience

- Does their medical needs affect their experiences of play/unstructured time? (what about different areas of the school, different weather, etc.)
- Do they have the same opportunities as peers to socialise and build relationships?
- When do they have opportunities to socialise without adult involvement? (recognise that adult's presence change socialising for children)
- What social experiences do they have access to outside of the usual school day? (e.g. after school club, extra-curricular activities, birthday parties, etc.)

Main discussion points:		
Universal provision	Targeted provision	Specialist provision

•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
Costing (where needed for FFI):		

Emotional experience

- What challenging emotions might we expect due to the experience of having long term medical needs? (e.g. feelings of frustration, unfairness, disappointment, anger, weariness, etc.)
- What strategies do they have to address these feelings and normalised their feelings to their situation? Do they have the language and space to express this?
- When do they feel most calm, hopeful and happy? What can be done to enhance these?
- Who is school and in their home life can they go to? When can they do this?
- Are some curriculum topics or times of the year going to be more emotionally demanding for them?
- How do they / their parents / staff feel about risk and what appropriate risk taking opportunities are available to them?

Main discussion points:		
Universal provision	Targeted provision	Specialist provision
•	•	•
•	•	•
•	•	•
•	•	•
•	•	•
Costing (where needed for FFI):		

Learning experience

- How do the child's medical needs impact on their experience of different learning tasks? (Extended writing tasks / carpet time / practical learning activities / free play / PE / independent learning tasks / paired working)
- How is their attendance affected? How can their good attendance be celebrated?
- How does catch up happen, what is prioritised for catch up, and what is missed for previous work to be caught up?
- What reasonable adjustments do they need to achieve their best academically? If they need alternative exam arrangements when / how is this practiced?
- What expectations needs to be adjusted in order to recognise the impact of medical needs such as their sensations of pain, discomfort and tiredness? How is this monitored? How is this communicated by the student?

Main discussion points:

Universal provision	Targeted provision	Specialist provision
• • • • •	• • • • •	• • • • •
Costing (where needed for FFI):		

Personal and medical care experience

- What are useful targets for their independence?
- How can they work towards co-management or monitoring of their needs?
- How is dignity and privacy maintained? How does this change as they get older?
- What mechanisms are in place to share their concerns about their care?

Main discussion points:		
Universal provision	Targeted provision	Specialist provision
• • • • •	• • • • •	• • • • •
Costing (where needed for FFI):		

Planning for future independence

- What skills will be particular to them in their adult life? How can we work towards these?
- At what point are they involved in decision making and responsibility around medical needs or planning?
- Do they make their own requests for help? How can this be balanced against high levels of support?
- How do they feel about their future? What would inspire them?

Main discussion points:

Universal provision	Targeted provision	Specialist provision
• • • • •	• • • • •	• • • • •
Costing (where needed for FFI):		

Part 6: Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

Contact Details

Name	

Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school / setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)_____ **Date** _____

Part 7: Record of medicine administered

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			

Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
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Name of member of staff			
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Date			
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Dose given			
Name of member of staff			
Staff initials			