



## **Bedfield and Wetheringsett C of E Primary Schools** **Supporting Children with Medical Conditions Policy**

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### **The Mustard Seed**

"The Kingdom of Heaven is like a grain of mustard seed, when it is grown, it becomes a tree, so that the birds of the air come and lodge in its branches." Matthew 13:31 – 32

### **The Mustard Seed**

**"If you have faith as small as a mustard seed... nothing will be impossible for you." Matthew 17:20-21**



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## 1) Background

In September 2014 the DfE published new guidance 'Supporting pupils at school with medical conditions'. That guidance contains both statutory and non-statutory guidance. This policy covers both elements. This was updated in December 2015.

New guidance has been issued because section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions. The term 'medical conditions' is not defined in the Act or the guidance but our interpretation is:

**Short Term:** affecting children's participation in school activities and for which they are on a course of medication

**Long Term:** potentially limiting children's access to education requiring extra care and support (deemed **special medical needs**). This may include a medical condition under control by use of drugs but with the potential for relapse.

## 2) Introduction

From 1 September 2014, schools are under a duty to make arrangements for supporting pupils with medical conditions. This policy sets out what those arrangements are. This policy follows the guidance published by the DfE in April 2014 'Supporting pupils at school with medical conditions'.

This policy is restricted to pupils with an ongoing medical problem. Minor or short term or one-off medical problems are covered by the separate First Aid Policy.

Our schools will maintain a focus on each individual child with a medical condition and seek to give parents and pupils confidence in the schools' abilities to provide effective support for medical conditions in schools.

The schools will always aim to:

- Have a good understanding of how medical conditions impact on a child's ability to learn •

Increase the child's confidence

- Promote self-care

## 3) Equal opportunities

Our schools are 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 schools 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.

#### **4) Procedures**

##### **When a School is notified that a pupil has a medical condition:**

Administration staff, senior members of staff and the adults working with the child will be informed of any medical condition/s. A meeting will be held with parents and other relevant professionals to establish the level of need and to support the completion, where required, of an Individual Healthcare Plan\* (IHP). Notes will be completed from all meetings held.

Appropriate paperwork will be completed: risk assessments, the IHP and arrangements, such as purchasing resources which may be required, will be put into place in order to prepare for the child's needs to be met. These tasks will be completed in a timely fashion and will aim to take no longer than 2 weeks. Appendices to this policy contain paperwork templates.

Updates will be made to all notes and plans as required, although regular meetings will take place to ensure all procedures meets the potentially changing needs of a child. These meetings will take place at least termly or more frequently as required.

#### **5) Individual Healthcare Plans (IHPs)**

Individual Healthcare Plans "IHP" exist to document a child's medical needs and provision being made for those needs. These are used for children with complex needs. (**Appendix 1** details the steps for developing Individual Healthcare Plans). They are a useful tool for the schools to use to ensure that it meets the needs of the child. They are written with input from all the relevant parties including the school nurse, staff, parent and child.

IHPs will be developed with child's best interests in mind and will ensure that the schools assess and manage risks to the child's education, health and social well-being as well as minimising disruption.

IHPs will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

The following Information will be recorded 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, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should 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 child'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 child'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 child can participate, eg risk assessments;

- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements.
 

Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

**Appendix 2** shows the IHP format.

## **6) Children's Roles in Managing Own Medical Needs**

Children may be competent to manage some/all their own medical needs and medicines. Where this is the case, this will be clearly stated on their IHP. Children will be positively encouraged to take responsibility, after discussion with parents, and this will be reflected in IHPs. Where a child is reluctant to take on this responsibility, the school will support the child to reach the level of responsibility agreed and this will be documented in the IHP.

Children will be able to access their own medication or devices when required.

No child will be expected to take on responsibility until they are ready for it and appropriate supervision will still be given if needed.

## **7) Managing Medicines on School Premises**

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- The dosage and administration of medicines are checked and signed by 2 members of staff (a folder will be held in the school office). Individual sheets can be removed, as needed, e.g. taken on school trips.
- Medicines will only be administered when the school's Parental Agreement slip has been completed and signed by parents/carers (see appendix 3).
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- The circumstances in which the school will administer non-prescription medicines will be set out in the IHP or, where non-prescription medicines are not covered in the IHP, as laid down in the school's first aid policy.

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- A child under 16 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.

The school will only accept prescribed medicines that are in-date, labelled, provided in the original, undamaged container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but may be made available inside an insulin pen or a pump, rather than in its original container.

- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children . This is particularly important to consider when off school premises e.g. on school trips
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. The school will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs must be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.
- Appropriately trained 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. The school will 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 will 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.

## **8) Record keeping**

Written records must be kept of all medicines administered to children

## **9) Procedures for Emergency Situations**

Arrangements will be in place for what to do in the event of an emergency. These will be laid out in the IHP (**Appendix 2**) and will include:

- What constitutes an emergency situation for the child-signs and symptoms •  
Who needs to be available to support and what they need to do
- What to do in the event of hospitalisation

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## 10) Unacceptable

**practice** It will be unacceptable 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 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 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 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 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 create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child]

## 11) Policy Implementation

- The Headteacher has overall responsibility for the implementation of this policy in our schools
- The school is committed to making sure that all relevant staff will be made aware of the child's condition. Where cover/supply staff or new adults are supporting within a child's class, office staff or the class teacher will explain the children's needs and medication.



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- The school has arrangements in place in case of staff absence or staff turnover to ensure someone is always available. Teachers and teaching assistants, as well as at least one member of the administration staff, will be aware of the child's needs and procedures surrounding their daily life at school. The school will endeavour to ensure there is always an adult, who knows the needs of the child, on site.
- The school will make sure risk assessments for school visits, holidays, and other school activities outside of the normal timetable include provision for pupils with medical conditions. Risk assessments for trips will be overseen by the Headteacher.
- The school will monitor individual healthcare plans. IHPs will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

## **12) Roles and Responsibilities**

Roles of those involved in providing support for pupils with medical conditions are given in brief as follows:

### **Trust Board**

Must make sure a policy is in place

- Ensure that appropriate insurance is in place

### **Governing Bodies**

- Must make arrangements to support pupils with medical needs and the policy is implemented
- Must ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions
- Ensure staff have access to information and other teaching materials

### **Headteachers**

- Ensure policy is developed and adequately implemented with partners
- Make sure all staff are aware of the policy and understand their role in implementation •  
Ensure all staff who need to know are aware of a particular child's medical condition •  
Ensure sufficient staff are appropriately trained
- Overall responsibility for the development of Individual Healthcare Plans • Make sure staff adequately insured and made aware of cover
- Making sure school nurse is aware of pupils requiring support

## **School Staff**

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

## **School Nurses**

- The school has access to school nursing services.
- They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school.

They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

- Can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

## **Other Healthcare Professionals**

- should notify school nurse of pupils requiring support.
- May provide advice on developing IHPs

## **Pupils**

- Provide information about how their condition affects them.
- They should be fully involved, at a level appropriate to their age and stage, in discussions and contribute to their IHP

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## **Parents**

- Provide school with sufficient up to date information
- Are involved in development and review of IHP
- Should carry out any action they agreed to as part of implementation of IHP **Local**

## **Authorities**

- Are commissioners for school nurses
- Have a duty to promote co-operation between relevant partners

## **Clinical Commissioning Groups**

- Responsible for commissioning other healthcare professionals such as specialist nurses.
- They have to ensure that commissioning is responsive to children's needs and that health services can cooperate with schools

## **Ofsted**

- The inspection framework places clear emphasis on meeting needs of disabled children and pupils with SEN. Inspectors are briefed to consider pupils with medical conditions alongside these groups and to report on how well their needs are being met.

## **13) Staff Training**

The schools have a responsibility to ensure staff are properly trained and any member of staff providing support to a pupil with medical needs will receive suitable training.

Staff must not give prescription medicines or undertake health care procedures without appropriate training.

- Where possible and relevant, staff will be involved with the completion of risk assessments and will be clear on their role in their implementation
- Training needs will be assessed both with professionals such as school nursing, physiotherapists and the staff themselves. Appropriate training will then be sought by school or individuals within the medical team supporting the child and the training will then be undertaken.
- Where required, whole staff training (e.g deaf awareness training) will be arranged in order for all staff to support a child in their daily lives at school
- Staff training will be organised by the Executive Headteacher.

#### **14) Insurance**

The Trust Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. To do this, we are a member of the Department for Education's risk protection arrangement (RPA).

#### **15) Complaints handling**

Any complaint in relation to this policy or the school's implementation of it should be raised in accordance with the school's ordinary complaint's policy.

## Appendix 1; Model process for developing individual healthcare plans

Parent or healthcare professional informs school that the child has a diagnosis, has been newly diagnosed, or is due to attend a new school, or is due to return after a long -term absence or has needs have changed



Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs and identifies member of school staff who will provide support to pupil



Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and medical/health clinician as appropriate( or to consider written evidence provided by them)



Develop IHCP in partnership-agree who lead on writing it. Input from healthcare professional



School staff training needs identified



Relevant staff training undertaken with review date



IHCP implemented and circulate to all relevant staff



IHCP reviewed annually or when condition changes. Parent or healthcare professional initiate.

Source

*Supporting Pupils at School with Medical Conditions*  
Statutory Guidance September 2014

## Appendix 2; Individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


### Clinic/Hospital Contact

Name

Phone no.


### G.P.

Name

Phone no.


Who is responsible for providing support in school

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

### Appendix 3: 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 <i>(as described on the container)</i>	
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	[agreed member of staff]

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

Date

Time given

Dose given

Administered by:

Witnessed by:



## Appendix 4 RISK ASSESSMENT TEMPLATE – CHILDREN WITH MEDICAL NEEDS

This template is provided to give guidance only – each school should aim to have children on site as early in a recovery period as possible. If the need is a long term need it is expected that adjustments will need to be made. Please consider all aspects of life including toileting / lunch and break times. Every school site is different as is every medical need please ensure the individual is considered and involved in the writing of this assessment.

<b>Child's Name:</b>				<b>DOB:</b>	
<b>School:</b>				<b>Person completing form:</b>	
<b>Brief description of child's diagnosis/ difficulties:</b>					
<b>Risk</b>	<b>Low</b>	<b>Med</b>	<b>High</b>	<b>Description of Risk</b>	<b>Recommended Measures take to prevent/reduce risk</b> (to include useful information which helps the pupil and/or professional improve engagement in teaching and learning lessons)
<b>Risk to Self</b> Toileting / access & egress to school / location in classroom					
<b>Risk to Others</b> Mobility devices / behaviour / transmission					
<b>Vulnerability</b> (at risk from others) Break times / PE					

**Incidents occurring while at school which may result in a rewrite of this Assessment.**

Date:	Description:

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

# School Asthma Card

## To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent / carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

## Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature  Date

## Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/carer's signature  Date

## ASTHMA QUESTIONS?

Ask our respiratory nurse specialists  
Call **0300 222 5800**  
WhatsApp **07378 606 728**  
(Monday-Friday, 9am-5pm)  
AsthmaAndLung.org.uk

What signs can indicate that your child is having an asthma attack?

Does your child tell you when they need medicine?

Yes  No

Does your child need help taking their asthma medicines?

Yes  No

What are your child's triggers (things that make their asthma worse)?

Pollen  Stress

Exercise  Weather

Cold/flu  Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

Yes  No

If yes please describe

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

## Dates card checked

Date	Name	Job title	Signature / Stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by the GP practice

## Actions to take if a child is having an asthma attack

1. Help them to sit up – don't let them lie down. Try to keep them calm.
2. Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
5. If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**



# **Addendum to Supporting Children with Medical Conditions Policy**

## **Managing Asthma**

### **Arrangements for keeping and administering asthma medication**

The school keeps a record of all children diagnosed with asthma and the prescribed medicines they take.

The school works in partnership with parents, guardians, carers and health care professionals to ensure that a clear record of asthma medication required by the child is kept, as well as directions for administering medication.

Parents are required to complete a School Asthma Card, produced by Asthma and Lung UK (Appendix 5) and/or provide school with an up-to-date asthma plan provided by the child's health professional.

Parents should ensure they are accessing annual asthma reviews and provide the school with records of any changes to a child's asthma management derived from their GP or asthma nurse. Plans held in school should be a record of the last review.

Parents are to ensure the school is provided with a labelled spare inhaler and spacer device if this is also required by the pupil. All inhalers must be labelled with the child's name and directions for administering the medication, consistent with directions on the child's School Asthma Card and/or Asthma Plan.

School staff will check the expiry dates on inhalers kept in school. It is the responsibility of the child's parent/guardian to ensure all medication provided are in date.

School will inform parents/carers if asthma medication has been used as a reliever any more often than usual.

Staff will facilitate the child to administer their own inhaler, consistently with directions on the child's Asthma Card/Plan.

Asthma medication will be taken by school staff with the child to any off-site visits, residentials. Inhalers will also be taken to activities such as PE and Forest Schools.

