

Horniman Primary School



Supporting pupils with medical conditions policy

This policy was agreed by governing body delegation to the Resources Committee on: (and supersedes all previous policies relating to this area)	8/02/23
Signed by: Kirsten Walker	
Implemented:	September 2018
Reviewed:	Every 2 years
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Policy owner:	Sofie Hashmi

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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 body will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, 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 Sofie Hashmi (Deputy Headteacher).

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 bodies to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

3. Roles and responsibilities

3.1 The governing body

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body 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
- 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Ensure that all staff who need to know are made aware of a child's condition

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.

3.4 Parents and Carers

Parents and carers 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

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 IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

The school nurses screening team will produce health care plans for children with identified health needs in the Reception class. Children who have more complex health needs will receive health care plans from the hospital involved with their care.

Children joining the school after the Reception year or whose health needs are identified later will receive health care plans from the healthcare professionals involved in their care, e.g. hospital consultant, doctor, allergy team etc. It is the responsibility of the parents / carers to share these with the school.

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 IHP.

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.

6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Sofie Hashmi.

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 not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents / carers and with advice from the relevant healthcare professional, such as the nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. When drawing up the IHP, health professionals should try for medicines that need only be given once or twice a day (i.e. outside of school hours). The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN 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 delegated lead, Sofie Hashmi, 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 (e.g. children's paracetamol, antihistamine) medicines only will 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

If medicines need to be taken three times a day, please consider if these could be taken in the morning, after school hours and at bedtime. Where this is not possible (or if a child attends after school club), the parent can request to the school in writing for a member of staff to administer their child with the prescribed medicine

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.

Medicines that have been prescribed by a doctor, dentist or nurse prescriber will only be accepted by the school if they are:

- In-date
- Labelled
- 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.

Non-prescription (over-the-counter) medicines will only be administered at school with written parental consent or if parents/carers come into school to administer them following consultation and prior agreement with the school.

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.

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.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, 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 IHPs
- 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

In a medical emergency, one of the school's First Aiders (there are 16 trained first aiders at the school) will be asked to attend. In an emergency, an ambulance will be called first and then the parents / carers will be contacted immediately afterwards.

When calling for an ambulance, staff will:

- Outline the full condition and how it occurred
- Give details regarding the child's date of birth, address, parents' names and any known medical conditions.

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 Sofie Hashmi. 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.

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 body will ensure that written records are kept of all medicine administered to pupils. 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 body will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The School Business Manager, Sharron Henriques, holds the details of the school's insurance policy.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with Sofie Hashmi in the first instance. If she cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the resources committee of the governing body every 2 years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding and Child Protection
- Special educational needs information report and policy

15. Appendices

Appendix i

Procedures for administering medicines at School

On receiving a request at the school office for prescribed medicine to be administered at school, a first aider will be called to check the medication and to sign off the form.

This will be Karolina Hribkova (in the unlikely absence of a first aider, a member of SLT will be called).

The form will be kept in the 'Administration of Medicines' folder in the school office and will be updated each time medication is given

If the child taking medication is attending after school club, the main first aider will inform the ASC manager who will administer the medicine and update the form. Essential prescribed medicines will be administered on Educational Visits, subject to the conditions being met. A risk assessment will be completed before the visit takes place. In the absence of a first aider, a staff member supervising on the visit will be responsible for the safe storage, administration and recording of the medicine. The form should be returned to the school office on their return.

It is the responsibility of the parent or carer collecting the child to ask at the school office or after school club for the medication if it needs to be taken home at the end of the day.

Appendix ii Administration of Medicines

School policy: At Horniman we will only administer medicines that are essential where it would be detrimental to the child's health if the medicine were not administered during the school day. If medicines need to be taken three times a day, please consider if these could be taken in the morning, after school hours and at bedtime. Where this is not possible (or if a child attends after school club), the parent can request to the school in writing for a member of staff to administer their child with the prescribed medicine.

We will accept medicines that have been prescribed by a doctor, dentist or nurse prescriber or some non-prescription medicines such as paracetamol and antihistamine. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. We will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parental instructions. Please complete all details below.

Child's name:	Date of birth:	Class:
Medicine:	Expiry date:	
Dosage amount:	Time to be administered:	Does the medicine need to be stored in the fridge? Yes/No
Medicine to be administered from (start day)	Medicine to be administered to (final day)	
Any possible side effects or useful details for staff to be aware of:		
Name of parent/carer:	Signed (by parent/carer):	Date:
.....
Please note: It is the responsibility of the parent or carer collecting the child named above to ask at the school office/ after school club for the medicine if it needs to be taken home at the end of the day		

Administration of medicine(s) detailed overleaf

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an individual child's health care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

Dosage	Date	Time	By whom	Notes

Appendix iii

Asthma Inhalers

Asthma is a life-threatening illness. Inhalers should be provided by the parents or carers of children that have been diagnosed with asthma and have been prescribed an inhaler.

All children with an inhaler must take them on educational visits, however short in duration.

Teachers must ensure that inhalers are with children during PE, swimming lessons and all visits off-site; as with on-site procedures children must inform an adult when they use their inhaler during off-site visits and teachers must ensure a record is kept.

Emergency Asthma Inhalers

The school holds emergency asthma inhaler kits for emergency use at school and on school visits to be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

As part of children's Individual healthcare plans, parents have given consent to the use of the emergency inhaler if required.

The emergency inhaler should be signed in and out each time they are removed. They are stored in the upstairs foyer.

If a child uses the emergency inhaler, they must use the spacer provided, as inhalers used without them cannot be used by anybody else.

Spacers should be washed in warm soapy water and returned to the emergency kit.

If a child uses the emergency inhaler, this must be recorded and the parent informed. These forms can be found with the emergency kit.

An emergency asthma inhaler kit will include:

- a salbutamol metered dose inhaler;
- a single-use plastic spacer compatible with the inhaler
- instructions on using the inhaler and spacer/plastic chamber
- a record of administration (i.e. when the inhaler has been used)

Monitoring Asthma Inhalers

Asthma inhalers will be monitored termly to ensure that they are in-date. This will be done by Karolina Hribkova. The admin team or first aider will contact parents if the medication has expired; however, it remains the parent and carer's responsibility to ensure that all necessary medication is available in school and is in-date.

Appendix iv

Adrenaline Pens (e.g. epi-pens)

Adrenaline pens (epi-pens) should be provided by the parents or carers of children that have been diagnosed with life-threatening allergies and have been prescribed an adrenaline pen.

At school, first aiders or members of SLT will administer adrenaline pens. However, in an emergency any staff member can administer it.

A copy of the child's healthcare plan is kept with their adrenaline pen and includes all relevant information to be carried out in an emergency.

It is essential that adrenaline pens be taken on any excursions off-site. The adult attending should contact the emergency services immediately and follow the advice outlined on the healthcare plan.

Emergency Adrenaline Pens

The school holds emergency adrenaline pens for emergency use at school and on school visits to be used if the pupil's prescribed adrenaline pen is not available (for example, because it is broken, or empty).

As part of children's Individual healthcare plans, parents have given consent to the use of the emergency adrenaline pens if required.

The emergency adrenaline pens should be signed in and out each time they are removed.

Monitoring adrenaline pens

Adrenaline pens (epi-pens) will be monitored termly to ensure that they are in-date. This will be done by Karolina Hribkova. The admin team or first aider will contact parents if the medication has expired; however, it remains the parent and carer's responsibility to ensure that all necessary medication is available in school and is in-date.

Appendix v

Food Allergies and Intolerances

Schools are required to inform parents and carers of the ingredients in all food supplied within school; this is so that any of the 14 allergens are easily identifiable.

The 14 allergens are: celery, cereals containing gluten, crustaceans, eggs, fish, lupin, milk, molluscs, mustard, nuts, peanuts, sesame seeds, soya, and sulphur dioxide.

Children may also have allergies to other products, e.g. kiwi.

Parents and carers must inform the school of any new allergies their child experiences and keep schools updated regarding any changes.

Information about the ingredients in foods at school can be obtained by contacting:

- The caterer via the school office for school lunches
- Lynne Murphy for the food served at breakfast club
- Marsherie McGregor for the food served at ASC
- Class teachers or club leaders for any food involved in curriculum activities