SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS POLICY

OUR VISION:

WE ARE COMMITTED TO THE CHRISTIAN ETHOS - EVERY CHILD IS SPECIAL IN THE EYES OF GOD AND WE TEACH THAT ALL PEOPLE SHOULD LOVE, CARE FOR AND RESPECT ONE ANOTHER AND OUR PLANET.

It is our ambition that all our pupils use our 6 Christian values Love, Compassion, Forgiveness, Integrity, Community and Respect to achieve our vision and mission.

'A New Commandment I give you, 'Love one another as I have loved you.' John 13:34

It is from this Commandment and the teachings of Jesus that we teach our children the six Christian values.

Recommended by:	Principal
Recommendation Date:	24th September 2025
Ratified by:	**LAGB**
Signed:	V E Jackman
Position on the Board:	Chair of LAGB
Ratification Date	24th September 2025
Next Review:	September 2026
Policy Tier	School

The school has a duty under Section 100 of the Children and Families Act 2014 to make arrangements for supporting pupils at school with medical conditions.

The Local Academy Governing Body (LAGB) will ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.

The LAGB will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The LAGB will ensure that arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn as well as increase their confidence and promote self-care. They will ensure that staff are properly trained to provide the support that pupils need.

Children with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governors do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of sources, including the School Nurse, Health professionals and the child's G.P. in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the child and others who may be affected (for example their peers).

Our Aims

- To support pupils with medical conditions, so that they have full access to education, including physical education and educational visits.
- To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication.
- To write, in association with parents, healthcare professionals, Individual Health Care Plans (IHP) where necessary.
- To respond sensitively, discreetly and quickly to situations where a child with medical condition requires support.
- To keep, monitor and review appropriate records.

Unacceptable Practice

While school staff will use their professional discretion in supporting individual pupils, it is unacceptable to:

- Prevent children from accessing their medication
- Assume every child with the same condition require the same treatment
- Ignore the views of the child or their parents/carers; ignore medical treatment
- Prevent children with medical conditions accessing the full curriculum, unless specified in their Individual Healthcare Plan (IHP)
- Penalise children for their attendance record where this is related to a medical condition
- Prevent children from eating, drinking or taking toilet breaks where this is part of effective management of their condition
- Require parents to administer medicine where this interrupts their working day
- Require parents to accompany their child with a medical condition on a school trip as a condition of that child taking part

Expectations

It is expected that:

- Parents will inform school of any medical conditions which affects their child
- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container
- Parents will ensure that medicines to be given to school are in date and clearly labelled
- Parents will co-operate in training their children to self-administer medicine if this is appropriate, and that staff members will only be involved if this is not possible
- Medical professionals involved in the care of children with medical needs will fully inform staff beforehand of the child's condition, its management and implications for the school life of that individual
- School will ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their IHP (for example, an inhaler)
- School will liaise as necessary with healthcare professionals and services in order to access the most up-to-date advice about a pupil's medical needs and will seek support and training in the interests of the child

Individual Healthcare Plans

- Individual Healthcare Plans (IHP) will help school effectively support pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom.
- Plans will be drawn up in partnership between school, parents and a relevant healthcare professional e.g. School or Specialist Nurse. Pupils will be involved whenever appropriate.
- Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.
- Where a child has a special educational need identified in a statement or Educational Health and Care Plan (EHCP), the individual Healthcare Plan (IHP) will be linked to, or become part of that statement or EHCP.

Points considered when developing an IHP

- The medical condition, its triggers, signs, symptoms and treatments
- Specific support for the child's educational, social and emotional needs e.g. how absences will be managed, requirements for extra time to complete tests, 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 Health 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, or delegated person, for medication to be administered by a member of staff or self-administered by the child during school hours
- Separate arrangements or procedures for school trips or other school activities outside of the normal school timetable that will ensure that the child can participate, for example risk assessments
- Where confidentiality issues are raised by the parent of a child the designated individuals to be entrusted with information about the child's condition
- What to do in an emergency, including whom to contact and contingency arrangements

Information

Children with serious medical conditions will have their photo and brief description of condition, along with any other necessary information, in the staffroom. Children with medical conditions which may require emergency attention, e.g. epilepsy, diabetes, will have their names and an IHP clearly accessible in their classroom, and all adults dealing with the child will have their attention drawn to this information. All other medical conditions will be noted from children's SIMs records and this information will be provided to class teachers annually and updated if and when new information is provided.

In an emergency

In a medical emergency the school's First Aiders, Mrs Hutt, Mrs Carter, Mrs Mertens, Mrs Seeney and Mr Parkinson will be asked to attend.

If an ambulance needs to be called, 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.

Children will be accompanied to hospital by a member of staff if this is deemed appropriate. Staff cars should not be used for this purpose unless you have appropriate insurance and you are accompanied by another member of staff. Parents must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital.

Administration of medicines
Medicines will only be administered when it is detrimental to a child's health or school attendance not to do so.
No child will be given prescription or non-prescription medicines without their parent's written consent.
Medication, e.g. for pain relief, shall never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.
Parents must complete and submit a written consent before any medicine is administered.
Medicines to be given during the school day must be in their original container. Controlled drugs can also be administered, subject to all other conditions as described in the Policy.

Essential medicines will be administered on Educational Visits, subject to the conditions above. A risk assessment may be needed before the visits takes place. A First Aider will be responsible for safe storage and administration of the medicine during the visit.

Named staff members will give medicines (see end of Policy). Before administering any medicine, staff must check that the medicine belongs to the child, and they must check that the dosage they are giving is correct, and that written permission has been given and two people are present. Any child refusing to take medicine in school will not be made to do so, and parents will be informed about the dose being missed. All doses administered will be recorded in the Administration of Medicines book along with two signatures (located in the medical cupboard in the medical room).

All medicines will be stored safely. Medicines needing refrigeration will be stored in the medical room fridge. Some medicines (inhalers, etc.) will be kept in the child's classroom, with their asthma card and or IHP. All medicines must be clearly labelled.

Controlled drugs or prescribed medicines will be kept in the fridge in the medical room in a locked box, key will be with Mrs Hutt. Access to these medicines is restricted to the named persons.
Epi-pens are kept in the child's classroom in a cupboard that is easy accessible for staff but out of reach of the children.

Staff will record any doses of medicines given in the Medicine book. Children self-administrating asthma inhalers need to be supervised and dose recorded. All staff are aware of the signs and symptoms of a child needing their inhaler and how to administer a dose.

Inhalers are kept in the child's classroom. Children have access to these inhalers at all times, though must inform a member of staff that they are taking a dose. All inhalers are marked with the child's name. All children with an inhaler must take them on educational visits, however short in duration.

Emergency Inhaler
The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the child's prescribed inhaler is not available (for example, because it is broken or empty).
The emergency Inhaler is kept in the medical room in the medical cupboard. Only named staff members can administer the emergency inhaler. A list of children that have been diagnosed with asthma or prescribed a reliever inhaler is kept with the emergency inhaler, also an emergency inhaler record book and slips to send home to parents to inform them that their child has received a dose.

Epi-pen
Named staff can administer an epi-pen, in accordance with the child's IHP. The child must have two epi-pens in school with them, also an antihistamine. These are to be kept in the child's classroom with their IHP. If a child does not have their epi-pen with them they cannot be allowed to stay in school.

From 1 October 2017 schools are allowed to buy adrenaline auto-injector(AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of- date).

In an emergency of someone having anaphylaxis, an epi-pen belonging to another person can be used under instruction of the emergency services.

If an epi-pen is used an ambulance must be called immediately.
Parents should be contacted after ambulance has been called.

Trained First Aiders and named people for administering medicines:
Hayley Clark - HLTA, Lead First Aider
Sarah Carter – TA
Dan Parkinson – Administration / Lunchtime supervisor
Ann Merten – Teaching Assistant / Lunchtime supervisor
Lauren Cullen – Outdoors First Aid and Paediatric
Elaine Ralph - Mental Health First Aid