



## WILBURTON C of E PRIMARY SCHOOL

### Supporting Pupils with Medical Conditions

Date of Previous Review: Spring 2020

This Review: Spring 2023

Date of next review: Spring 2025

## 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 headteacher 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 (IHPs)

## 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. Definitions

Pupils' medical needs may be broadly summarised as being of two types:

- (a) Short-term affecting their participation in school activities which they are on a course of medication.
- (b) Long-term potentially limiting their access to education and requiring extra care and support (deemed **special medical needs**).

## 4. Roles and responsibilities

### 4.1 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.

### 4.2 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 IHPs

- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the parents of (and possibly also 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

#### 4.3 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.

#### 4.4 Parents

Parents 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, and ensure they or another nominated adult are contactable at all times

#### 4.5 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.

#### 4.6 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 IHP.
- Healthcare professionals, such as GPs and paediatricians, 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 IHPs.

## 5. 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.

## 6. 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:

- Parent or healthcare professional tells the school that the child has (a) a new medical condition or injury; (b) is due to start school; (c) is due to return to school after a period of absence; or, (d) has needs which have changed.
- The member of school staff who has been informed of the above should tell the parent that an Individual Healthcare Plan is usually required so their child can be cared for in the right way. They should direct the parent to the office to complete this.

- The plan can be completed in person or scribed from a telephone discussion, or a copy of an email can be attached for detail.
- If the parent or the headteacher does not think an IHP is necessary, there will be a discussion and agreement between parent and headteacher and Karen Wenn will be informed.

The school will make every effort to ensure that arrangements are put into place as soon as practically possible.

## 7. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. Responsibility for asking parents to complete these has been delegated to Karen Wenn, Administrative Assistant.

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 between the headteacher and the parents when an IHP would be inappropriate or disproportionate.

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

If necessary, IHPs will be linked to, or become part of, any education, health and care (EHC) plan or SEN provision document.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. Some sections may not be applicable for all children with medical conditions. Any additional information required should be added or attached to the form.

Sporting activities:

- Any restrictions on a child's ability to participate in P.E. activities should be recorded on a his/her individual health care plan.
- Staff supervising sporting activities should be aware of relevant medical conditions and any preventative medicines which may need to be taken as well as emergency procedures.

## 8. 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

Pupils 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.

The school will only accept prescribed medicines that 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.

Pupils should not bring in their own medicine; it should be brought into school by the parent. All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and how to access them immediately, including the named person responsible for administering their medication if relevant. 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.

When school staff are administering medicines, a witness should be present to ensure the correct dosage is given.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

### **8.1 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.

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.

### **8.2 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 where appropriate. 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.

### **8.3 Procedures for managing medicines on educational visits**

- Staff should be aware of any medical needs of children and relevant emergency procedures on the educational visit
- Inhalers must be taken for all children who have them
- A copy of all health care plans should be taken on visits in the event of information being needed in an emergency
- If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental advice and medical advice from the school health service or the child's GP

### **8.4 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

## 9. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). 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.

## 10. 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 the headteacher / role of individual. 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.

## 11. 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.

IHPs are kept in a readily accessible place which all staff are aware of.

## 12. 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.

## 13. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the [headteacher / role of relevant individual] in the first instance. If the [headteacher / role of relevant individual] cannot resolve the matter, they will direct parents to the school's complaints procedure.

## 14. Appendices

1. Individual Healthcare Plan Template
2. Asthma
3. School Asthma Card
4. Medication Form



## Wilburton C of E Primary School

### Individual Healthcare Plan

Complete all relevant sections, attaching additional information if necessary.

Date:	
Name of child:	
Class:	
Medical diagnosis or condition:	
Who is responsible for providing support in school:	
Describe medical needs and give details of child's symptoms, triggers, signs:	
Is medication in school required? If yes, complete a medication form.	
Adjustments and day-to-day care requirements (classroom, playtimes, lunch, PE etc.):	
Arrangements for school visits/trips (if applicable):	

Describe what constitutes an emergency, and the action to take if this occurs:	
Staff who need to know this information:	
Name, signature and date on behalf of school:	
Name, signature and date by parent/carer:	
Date this plan is expected to be no longer required, or to be reviewed:	

## Appendix 2 – Asthma

Children with asthma need to have immediate access to their reliever inhaler when needed.

- The signs of asthma attack include
- Being short of breath
- Wheezing and coughing
- Feeling of tight chest
- Being unusually quiet

An ambulance should be called if

- The symptoms do not improve sufficiently (see below)
- The child is too breathless to speak
- The child is becoming exhausted
- The child looks blue

When a child has an attack the following guidance is issued by 'Guidance on the use of emergency salbutamol inhalers in schools'

Responding to signs of an asthma attack:

- Keep calm and reassure the child
- Clear the area - ensure the child does not have to move
- Encourage the child to sit upright and slightly forward (sat facing the back of a chair can help). Do not put an arm round them.
- Remain with the child while inhaler and spacer are brought to them if they are not with them
- Use the child's own inhaler if available
- Immediately help the child to take two **separate** puffs of the salbutamol via the spacer – **shaking the inhaler** before use each time
- If there is no immediate improvement, continue to give 1 puff every minute up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs and each puff taken separately
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called (see below for communication with parents in situations where an ambulance is not needed)
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

### School Emergency Inhalers

From 1<sup>st</sup> October 2014, the Human Medicines Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

Wilburton CE Primary have 2 such inhalers. These are located in the First Aid cupboard in the staff room.

During Educational Visits, one emergency inhaler (from the staff room) should be taken as well as children's own inhalers.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given. The inhaler can only be used if the pupil's inhaler is not available. They would normally have either been diagnosed with asthma and prescribed an inhaler, or prescribed an inhaler as reliever medication. In the instance of what appeared to be a first attack, the school would try to gain medical advice before administering but this will depend on the severity of the attack. School staff will always act in what they consider to be the best interests of the child given the situation presented to them.

TO AVOID POSSIBLE RISK OF CROSS INFECTION THE PLASTIC SPACER IS NOT TO BE RE-USED.



### Staff Responsibilities

Karen Wenn will ensure a list of children with inhalers is in the school medical file, in class first aid boxes, on class lists on Google Drive. She will also ensure that each child's asthma card is in the each class' asthma inhaler box and liaise with parents to complete and update their child's information.

### All Staff responsibilities:

- Support a child who is having an asthma attack. Training will be given annually to ensure this is possible. Acting quickly is important so do not seek another member of staff if you are able to act
- Staff must inform the First Aid Lead if a school emergency inhaler has been used so that a new spacer can be ordered
- *Staff must record usage*
- Staff must ensure parents are informed if a child needs to use their inhaler during the day:
- In person or by a first aid slip if this was once for an insignificant event (child was not distressed, symptoms were not severe)
- By phone or in person if the episode was significant or if the inhaler had to be used more than once in the day
- Immediately after phoning the emergency services in the case of a severe attack.

In all cases a child's plan from medical professionals will override any of the above if it is conflicting.



# School Asthma Card

To be filled in by the parent/carer

This card is for the 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 should be clearly labelled with your child's name and kept in agreement with the school's policy.

Child's Name:	
---------------	--

## Reliever Treatment when Needed

For wheeze, cough, shortness of breath or sudden tightness in the chest, give 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	Expiry Date	Parent/Carer's Signature

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

--

Does your child tell you when he/she needs medicine?

Yes       No

Does your child need help taking his/her medicine?

Yes       No

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

--

Does your child need to take medicines before exercise or play?

Yes  No

If yes, please describe below.

Medicine	How much and when taken

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

Yes  No

If yes, please describe below.

Medicine	How much and when taken

The school keeps two 'Emergency Use' blue reliever asthma inhalers in case of an emergency situation when a child's inhaler cannot be found. Do you give the school permission to administer this to your child in such circumstances?

Yes  No

Parent/Carer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### What to do in an asthma attack

1. Make sure the child takes one to two puffs of their reliever inhaler (usually blue), preferably through a spacer.
2. Sit the child up and encourage them to take slow steady breaths.
3. If no immediate improvement, make sure the child takes two puffs of reliever inhaler (one puff at a time), every two minutes. They can take up to ten puffs.
4. If the child does not feel better after taking their inhaler as above, or if you are worried at any time, call 99 for an ambulance. If an ambulance does not arrive within ten minutes, repeat step 3.

#### The Asthma UK Helpline

0800 121 62 44

[www.asthma.org.uk/helpline](http://www.asthma.org.uk/helpline)

9am – 5pm Monday - Friday

