

# Supporting pupils with medical conditions policy 2023



**Eslington Primary School**

*we aim high and learn together*

## 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 (IHPs)

**The named person with responsibility for implementing this policy is Michelle Richards (Headteacher) and Angela Freeman (SENDCo).**

## School Policy

At Eslington Primary School employees are not legally required to administer medicine or supervise a child taking it. The prime responsibility for a pupil's health rests with the parents; **(The term 'parents' in this policy includes guardians and carers)** they are responsible for making sure their children are well enough to attend school.

It is generally accepted that school staff may support pupils with administration of prescribed medication or support a medical need whilst acting *in loco parentis*. However, this does not imply a duty upon school staff. Several of the staff at Eslington Primary School have achieved NCFE level 2 certificate in *Understanding the Safe Handling of Medicines*. Several staff have also completed the administering medication competency course through national college.

Each request to support a pupil with a medical need will be considered on an individual basis. Parents should liaise with the head teacher to reach an agreement on the school's role in supporting their child's medical needs.

## It is also in response to our Rights Respecting Ethos

The United Nations Convention on the Rights of the Child (CRC) is at the heart of our schools planning, policies, practice and ethos. As a rights-respecting school we not only always teach children's rights but also model respect and the awareness of pupil's rights. Everyone within the school community has rights upon which we base our aims and school ethos. These have been further informed by the United Nations Convention on the Rights of the Child (UNCRC).

These rights are:

1. To be safe
2. To be heard
3. To have beliefs
4. To receive support
5. To be treated with respect and dignity
6. To learn/teach

## 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'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 IHPs
- › 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

### 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

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

### 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**

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

## **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.

See [Appendix 1](#).

## **6. Individual healthcare plans**

The Head of School with support from the SENDCo leading on Health has overall responsibility for the development of IHPs for pupils with medical conditions.

Plans will be reviewed at least annually alongside their Educational Health Care plan review. It may take place earlier if there is evidence the child's needs have changed. Please see [Appendix 2](#) for more information on what the IHPs look like.

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 no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and 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.

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 Head of School have responsibility for developing IHPs and 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 head of school 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 arrangement

## 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

**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 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.

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.

## 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 are asked to keep it stored securely away in the 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 (September 2023 - we do not currently have any pupil on role that this links to)

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

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.

## 9. Asthma and Allergies

### Allergies

Around 2-5% of children in the UK live with a food allergy, and most school classrooms will have at least one allergic pupil. These young people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 20% of serious allergic reactions to food happen whilst a child is at school, and these can happen in someone with no prior history of food allergy. It is essential that staff recognise the signs of an allergic reaction, and are able to manage it safely and effectively.

Allergy is the response of the body's immune system to normally harmless substances. These do not cause any problems in most people, but in allergic individuals the immune system identifies them as 'allergens' and produces an inappropriate 'allergic' response. This can be relatively minor, such as localised itching, but it can also be much more serious, causing anaphylaxis which can lead to breathing problems and collapse. Common allergic triggers include nuts, cow's milk and other foods, venom (bee and wasp stings), drugs, latex and hair dye. The most common cause of anaphylaxis in children/young people are foods. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an adrenaline auto-injector (AAI).

Parents need to be confident in schools' ability to keep their children safe, and be reassured that staff are sufficiently trained to act immediately in the event of an allergic reaction. Regular communication with parents is vital. It is important that allergic pupils are not stigmatised or discriminated against in any way at school due to their allergy. For example, they should not be separated at mealtimes or excluded from class activities (unless this has been specified in the pupil's Allergy Plan). Drawing attention to the allergy in this way could result in allergy bullying by other pupils, so inclusivity and overall awareness amongst pupils is vital.

All pupils at risk of anaphylaxis, should have an Allergy Action Plan that describes exactly what to do and who to contact in the event that they have an allergic reaction. The plan should include First Aid procedures for the administering of adrenaline. Identify activities which the child may be at risk - for example food-based and outdoor activities.

Allergy Action Plans have been designed to facilitate first aid treatment of anaphylaxis, by either the allergic person or someone else (e.g., parent, teacher, friend) without any special medical training nor equipment apart from access to an AAI. They have been developed following an extensive consultation period with health professionals, support organisations, parents of allergic children and teachers.

- The school menu is available for parents to view in weekly/fortnightly/monthly advance with all ingredients listed and allergens highlighted on the school website.
- The Teacher /SENCO/First Aider will inform the Catering Manager of pupils with food allergies. School will maintain a register of the children's allergies which will be updated yearly (a list with photographs– include details here of your school system for identifying pupils and who has responsibility for keeping this up to date). The school adheres to the following Department of Health guidance recommendations:
- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.

- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using 8 warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

### **Eslington Primary School is a nut free school.**

This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education. A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Eslington Primary School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

- Children with known allergies are identified at both sites in the staffrooms and kitchens with photographs attached to aid identity.
- Staff are First Aid trained and we have identified First Aiders at Work and Pediatric First Aiders who have undertaken necessary training.
- Staff have undertaken Epi Pen training.
- Children with allergies have Individual Health Care Plans and those requiring medication have Allergy Action Plans provided by their healthcare provider, which sets out the procedure to follow in the event of an allergic reaction.

With regards to food allergies our school meals are provided by Gateshead Council catering and school works with parents and the catering department to ensure suitable menus are provided for any children with food allergies or intolerances. The list of food allergens is made available and updated by Gateshead Council when required. School is a nut free environment with anyone bringing food into school adhering to this guidance.

### **Asthma**

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK).

All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast acting medication that opens up the airways and makes it easier for the child to breathe (Source: Asthma UK). Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so. We would expect this to be by key stage 2. However, we will discuss this with each child's parents or carer. Some children may have a number of other medications which are taken morning and/or night, as prescribed by the doctor/nurse. These medications need to be taken regularly for maximum benefit.

Children should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed. (Source: Asthma UK). Parents should be encouraged to report to school if their child has started a new medication or a course of oral steroids in case of any side effects.

Asthma UK evidence shows that if someone with asthma uses personal asthma action plan they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to attend hospital can cause stress for a family and interrupt children's educational activities. Therefore we believe it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions (Source: Asthma UK).

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupil's will not come into contact with their triggers, where possible.

We are aware that triggers can include:

- Colds and infection
- Dust and house dust mite
- Pollen, spores and moulds
- Feathers
- Furry animals
- Exercise, laughing
- Stress
- Cold air, change in the weather
- Chemicals, glue, paint, aerosols
- Food allergies
- Fumes and cigarette smoke (Source: Asthma UK)

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible.

## 10. Training

Staff who are responsible for supporting pupils with medical needs asthma and allergies 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 asthma and allergies will be included in meetings wherever possible to discuss this.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the head of school and SENDCo leading on Health. 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, including the following of an Emergency response plan which will be contained in the Asthma/Allergy Action Plan.

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. All staff are currently trained in delivering first aid and some staff have accessed training in administering medication. Please see [Appendix 3](#)

## 11. Record keeping

The governing body 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. Please see [Appendix 4](#) for template of recording medication administration.

## 12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Executive Headteacher/Head of school in the first instance. If they cannot resolve the matter, they will direct parents to the school's complaints procedure. Please see complaints policy for more information.

## 13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 2 years.

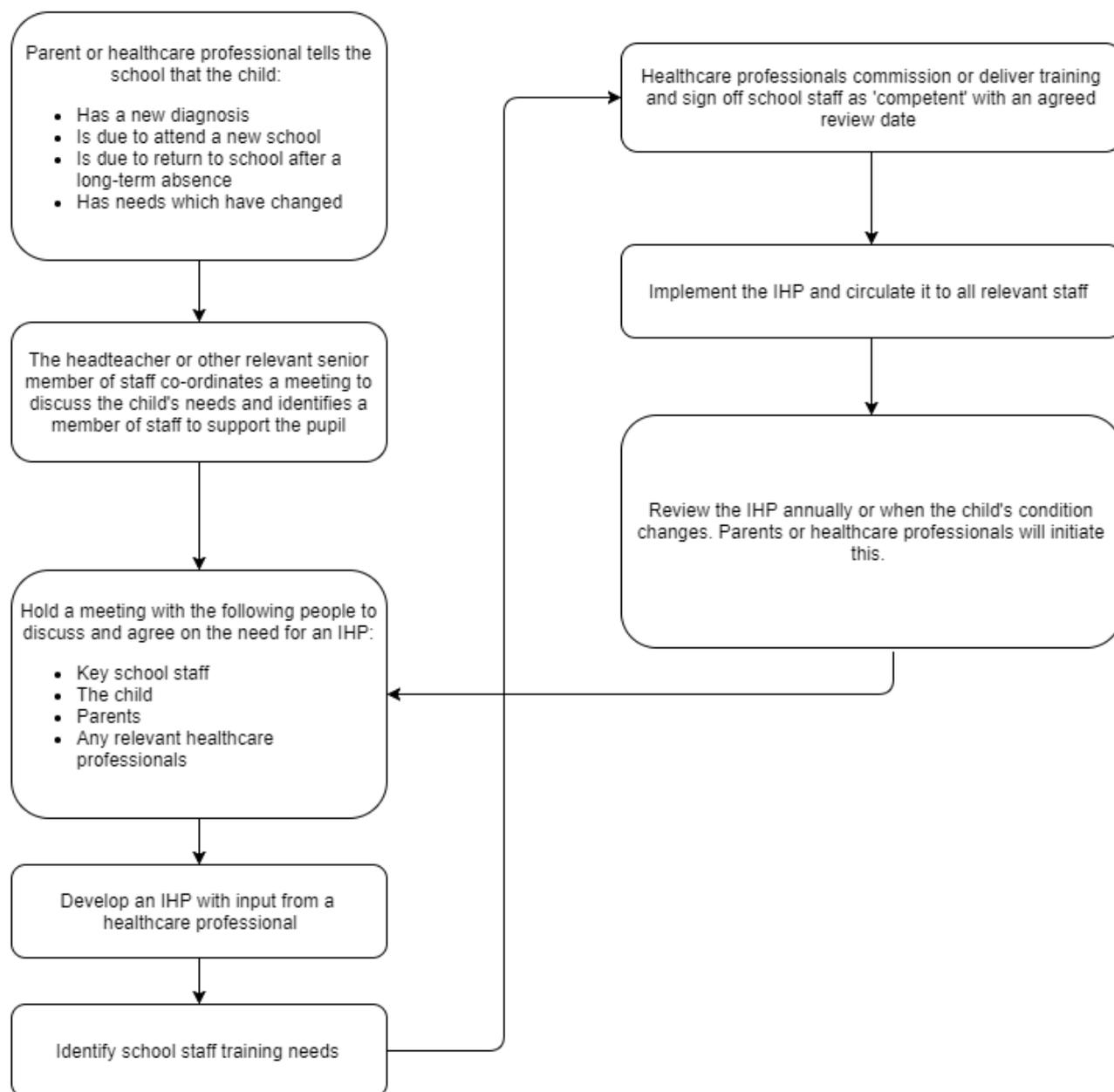
## 14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid

- Health and safety
- Safeguarding
- Special educational needs information report and policy

## Appendix 1: Being notified a child has a medical condition



## Appendix 2: Individual Healthcare Plan and covering letter

Dear Parent

### YOUR CHILDS INDIVIDUAL HEALTHCARE PLAN

Thank you for informing us of your child's medical condition.

A central requirement is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

Please find attached a template of your child's individual healthcare plan. Please could you take the time to complete the form and return it back into school at your earliest convenience.

If you do have any questions regarding the plan, please do not hesitate to contact school.

Yours sincerely



# Individual Healthcare Plan Eslington Primary School



Name of school/setting

Eslington Primary School

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

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

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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

**Appendix 3: Staff Training**

Name/type of training	Staff who attended (individual staff members or groups)	Date attended	Date for training to be updated (where applicable)
Emergency First Aid at Work	Catherine Shiels Kinga Grabiarez Sarah Hammond Hannah Heppell Michelle Richards Lynn Peel Rajwant Nibber Thea Heskett-Saddington Vicky Emery Matt Logan Vanessa Smith Bethany Drape Michelle Murray Jade Horne Luke Fowler Margaret Rimonti Rachael Taplin Kathryn Griffiths Rachael Taplin	24/06/2021 and 12/07/2021	July 2024
First Aid at Work	Shaun Fenton	26.02.22	Feb 2025
Emergency First Aid at Work	C Flamson L Fearon L Davidson L Fairless	22 <sup>nd</sup> September 2021	September 2024
Pediatric First Aid	Kirsty Recchia	October 2020	October 2023
First Aid at Work	Ian Donkin	16.11.2020	November 2023

Administering Medication	All staff	September 2023	Annually
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