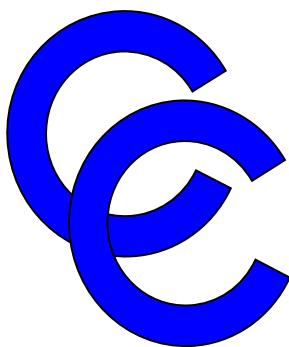


Supporting children with medical conditions policy

Cavendish Close Infant School & Nursery



Approved by: Mrs Diffin and Full Governing Body **Date:** November 2021

Last reviewed on: March 2021

Next review due by: November 2022

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers 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 pupil's conditions, where appropriate

- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing all staff 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 the Inclusion Leader

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: [Supporting pupils at school with medical conditions](#).

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 head teacher

The head teacher 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, following guidance from health professionals
- 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/carers

Parents/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
- 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, in an age appropriate way.

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.

Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

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.

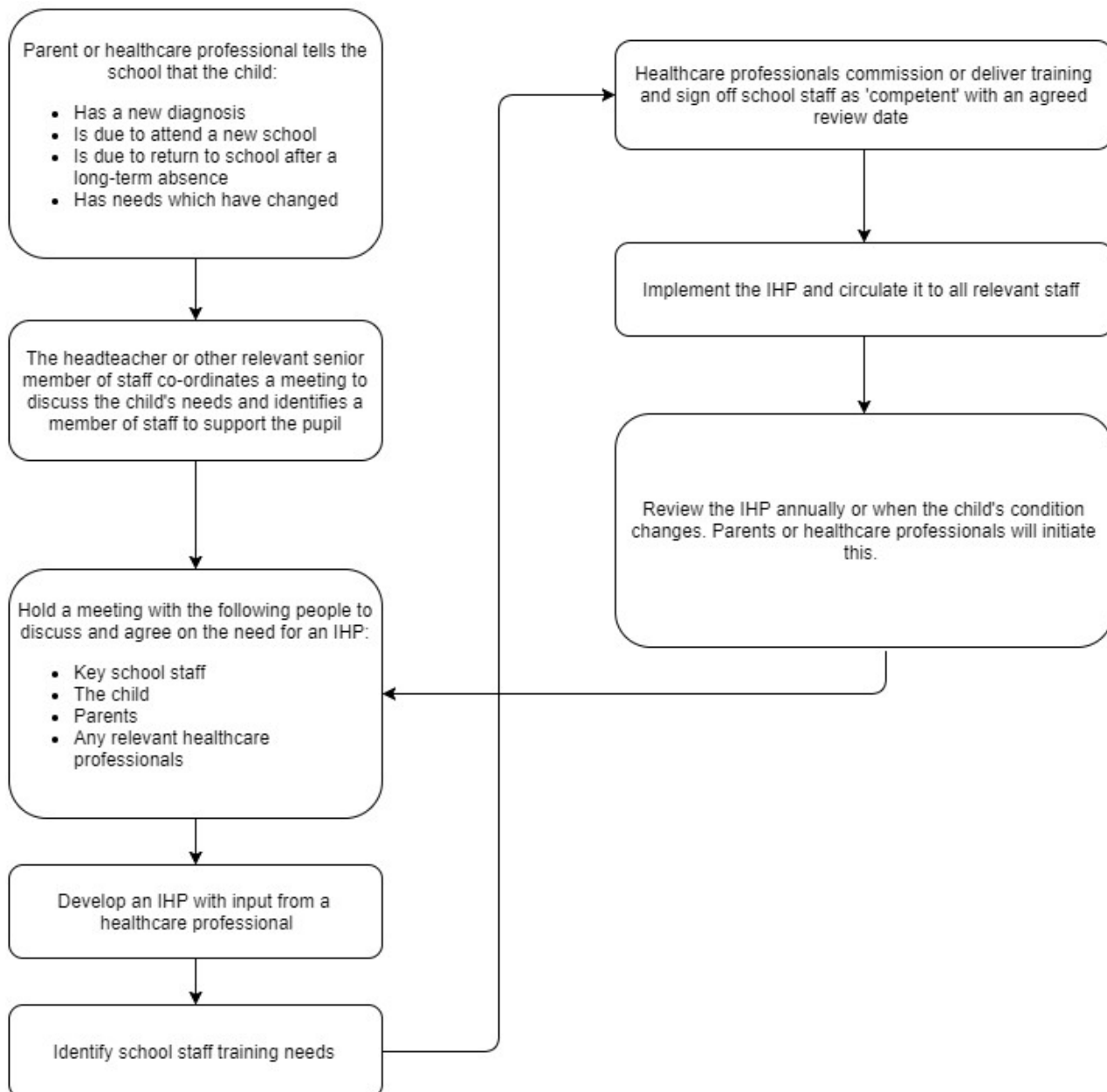
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

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/carers 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 head teacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Inclusion Leader.

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/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the head teacher will make the final decision.

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

IHPs will be linked to, or become part of, any Education, Health and Care (EHC) plan. If a pupil has SEND but does not have a EHC plan, the SEND 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 governing board and the Inclusion Leader, 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
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, use of rest periods or additional support in catching up with lessons
- 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 teacher 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
- A medical poster will be displayed in school (the classroom, staff room, school dinner hall) detailing the medical condition, symptoms, action required in case of an emergency, the child's full name, class and date of birth (See Appendix 7)
- A paper copy of the medical poster must be given to the Inclusion Leader and the School Office
- Parents/carers must sign and complete a Supporting Children with Medical Conditions at School Parental Consent Form for Medical Posters (See Appendix 2)

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/carers written consent

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/carers 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.

An Administration of Medicines in School Parental Consent form must be fully completed, when accepting any medication. (See Appendix 1) The form must contain –

- Full name of child
- Class
- Date of birth
- Address
- Summary of medical needs
- Doctor's name

- Doctor's address

Prescribed Medication

- Medicine
- Administration instructions (including dosage and times)
- Storage

Responding to asthma symptoms and an asthma attack

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would usually not require the child to be sent home from school or to need urgent medical attention.

Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue/white tinge around the lips
- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD –

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

Responding to signs of an asthma attack

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of the salbutamol via the spacer

- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of ten puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- 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/carers should be contacted after the ambulance has been called
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent/carer arrives

Use of the emergency inhaler should be recorded. This should include where and when the attack took place, how much medication was given, and by whom. The child's parents must be informed in writing so that this information can also be passed onto the child's GP.

Emergency Salbutamol 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, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

Parents/Carers must tick one of the following

- My child can administer his/her own medication
- My child requires supervision to administer his/her own medicine
- My child requires assistance to administer his/her medicine

Staff must ensure that the parent/carer completing the form signs and dates the form.

The Headteacher/Deputy Headteacher/Inclusion Leader/Learning Mentor must also sign and date the form.

All medicines will be stored safely in the Medical Cabinet, which is situated on the ground floor, next to the School Office. The key is stored in the School Office. 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.

When a medicine is administered it is an expectation that the member of staff giving the medication completes an Administration of Medicines in School form. Each class has their own Medication folder containing these forms. Folders are stored safely in the locked Medical Cabinet. (See Appendix 3)

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

7.1 Pupils managing their own needs

Pupils who are competent will be encouraged to take age appropriate responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

7.2 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/carers
- 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 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/carers, 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/carer 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/carers 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/carer 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 the Inclusion Leader. 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.

The Inclusion Leader is responsible for keeping an up to date whole school Medication Training Log.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents/carers 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.

The Inclusion Leader has the responsibility of maintaining the Supporting Children with Medical Conditions folder. The folder contains copies of all Medical Posters, signed consent forms, a whole school Medication Register, whole school Asthma register and a whole school Allergy register. (See Appendix 4, 5, 6)

11. 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.

12. Complaints

Parents/carers with a complaint about their child's medical condition should discuss these directly with the Inclusion Leader in the first instance. If the Inclusion Leader 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 governing board every year.

14. Links to other policies

This policy links to the following policies:

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

15. Links to Guidance

This policy links to the following guidance:

- Guidance on the use of emergency salbutamol inhalers in schools

16. Links to EduCare Training

This policy links to the following training programmes:

- Understanding asthma
- Understanding anaphylaxis

Appendix 1

Cavendish Close Infant and Nursery School

ADMINISTRATION OF MEDICINES IN SCHOOL PARENTAL CONSENT FORM

2021/22

TO BE COMPLETED BY A PARENT/CARER REQUESTING PRESCRIBED MEDICATION TO BE ADMINISTERED TO THEIR CHILD UNDER THE SUPERVISION OF SCHOOL STAFF.

PLEASE COMPLETE IN BLOCK LETTERS.

Name of Child: _____ Class: _____

Date of Birth: _____

Address: _____

Summary of Medical Needs: _____

Doctor's Name: _____

Doctor's Address: _____

PRESCRIBED MEDICATION

Medicine: _____

Administration Instructions: _____
(Include dosage and times) _____

Storage: _____

Please tick which statement is correct:

- My child can administer his/her own medication. _____
- My child requires supervision to administer his/her own medicine. _____
- My child requires assistance to administer his/her medicine. _____

I request that the medicine be given in accordance with the above information by a named member of staff who has received all necessary training.

I undertake to supply school with the medicine in the original, labelled packaging, as provided by a dispensing chemist.

I will inform school if the prescription is changed by the doctor.

I accept that whilst my child is in the care of the school, staff stand in the position of the parent and that staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Full name of parent/carer: _____

Signature: _____

Date: _____

TO BE COMPLETED BY PARENTS/CARERS OF CHILDREN WITH PRESCRIBED INHALERS

Please sign here to give school permission to administer an emergency salbutamol inhaler if the prescribed inhaler is not available (for example, because it is broken, or empty).

Signature: _____ Date: _____

TO BE COMPLETED BY SCHOOL

Consenting staff involved: _____

Senior Leaders informed: Mrs C. Diffin (Headteacher)
Mrs C. Howett (Deputy Headteacher)
Mrs R. Vincett (Inclusion Leader)
Mrs J. Leadbetter (Learning Mentor)

Appendix 2

Cavendish Close Infant and Nursery School

SUPPORTING CHILDREN WITH MEDICAL CONDITIONS AT SCHOOL PARENTAL CONSENT FORM FOR MEDICAL POSTERS

Name of Child: _____ Class: _____

I agree to information about my child's medical condition being shared in school on a medical poster including a recent photograph of my child.

Medical posters will be displayed in my child's classroom, the staffroom, the school office and the dining hall.

I understand that sharing medical information in school is in my child's best interest.

Class teachers will create medical posters using information provided by parents/carers.

Contact details will be displayed on medical posters so parents/carers can be contacted without delay in the event of a medical emergency.

As parents/carers, we will

- Keep school fully informed about any changes to our child's medical condition, including updates throughout the year and information from medical professionals.
- Ensure school has our up to date contact details.

I accept that whilst my child is in the care of the school, staff stand in the position of the parent and that staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Full name of parent/carer: _____

Signature: _____ Date: _____

Appendix 3



Administration of medicines in school

Class 2 2021-2022

Name	Class	Medication – include dosage administered	Date and time medication is administered	Adult administering medicine

Appendix 4

Cavendish Close Infant and Nursery School

Allergy Register

<u>Nursery</u>		
<u>Class 1</u>	<u>Class 2</u>	<u>Class 3</u>
<u>Class 4</u>	<u>Class 5</u>	<u>Class 6</u>
<u>Class 7</u>	<u>Class 8</u>	<u>Class 9</u>

Appendix 5

Cavendish Close Infant and Nursery School

Asthma Register

<u>Nursery</u>		
<u>Class 1</u>	<u>Class 2</u>	<u>Class 3</u>
<u>Class 4</u>	<u>Class 5</u>	<u>Class 6</u>
<u>Class 7</u>	<u>Class 8</u>	<u>Class 9</u>

Appendix 6

Cavendish Close Infant and Nursery School

Medication Register

<u>Nursery</u>		
<u>Class 1</u>	<u>Class 2</u>	<u>Class 3</u>
<u>Class 4</u>	<u>Class 5</u>	<u>Class 6</u>
<u>Class 7</u>	<u>Class 8</u>	<u>Class 9</u>

Appendix 7

Child's Name -

Date of Birth -

Class -

Please insert picture here

Medical Condition -

Symptoms -

Action Required -

Contact details in case of emergency -

CHANGES

DATE	CHANGE AND REASON
March 2021	Created an Appendices containing copies of Medication consent forms, Whole School registers, a Medical Poster and an Administration of Medicines document
March 2021	Added the phrase parents/carers into the document
March 2021	Personlised Section 7 – Managing Medicines
March 2021	Updated Links to other policies, guidance, EduCare training
June 2022	Information regarding asthma attacks and the use of an emergency salbutamol inhaler added on Page 7 & 8.