



ST. KATHARINE'S C.E. (V.A.) PRIMARY SCHOOL



# Medical Conditions Policy

## Supporting Pupils with Special Medical Needs

<b>Reviewed by</b>	Head Teacher and School Business Manager
<b>Review Date</b>	25 <sup>th</sup> October 2024
<b>Date Agreed by Resources Committee</b>	22.11.24
<b>Next review date</b>	Autumn term 2025

## 1. DEFINITION

Section 100 of the Children's and Families Act 2014 places a duty on schools to make arrangements for supporting pupils at their school with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. This policy reflects Department for Education guidance from 'Supporting pupils at school with medical conditions' April 2014 and following updates.

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

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

## 2. ENTITLEMENT

The school accepts that pupils with medical needs have the right to the full education available to other pupils. The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary care and support. School will make reasonable adjustments to enable pupils to participate fully and safely on school visits.

We are committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported at school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

No child with a medical condition will be denied admission or prevented from taking up a place in our school because arrangements for their medical condition have not been made.

We will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases therefore we will not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

This policy will be reviewed regularly and it is readily accessible to parents and school staff.

The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- Choose whether or not they are prepared to be involved
- Receive appropriate training
- Work to clear guidelines
- Bring to the attention of the inclusion team any concern or matter relating to supporting pupils with medical needs.

## 3. AIMS

The school aims to:

- Assist parents/carers in providing medical care for their children
- Educate staff and children in respect of special medical needs
- Maintain appropriate staff training in first aid and other specific medical needs
- Liaise as necessary with medical services in support of the individual pupil
- Ensure pupils access to full education if possible

- Monitor and keep appropriate records.

We do this by:

- Being a caring, welcoming and supportive Christian school in which staff, pupils, parents and governors work together in a safe environment
- Promoting the welfare of all our pupils, protecting them from physical, sexual and emotional abuse, neglect and bullying in line with the statutory guidance in 'Keeping Children Safe in Education' (Department for Education)
- Creating a rich curriculum that provides our children with the knowledge and skills needed to become lifelong learners and responsible citizens
- Developing strong positive partnerships with parents, the church, the local community and taking part in both national and global projects.
- Promoting our Values of Grace, Integrity and Aspiration in everything we do.

#### 4. POLICY IMPLEMENTATION

The Head Teacher has overall responsibility for policy implementation. The school office team and class teachers will act on the Head Teacher's behalf to:

- Ensure that sufficient staff are suitably trained
- Ensure that all relevant staff will be made aware of the child's condition
- Cover arrangements in case of staff absence or staff turnover to ensure someone is always available
- Brief supply teachers
- Carry out risk assessments for school visits and other school activities outside the normal timetable
- Monitor individual healthcare plans.

#### 5. EXPECTATIONS

It is expected that:

- Parents/carers will be encouraged to co-operate in training children to self-administer medication if this is practicable
- Where parents/carers have asked the school to administer the medication for their child they must ask the pharmacist to supply any such medication in the original packaging. The prescription and dosage regime should be typed or printed clearly on the outside. The name of the pharmacist should be visible
- Any medications not presented properly will not be accepted by school staff. It is the parents/carers responsibility to deliver all medicines to the school office and complete the relevant forms. It is also the parents/carers responsibility to collect their child's medicines at the end of the school day from the office, except where the medicine is being held in school on a permanent basis
- Any non-prescribed medications will only be administered once parents/carers have completed a *Parental Agreement for School to Administer Medication* and if the school are made fully aware of any previous doses given. These have to be in their original packaging
- Employees will consider carefully their response to requests to voluntarily assist with the giving of medication or supervision of self-medication and that they will consider each request separately. If they cannot assist directly they will find a qualified member of staff to assist

- The school will liaise with the School Nursing Team for advice/training about a pupil's special medical needs, and will seek support from the relevant practitioners where necessary and in the interests of the pupil. Training will be updated as often as required
- Any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use must be stored in the staff room pigeon hole or held in a bag that is securely stored within cupboard in classroom and kept out of the reach of pupils. Any staff medicine is the responsibility of the individual concerned and not the school
- Pupils with special medical needs have an Individual Health Care Plan (IHP) which is created by the school office/SENCO in consultation with parents. The IHP is signed off by staff and parents and then sent to the child's GP/consultant to be signed off. The school will seek the advice of the School Nursing Team where appropriate to support the writing of a child's IHP. This should be distributed to all relevant staff and also taken off site if pupils are off site on school activities or trips. This will also be kept in the medical cupboard
- Individual Health Care Plans are reviewed on an annual basis or more often if a pupils needs change

## 6. PROCEDURE TO BE FOLLOWED WHEN NOTIFICATION IS RECEIVED THAT A PUPIL HAS A MEDICAL CONDITION

When we are notified that a pupil has a medical condition we will:

- Make arrangements for any staff training or support regarding the specific medical condition
- Make every effort to ensure that arrangements are put in place as soon as practically possible
- In situations where appropriate, the school will not wait for a formal diagnosis before providing support to a pupil.

## 7. INDIVIDUAL HEALTHCARE PLANS (IHP)

Any parent reporting that their child has an ongoing medical condition such as epilepsy, diabetes or more complex medical condition will be asked to complete an Individual Healthcare Plan (IHP). The school will arrange to meet with a parent or send home a health questionnaire, depending on which is most suitable. It is a legal requirement that this is updated annually. We will ensure that plans are reviewed annually or earlier if evidence is presented that the child's needs have changed. We will assess and manage risks to the child's education, health and social wellbeing, and minimises disruption.

Our Individual Healthcare Plan (see appendix one) requires information about:

- 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;
- **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 healthcare 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 for medication to be administered by a**

**member of staff, or self-administered by the pupil during school hours;**

- arrangements or procedures required for **school trips** or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- **what to do in an emergency**, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

## **8. STAFF TRAINING AND SUPPORT**

Staff are supported in carrying out their role to support pupils with medical conditions through appropriate training. Training needs are assessed regularly and training will be accessed through the School Nursing Team.

Any member of school staff providing support to a pupil with medical needs will have received suitable training.

No member of staff will administer medicines or undertake healthcare procedures without appropriate training or instruction (updated to reflect requirements within individual healthcare plans).

## **9. THE CHILD'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS (INCLUDING INTIMATE CARE)**

Where children are deemed competent to manage their own health needs and medicines by their parents and medical professional they will be supported to do this by a First Aider. We see this as an important step towards preparing pupils for the next stage of their education. Where their medical needs require help with **intimate care** the school will provide care in accordance with our Toileting and Intimate Care Policy and the child's Individual Healthcare Plan.

## **10. MANAGING MEDICINES ON SCHOOL PREMISES**

The school will:

- Medicines will only be administered at school when it would be 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 will never be administered without first checking maximum dosages and when the previous dose was taken and only given as per parent/ carer's written instructions
- Where clinically possible, we will expect that medicines will be prescribed in dose frequencies which enable them to be taken outside school hours
- We will only accept prescribed medicines if they are:
  - **are in-date, this will be checked by staff for medicines held permanently on site. It is the parents' responsibility to replace out of date medication without delay**
  - **are labelled and provided in the original container as dispensed by a pharmacist containing the dose instruction**
  - **in the circumstance of inhalers, each parent/ carer will have completed an asthma card containing close instructions for the school to follow**
  - **include instructions for administration, dosage and storage.** (*nb the exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container*).

- Parents/carers are required to complete a consent form to administer medicines which is available from the school website or school office.
- All medicines will be stored safely.
- Children will know where their medicines are at all times and will be able to access them immediately, only with a qualified first aider. Medicines such as asthma inhalers, will be always readily available to children within their year group area and not locked away, including when pupils are off site, e.g. On school trips. Adrenaline pens and other emergency prescribed medication will be kept centrally in the school office.
- On all school trips/ off-site sporting visits first aid bags and medical bags containing any children's specific medicines will be collected by the teacher/ teaching assistant in charge. An emergency contact/ medical needs list and a medication log will also need to be collected from the school office. It is the teacher/teaching assistant in charge of the group of children leaving the school premises to check that they have all the necessary first aiders, medicines and first aid kits with them.
- All medications will be checked so that they are in date and a member of office staff will check all medications in school remain in date. Parents/carers will be contacted if medications are running out of date or expired. If for any reason medication has expired this is classed as an emergency – parents/carers will be contacted once this is discovered and expired medication will not be administered. The exception to this would be on the advice of a medical professional or the emergency services.
- When no longer required, medicines will be collected directly by the parent. Medicines not collected will be disposed of at a local pharmacy where possible. The school will notify parents/carers using email or telephone.
- School staff will administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions.
- The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication administered at school will also be noted in the record sheet.
- For on and off site PE lessons the blue inhaler bag should be taken with the class to the location of the lesson. For off-site epi-pens and other emergency medication will be collected by the teaching assistant in charge of the group of pupils participating in PE and taken outside to the area the lesson is taking place. All medications must be returned immediately the lesson ends.
- Refrigerated medication will be kept in the staff room fridge in the kitchen.
- All non-permanent non-refrigerated medications are to be stored in the staff room cupboard. Permanent medicines are held in the school office cupboard. In exceptional circumstances an alternative secure area will be arranged.
- Where a child's medical needs require intimate care a conversation will be had with the parent/ carer and a plan devised.

## **11. NON-PRESCRIBED MEDICINES**

The school will administer non-prescribed medicines in cases where it is necessary for it to be taken during the school day and no family member is available to administer it. The medication should be in the original container and be within its expiry date. Parents/carers are required to complete a Parental Agreement for School to Administer Medicine form which is available from the school office or school website.

## **12. EMERGENCY PROCEDURES**

As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies. Contact details and information on medical conditions are all kept in the student directory in the school office and are accessible via Arbor.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Teachers have a copy of the class medical conditions report and any emergency first aid posters in their class register folder. Year group first aid boxes and first aid bags also contain this information.

If a child needs to be taken to hospital, staff should stay with the child until the parents/carers arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

### **13. RECORD KEEPING**

We will ensure that written records are kept of all medicines administered to children. We recognise that records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be contacted if their child has been unwell at school.

### **14. DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES**

We always actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Risk assessments for school trips and events will take into account children with additional medical needs. All emergency medication is taken on off site and managed by the designated first aider.

### **15. COMPLAINTS**

If you have a complaint about how your child's medical condition is being supported in school please contact the school office in the first instance. For all complaints, in the first instance our Complaints Policy should be referred to.



## ST. KATHARINE'S C.E. (V.A.) PRIMARY SCHOOL



Appendix one

### **ROLES AND RESPONSIBILITIES**

The Inclusion Leader, has responsibility to ensure that this policy is fully implemented in school with support from the School Business Manager and Head Teacher.

Head Teacher: Mrs Nicola St. John

Deputy Head: Mrs Emma Burton

Safeguarding Lead: Mrs Emma Burton



Mrs Fiona Pollard

Deputy Safeguarding Lead: Mrs Nicola St. John

Mrs Emma Foyle

School Business Manager: Mrs Tracey Deem



 <b>ST. KATHARINE'S C.E. (V.A.) PRIMARY SCHOOL</b> Rolls Drive · Southbourne · Bournemouth · BH6 4NA		
<b>Individual Healthcare Plan</b>		
<b>Name of school/setting</b>		St Katharine's Primary School
<b>Child's name</b>		
<b>Group/class/form</b>		
<b>Child's address</b>		
<b>Date of birth</b>		
<b>Medical diagnosis or condition</b>		
<b>Date</b>		
<b>Review date</b>		
<b>Family Contact Information</b>		
<b>Name</b>		
<b>Relationship to child</b>		
<b>(mobile)</b>		
<b>Name</b>		
<b>Relationship to child</b>		
<b>(mobile)</b>		
<b>Clinic/Hospital Contact</b>		
<b>Name</b>		
<b>Phone no.</b>		
<b></b>		
<b>G.P.</b>		
<b>Phone no.</b>		
<b>Who is responsible for providing support in school</b>		Teacher, Teaching Assistant, Lunchtime helpers and all first aiders
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**ST. KATHARINE'S C.E. (V.A.) PRIMARY SCHOOL**



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

¶		¶
¶		¶

¶  
**Name of medication, dose, method of administration, when to be taken, side effects, contra- indications, administered by/self-administered with/without supervision¶**

¶		¶
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¶  
**Daily care requirements¶**

¶		¶
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¶  
**Specific support for the pupil's educational, social and emotional needs¶**

¶		¶
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¶  
**Arrangements for school visits/trips etc.¶**

¶		¶
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¶  
**Other information¶**

¶		¶
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Describe what constitutes an emergency, and the action to take if this occurs

⌘

Who is responsible in an emergency (state if different for off-site activities)

Head-Teacher  
Class-Teacher if off-site

Plan developed with

School-Office / Class-Teacher / Head-Teacher

Staff training needed/undertaken—who, what, when

⌘

This report will be held in the school office and copied to: Class-Teacher, Head-Teacher and Parent/Guardian

Agreed by	Name	Signature	Date
Head-Teacher	Mrs St-John ⌘	⌘	⌘
Class-Teachers	⌘	⌘	⌘
Parent / Guardian	⌘	⌘	⌘
<input type="checkbox"/> Parent / Guardian—Please tick if you are happy for XXX's Medical Poster to be displayed at key points in school, held in the school register file and in all first aid boxes/bags.			
GP / Consultant	⌘	⌘	⌘

Review Date	Reviewed by Parent Signature	Reviewed Head-Teacher Signature	Remarks
⌘	⌘	⌘	⌘
⌘	⌘	⌘	⌘
⌘	⌘	⌘	⌘
⌘	⌘	⌘	⌘
⌘	⌘	⌘	⌘
⌘	⌘	⌘	⌘

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**ST. KATHARINE'S C.E. (V.A.) PRIMARY  
SCHOOL**  
Rolls Drive • Southbourne • Bournemouth BH6 4NA



**PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE**

*The school will not give your child medicine unless you complete/sign this form and the Head Teacher has agreed that school staff can administer medicine. All medication must be in its original packaging.*

Childs Name	Class
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Childs Condition/Illness	Medicine 1
	Dose
	Expiry Date
	Medicine 2
	Dose
	Expiry Date

Time last dose of this medicine was given by the parent/carer	
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DATE to start at school for course of medicine	
DATE to finish at school for course of medicine (please complete or medicine will be given for 1 day)	

Time medicine to be given at school	
Any additional information or instructions	

*I accept that this is not a service that the school is obliged to provide. I understand that I must deliver/collect the medicine personally to/from the school office.*

Person with parental responsibility name	
Person with parental responsibility signature	
Date	

*In case of emergency we will use the contact details we have on record.*

Office note: Temp medicine TA notified and in staff room <input type="checkbox"/> Temp medicine form filed <input type="checkbox"/> Permanent medicine excel sheet updated, integris updated, store in office cupboard <input type="checkbox"/> Staff initial: _____ Expiry date for permanent medication: _____
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Appendix Four – Emergency First Aid Poster - Example

# EMERGENCY FIRST AID - ANAPHYLACTIC SHOCK

## CHILD NAME – CLASS

### ALLERGY TO .....

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**bsaci** **ALLERGY ACTION PLAN** **RCPCH** **ALLERGY UK**

This child has the following allergies:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Photo:

**Mild/moderate reaction:**

- Swollen lips, face or eyes
- Itchy/ringing mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

**Action to take:**

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

**CETIRIZINE 5mg** (if needed, see repeat dose)

- Phone parent/emergency contact

**● Watch for signs of ANAPHYLAXIS**  
(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms. ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

<p><b>A AIRWAY</b></p> <ul style="list-style-type: none"> <li>Persistent cough</li> <li>Hoarse voice</li> <li>Difficulty swallowing</li> <li>Swollen tongue</li> </ul>	<p><b>B BREATHING</b></p> <ul style="list-style-type: none"> <li>Difficult or noisy breathing</li> <li>Wheeze or persistent cough</li> </ul>	<p><b>C CONSCIOUSNESS</b></p> <ul style="list-style-type: none"> <li>Persistent dizziness</li> <li>Fale or floppy</li> <li>Suddenly sleepy</li> <li>Collaps/unconscious</li> </ul>
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**IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:**

- 1** Lie child flat with legs raised (if breathing is difficult, allow child to sit)
- 2** Use Adrenaline autoinjector without delay (eg. EpiPen®) (Dose: 0.15 mg)
- 3** Dial 999 for ambulance and say ANAPHYLAXIS (ANA-FE-AX-IS)




**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

**AFTER GIVING ADRENALINE:**

- Stay with child until ambulance arrives, do **NOT** stand child up
- Commence CPR if there are no signs of life
- Phone parent/emergency contact
- If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 on any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

**How to give EpiPen®**

-  FULLY PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember "blue to sky, orange to the thigh"
-  Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"
-  PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

**Additional instructions:**

This is a medical document that may only be completed by the child's healthcare professional. It must not be altered without their permission. The document provides medical authorisation for schools to administer a 'top-up' adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During transit, adrenaline auto-injector devices must be carried in their original packaging and kept in their 'carry' box. With written give and authorisation to travel with emergency medication has been prepared Epi

Sign & print name: \_\_\_\_\_

Signature/Class: \_\_\_\_\_

**TREATMENT:** If xxx shows any symptoms Follow the **BLUE BOX** for mild reaction, **RED BOX** for anaphylactic reaction.

A first aider should stay with xxx and monitor for further reactions.

Another member/s of staff to get medicine, call for help/999 and contact parents.

**FURTHER INFORMATION FROM PARENTS:** xxx typical symptom is to come out in hives/rash.

**MEDICINES:** Epi Pen & Cetirizine  
**MEDICINE LOCATION:** School Office First Aid Cupboard

