Woodcroft Primary School
Supporting Pupils with Medical Needs Policy

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Co-ordinator responsible for the policy in consultation with the staff and governors:
Headteacher

Reviewed: February 2025
Next Review Date: February 2027

Introduction

In line with Section 100 of The Children and Families Act 2014, which came into force on 1st September 2014, to support pupils at school with medical conditions we are committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported at Woodcroft Primary 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 at Woodcroft Primary School because arrangements for their medical condition have not been made.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and all staff.

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 every 3 years and it is readily accessible to parents and school staff.

Policy implementation

The named person, who has overall responsibility for policy implementation, is Mrs Zoe King. She will work with the SLT, Site Manager and HSLW 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, holidays, and other school activities outside the normal timetable;
- monitor individual healthcare plans.

Procedure to be followed when notification is received that a pupil has a medical condition

When our school is notified that a pupil has a medical condition we will:

- make arrangements for any staff training or support
- make every effort to ensure that arrangements are put in place within two weeks
- not wait for a formal diagnosis before providing support to pupils

Individual healthcare plans

Our school will send home a health questionnaire. Any parent reporting that their child has an ongoing medical condition such as asthma, epilepsy, diabetes or more complex medical condition will be asked to complete an Individual Healthcare Plan (IHP). It is a legal requirement that this is updated annually. At our school we will ensure that plans are reviewed at least 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 IHP (see appendix 1) 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;
- the **level of support** needed (NB If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring)
- **who will provide this support**, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a 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 and the Headteacher 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.

Roles and responsibilities

At Woodcroft Primary School, those people involved in arrangements to support pupils at school with medical conditions include:

- Home School Link Worker
    - Individual healthcare plans are written and regularly reviewed
    - Communication of a pupils condition to the relevant staff
- Finance Manager
    - Ensuring risk assessments are written and shared for activities outside normal timetable
    - Make sure that all relevant staff have been given the appropriate training for the specific medical need of the child
    - Training needs are assessed regularly
- Class Teacher and support staff
    - Support pupils with medical conditions
    - Take into account the needs of pupils with medical conditions that they teach
- Headteacher

- Implementation, review and update of this Policy
- Inform relevant staff members of a child's condition within the terms of confidentiality
- Overall responsibility of an individual healthcare plan
- Naming the delegated trained staff

- Delegated trained member of staff
  - Accurately administer and record all medicines given

Parents
It is the responsibility of the parents to provide sufficient and 'up-to-date' information about their child's medical needs. Parents/carers should be involved in the development and review of their child's Individual Healthcare Plan. They should carry out any agreed action as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Staff training and support
Staff are supported in carrying out their role to support pupils with medical conditions through appropriate training (see training record appendix 2). Training needs are assessed regularly and training will be accessed through HTLC.

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

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

The child's role in managing their own medical needs
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. We see this as an important step towards preparing pupils for the next stage of their education.

Managing medicines on school premises

At Woodcroft Primary School:

- 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
- we will never give medicine containing aspirin unless prescribed by a doctor.
- Medication, e.g. for pain relief will never be administered without first checking maximum dosages and when the previous dose was taken.
- Parents will be informed
- 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**
  - **are labelled**
  - **are provided in the original container as dispensed by a pharmacist**

- **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)*

- all medicines will be stored safely.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away, including when pupils are outside the school premises, e.g. on school trips
- when no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps
- 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.
- **We 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 to be administered at school will be noted in school**

Non-prescribed medicines

At our school we will administer non-prescription medicines, only accepting them if they are:

- are in-date
- are labelled
- are provided in the original container as dispensed by a pharmacist, including instructions for administration, dosage and storage.

We also keep a stock of non-prescription medicines: Calpol 3 months – 6 years and Calpol 6 year +. These will only be administered once the parents have been spoken to and a medical form is completed by the responsible person who will administer the medicine.

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 informed if their child has been unwell at school.

Emergency procedures

As part of general risk management processes, we have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips. Where a child has an Individual Healthcare Plan, this should clearly define what constitutes an emergency and the actions required. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, a member of staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance (taking any relevant medical information, care plans etc that the school holds).

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.

As schools, we believe it to be unacceptable practice to

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or 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 individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children 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 child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs**; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

Liability and indemnity

Maintained schools and academies with a SLA with HCC will be insured as long as all appropriate training and risk assessment has taken place.

Complaints

If you have a complaint about how your child's medical condition is being supported in school please contact the Headteacher and the Chair of Governors in the first instance via the school office.

APPENDIX 1 - Individual Healthcare Plans

It is a statutory requirement that the following information should be included in Individual Healthcare Plans:

- 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 eg 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;

- level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;

- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a 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 and the Executive 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 child can participate, eg risk assessments;

- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;

- what to do in an emergency, including whom to contact, and contingency arrangements. 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.

APPENDIX 2 - Managing Medicines on School Premises (Additional Information).

The School will utilise the following procedures at all times:

- Medicines should only be administered at school when it would be detrimental to child's health or their attendance not to do so;

- Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed;

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;

- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately.

- The office has a designated lockable fridge in which chilled medication will be stored. Other medication i.e. Calpol or other tablets, are kept in the medicine cabinet that is inside the medical cupboard. During the school day, any responsible adult can access the keys from an open key box.

- A child, who has been prescribed a controlled drug, may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Controlled drugs must be easily accessible in an emergency. A record will be kept of any doses used, the date administered and the member of staff administering the medicine/supervising the administration

- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. The schools should 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 to be administered at school should be noted.