



Weston Village Primary School

## Supporting Pupils with Medical Conditions Policy

Version 2.0

Staff/ Committee involved in development:	Thomas Cutts, Samantha Davies, Charlotte Armitt
For use by:	All staff
Policy relates to statutory guidance:	<a href="#">Section 100 of the Children and Families Act 2014</a> Department for Education's statutory guidance on <a href="#">supporting pupils with medical conditions at school</a> <a href="#">Guidance on the use of emergency salbutamol inhalers in schools.</a> <a href="#">Guidance of the use of emergency use of adrenaline auto-injectors in schools.</a>
Key related policies:	Administration of Medicine Policy First Aid Policy Intimate Care Policy
To be reviewed in the light of operating experience and/or changes in legislation	

Presented to the Leadership and Management Committee on 3<sup>rd</sup> November 2022 and subsequently approved and adopted on the same date

Tim Lloyd, Chair of Leadership and Management Committee

Signature: \_\_\_\_\_

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

## 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 and headteacher will implement this policy by:
  - Making sure sufficient staff are suitably trained
  - Making staff aware of pupils' conditions, where appropriate
  - Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)
- The named person with responsibility for implementing this policy is Mr Thomas Cutts.

## 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 but delegates operational matters and day to day tasks to the headteacher and staff members.

### 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 consider 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 and assistance.

### **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. Where communication of needs by pupil is not possible (e.g. age or SEN), parents have the responsibility to inform school with information on how a child's medical needs affect them.

### **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 in Appendix 1 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. It is the responsibility of the parents to provide the school with sufficient and up-to-date information about their child's medical needs, particularly if there are changes since the drafting of the IHP.

#### **6. Individual Healthcare Plans**

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions (Appendix 2). 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 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. This is most likely to be when an action is required from the school, or when medicine is delivered regularly.

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.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN 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 headteacher 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, 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 headteacher 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 arrangements

## 7. Intimate Care

At Weston Village Primary School, we recognise that all children have different rates of development and differing needs during their time at school. Some children may require levels of intimate care due to a medical condition. Where this is needed, an Intimate care plan needs to be actioned for that child. Please refer to Intimate Care Policy for additional details.

## 8. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

**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.

### **8.1 Controlled drugs**

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

### **8.2 Pupils managing their own needs**

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

Pupils will be allowed to carry their own medicines and relevant devices 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.

### **8.3 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

## 9. Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

### 9.1 Emergency Asthma Relief

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies. Under the [Guidance on the use of emergency salbutamol inhalers in schools.](#) (DFE 2015) , Weston Village Primary School have two spare salbutamol inhalers (100mcg) in their emergency inhaler kit. The emergency salbutamol inhaler should only be used by children

- for whom written parental consent for use of the emergency inhaler has been given (Appendix 3)
- who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

#### The emergency salbutamol kit

An emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler;
- a spacer compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;

- a checklist of inhalers, identified by their batch number and expiry date, with checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below);
- Guidance on the use of emergency salbutamol inhalers in schools 12
- a list of children permitted to use the emergency inhaler (see Appendix 4) - a record of administration (i.e. when the inhaler has been used- Appendix 6)

The emergency kit is to be kept in the staff room 'First Aid Cupboard', as this is an accessible space for all staff. The kit will be clearly labelled 'emergency inhaler kit' and will contain two in date salbutamol inhalers. Named persons responsible for the collection and storage of emergency inhalers include: Thomas Cutts, Charlotte Armitt and Samantha Davies. In the event that the emergency inhalers are used, a 'letter of use form' (see Appendix 5) will need to be sent to parents which outlines the need for the emergency inhaler use and who delivered the medication.

## **9.2 Emergency Use of Adrenaline Auto-injectors**

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date). Weston Village Primary School currently has two adrenaline auto-injectors available for the emergency treatment of anaphylaxis, under the [Guidance of the use of emergency use of adrenaline auto-injectors in schools.](#)

The spare AAI should only be used;

- on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent (see appendix 7) for use of the spare AAI has been provided.

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

### The emergency anaphylaxis kit

The emergency anaphylaxis kit should include;

- 1 or more AAI(s).
- Instructions on how to use the device(s).
- Instructions on storage of the AAI device(s).
- Manufacturer's information.
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded (Appendix 9).
- A note of the arrangements for replacing the injectors.
- A list of pupils to whom the AAI can be administered.
- An administration record.



The emergency kit is kept together with the “emergency asthma inhaler kit” (containing a salbutamol inhaler device and spacer). This is clearly labelled in a central location, the ‘staffroom first aid cupboard’. Named persons responsible for the collection and storage of emergency AAI’s include: Thomas Cutts, Charlotte Armit and Samantha Davies. In the event that the emergency AAI is used, a ‘letter of use form’ (see Appendix 8) will need to be sent to parents which outlines the need for the emergency use and who delivered the medication.

## **10. Training**

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed. The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. 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 understand the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

## **11. Record Keeping**

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

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

## **12. Liability and Indemnity**

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school’s level of risk.

We will ensure that we are a member of the Department for Education’s risk protection arrangement (RPA).

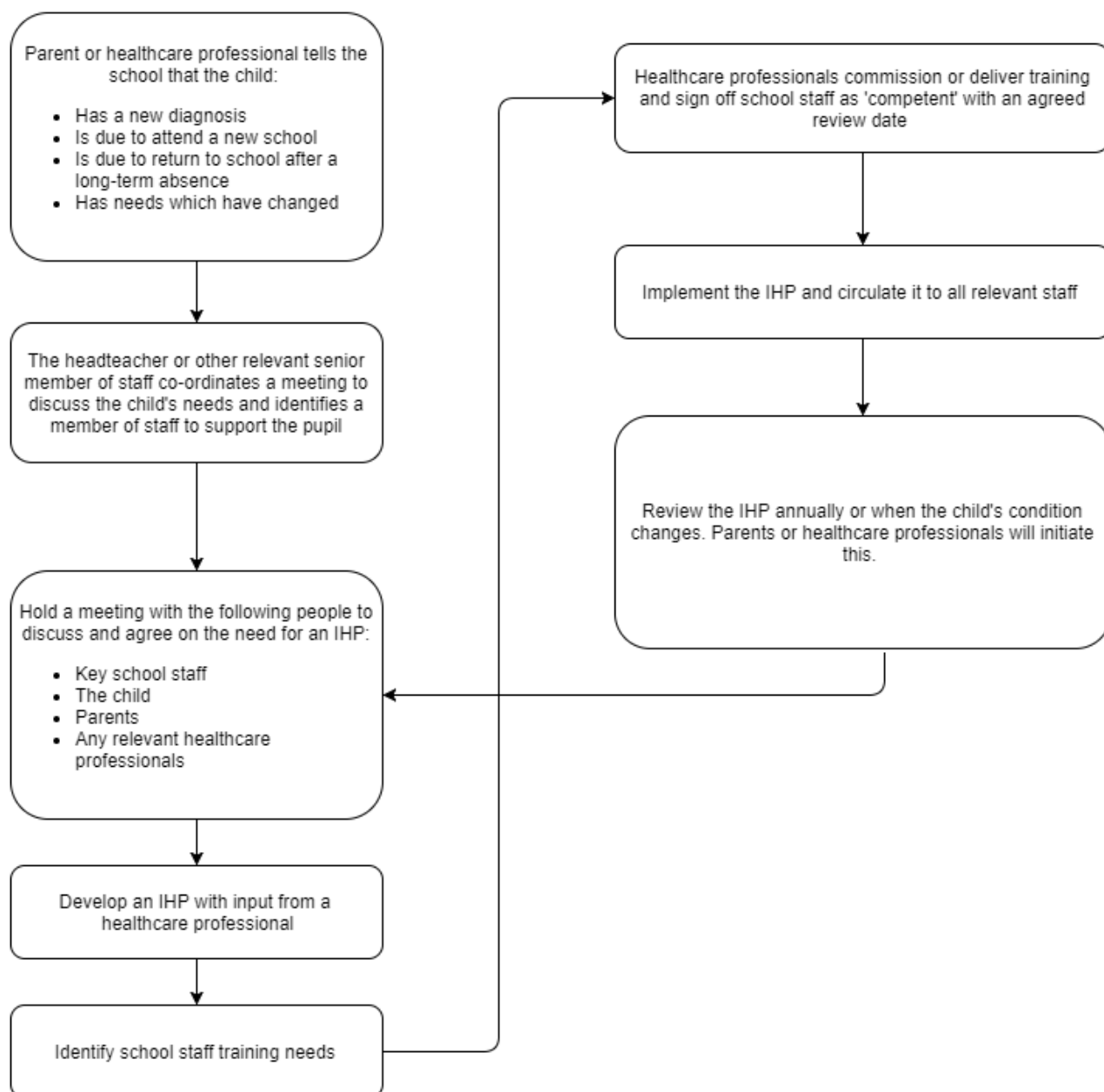
## **13. Complaints**

Parents with a complaint about their child’s medical condition should discuss these directly with the headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents to the school’s complaints procedure.

#### **14. Monitoring Arrangements**

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

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



## WESTON VILLAGE PRIMARY SCHOOL



### Individual Healthcare Plan (IHP)

<b>Name:</b> <b>Class:</b> <b>Year Group:</b> <b>Class Teacher:</b>	<b>Date:</b>	Photograph of child  (must be updated each year)
<b><u>Medical Needs:</u></b>		
<b><u>Symptoms:</u></b>		
<b><u>Actions</u></b> (please include details of medication dose):		
Parent's signature: _____		Date: _____

<b>Plan reviewed by:</b> <i>(Class teacher at start of year)</i>	<b>If medication needs to be given, has the 'administering medicine form' been completed?</b>
<b>Where will the child's medication be stored?</b>	<b>Are there any specialist facilities or equipment required (beside medication)?</b>
<b>Does the child need support to manage their condition? Please state if the child self-manages.</b>	<b>Who is responsible for making sure medication is kept in date and correctly stored?</b>
<b>Who has contributed to the plan?</b> <i>(Is it parents? Clinician?)</i>	<b>Plan has been shared with:</b> <i>(Parents, all staff? specific staff?)</i>
<b>Is the child on the SEN register?</b>	<b>Do staff require any additional training to manage the need?</b>

<b>Emergency Contact 1:</b>	<b>Emergency Contact 2:</b>
Name:  Number:	Name:  Number:

Parents signature \_\_\_\_\_

## WESTON VILLAGE PRIMARY SCHOOL



### CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Since 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies. Weston Village Primary School has purchased two Ventolin (blue) inhalers, for the purpose of providing emergency asthma relief to children for whom we have written permission.

We have on our records that your child has asthma, therefore has an inhaler and spacer (if appropriate) in school. We strongly advise that you complete the consent form below in order for the medicine to be delivered in circumstances where children do not have access to their own inhalers.

*Child showing symptoms of asthma / having asthma attack*

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler
2. My child has a working, in-date inhaler, clearly labelled with their name, which they either bring with them to school every day or leave in their class teacher's care.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Name of child:

Year Group:

Class:

Signed:

Date:

Name of person giving permission:

## WESTON VILLAGE PRIMARY SCHOOL



**CONSENT: USE OF EMERGENCY SALBUTAMOL INHALER**  
**Reviewed: September 2021**

Child's Name:	Consent Given:

## WESTON VILLAGE PRIMARY SCHOOL



### USE OF EMERGENCY SALBUTAMOL INHALER

Child's name: .....

Class: .....

Date: .....

To the parents/carers of \_\_\_\_\_

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when.....

A member of staff helped them to use their asthma inhaler when; [*Highlight as appropriate*]

- They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.
- Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

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



## WESTON VILLAGE PRIMARY SCHOOL



### EMERGENCY SALBUTAMOL INHALER

Medicine	Stored	Expiry Date	Checked By	Administered By <i>(name and date)</i>	Administered To <i>(name and date)</i>	Replaced By <i>(name and date)</i>
Emergency use Ventolin Inhaler 1	Staffroom cupboard					
Emergency use Ventolin Inhaler	Staffroom cupboard					

Named persons responsible for the collection and storage of emergency inhalers: Thomas Cutts, Charlotte Armit and Samatha Davies

## WESTON VILLAGE PRIMARY SCHOOL



### CONSENT FORM: USE OF EMERGENCY ADRENALINE AUTO-INJECTOR

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date). The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay

Therefore, Weston Village Primary School has purchased two auto-injectors, for the purpose of providing emergency anaphylaxis treatment to children for whom we have written permission.

We have on our records that your child has a diagnosed allergy, therefore has an AAI device in school. We strongly advise that you complete the consent form below in order for the medicine to be delivered in circumstances where children do not have access to their own AAI device.

*Child showing symptoms of asthma / having asthma attack*

1. I can confirm that my child has been diagnosed with an allergy that may result in anaphylaxis and has been prescribed an AAI
2. My child has a working, in-date AAI, clearly labelled with their name, which they leave in school for emergency use
3. In the event of my child displaying symptoms of anaphylaxis, and if their AAI is not available or is unusable, I consent for my child to receive adrenaline from an emergency AAI held by the school for such emergencies.

Name of child:

Year Group:

Class:

Signed:

Date:

Name of person giving permission:

# WESTON VILLAGE PRIMARY SCHOOL



## USE OF EMERGENCY ADRENALINE AUTO-INJECTOR

Child's name: .....

Class: .....

Date: .....

To the parents/carers of \_\_\_\_\_

This letter is to formally notify you that \_\_\_\_\_ displayed symptoms of anaphylaxis on \_\_\_\_\_ at \_\_\_\_\_, and during the emergency was given the schools emergency adrenaline auto-injector.

A member of staff delivered the emergency AAI because; [*Highlight as appropriate*]

- They did not have their own AAI with them.
- Their own AAI was not working

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

## WESTON VILLAGE PRIMARY SCHOOL



### EMERGENCY ADRENALINE AUTO-INJECTOR

Medicine	Stored	Expiry Date	Checked By	Administered By <i>(name and date)</i>	Administered To <i>(name and date)</i>	Replaced By <i>(name and date)</i>

Named persons responsible for the collection and storage of emergency AAI: Thomas Cutts, Charlotte Armitt and Samatha Davies