

# **Uplands Primary School Supporting Pupils with Medical Conditions Policy**

**Policy agreed March 2025**

**Policy to be reviewed March 2026**



## **Introduction**

1. Section 100 of The Children and Families Act 2014 places a duty on Uplands Primary School to make arrangements for supporting children on our premise with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' (updated 2017) and we will have regard to this guidance when meeting this requirement.
2. We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
3. It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.
4. Where children have a disability, the requirement of the Equality Act 2010 will apply.
5. Where children have an identified special need, the SEN Code of Practice will also apply.
6. We recognise that medical conditions may impact social and emotional development as well as having educational implications.
7. This policy needs to be read in conjunction with other policies such as:
  - a. Safeguarding policy.
  - b. Child Protection policy SEND policy.
  - c. Off -site visit policy Equality policy.
  - d. Curriculum policy.
  - e. First Aid provision.
  - f. Health and safety policy.

## **Key roles and responsibilities**

8. Every member of our school community has a responsibility to ensure that all children with medical conditions are fully supported. A school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical.

9. The Governing Body is responsible for:
  - a. Making arrangements to support pupils with medical conditions in school, for example, ensuring that this policy is reviewed annually and implemented fully.
  - b. Ensuring that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
  - c. Ensuring that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
  - d. Ensuring that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
10. The Headteacher is responsible for:
  - a. Ensuring that policy is developed and effectively implemented with all staff and partners.
  - b. Ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
  - c. Monitoring that all necessary staff are aware of a child's condition.
  - d. Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
  - e. Recruiting a member of staff for this a particular purpose and ensuring that cover is adequate.
  - f. Ensuring that the school writes and implements Individual Healthcare Plans.
  - g. Contacting the school nursing service in the case of any child 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.
11. Teachers and Support Staff are responsible for:
  - a. Ensuring that they have read and understood this policy.
  - b. Acting on any concerns about a child's health/absence or information provided by the parents or child. Passing on information to the Admin team and/or Inclusion Leader.
  - c. Providing support to pupils with medical conditions including the possible administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

- d. Attending sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Asking for support and guidance when unsure.
- e. Ensuring that they know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- f. Ensuring that the child can access any emergency medication where appropriate and ensure that the child knows what to do when offsite or outside the classroom.
- g. Liaising with the Inclusion Leader about any necessary adaptations to the Healthcare Plan.

12. The School Link Nurse is responsible for:

- a. Notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school.
- b. Supporting staff on implementing a child's Individual Healthcare Plan and provide advice and liaison, for example on training.
- c. Liaising with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school.

13. The child is responsible for:

- a. Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their Individual Healthcare Plan.

14. The parents are responsible for:

- a. Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition.
- b. Parents are key partners and should be involved in the development and review of their child's Individual Healthcare Plan, and may be involved in its drafting.
- c. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- d. Communicating with the school about any adaptations in provision that the school may need to make to meet the child's needs.
- e. Ensure that the school is aware of any medication given and any previous reactions.

## **Local Arrangements**

15. We will aim to identify children with medical needs on entry to the school by working in partnership with parents/ carers and following the process outlined in the document 'Process for identifying children with a health condition' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. We will use a Health Questionnaire to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly.

16. Before entry into Uplands Primary School parents/carers will be asked to complete a questionnaire. For entry into Year R, we will ensure that staff will meet with the parents either through a home visit or a school induction meeting. YR staff will ensure that local nurseries and pre-schools are visited for an effective handover of medical information.

17. During the child's time at Uplands we will ask parents to update any information annually and in addition to this send out reminders via the school newsletters. All staff will pass on concerns about a child's well-being and absences due to recurrent illness will be used to identify possible medical conditions. Parents will be able to talk to Teachers through parent's evenings and by making an appointment at any time.

18. We will also value the work of other agencies and ensure that we co-operate with them to find out all the necessary information about a child. For example, we may work with the SEND team.

19. Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

20. When we have been made aware that a child has a medical condition we will:

- a. Make arrangements for any training or support.
- b. Make every effort to ensure that arrangements are put in place within two weeks.
- c. Not wait for a formal diagnosis before providing support for pupils.

## **Individual Healthcare Plans**

21. We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

22. Where children require an Individual Healthcare Plan it will be the responsibility of the Inclusion Leader to work with parents and relevant healthcare professionals to write the plan.

23. A Healthcare Plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in

providing care to the child. The Inclusion Leader will work in partnership with the parents/carer, and a relevant healthcare professional eg, school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in an Educational Health Care (EHC) plan, the Individual Healthcare Plan will be linked to or become part of that statement or Educational Healthcare Plan.

24. We will use the Individual Healthcare Plan template produced by the Hampshire County Council to record the plan.

25. If a child is returning following a period of hospital education or alternative provision (including home tuition), then we will work with the family and outside agencies to ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.

26. All Healthcare Plans will be reviewed at least annually and sooner if the school becomes informed or aware of any changes to the child's needs. Plans will be developed with the child's best interests in mind and ensure that the school assesses and manages the risks to the child's education, health and social well-being and minimise disruption.

27. When deciding what information should be recorded on Individual Healthcare Plans, the Governing body should consider the following:

- a. The medical condition, its triggers, signs, symptoms and treatments.
- b. 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 and around school.
- c. Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions.
- d. The 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.
- e. 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.
- f. Who in the school needs to be aware of the child's condition and the support required.
- g. 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.
- h. 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, e.g risk assessments.

- i. Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
- j. 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.
- k. Include instructions for administrative dosage and storage.

### **Staff training**

28. All new staff will be inducted on the policy when they join the school through an induction meeting with the Headteacher. Records of this training will be stored in a training folder in the office.

29. Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the Individual Healthcare Plan.

30. Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

31. A 'Staff training record – administration of medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

### **The child's role**

32. Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their Individual Healthcare Plan. The Healthcare Plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

33. Where possible we will endeavour to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their Healthcare Plan.

34. When going outdoors and offsite, we will ensure that the child has a clear understanding of how to access their medication.

35. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the Individual Healthcare Plan. Parents should be informed so that alternative options can be considered.

## **Managing medicines on the school premises**

36. The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

37. We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent (a 'parental agreement for setting to administer medicines' form will be used to record this), except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, we will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

38. It is not school policy to administer cough sweets as they are a choking hazard or over the counter medicines such as calpol or hay fever tablets unless we have written consent from the parents/carers.

39. A documented tracking system to record all medicines received in and out of the premises will be put in place.

40. The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.

41. On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

42. We 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, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

43. Children who are able to use their own inhalers themselves are encouraged to carry it with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a secure box but readily accessible place, and clearly marked with the child's name.

44. Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

45. We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

46. All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents.

47. We keep a stock of liquid paracetamol which can be administered to pupils during the school day eg: headache, earache, sore throat. Parents will be contacted to gain written permission (usually this will be email) and agree dosage. A record of administration will be kept by the office along with the parent permission. We will only administer one dose only. Records of administration are monitored and any concerns addressed immediately.

48. Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Headteacher.

49. Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

50. Types of emergency medicines include:

- a. Injections of adrenaline for acute allergic reactions
- b. Inhalers for asthmatics
- c. Injections of Glucagon for diabetic hypoglycaemia

51. Other emergency medication ie. Rectal Diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

## **Storage**

52. All medication other than emergency medication will be stored safely in a locked cabinet.

53. Where medicines need to be refrigerated, they will be stored in the office fridge in a clearly labelled airtight container or a labelled bag. There must be always be restricted access to the refrigerator holding medicines.

54. Children will be made aware of where their medicines are at all times. Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

55. There will be appropriately trained staff present to administer day to day and emergency medication and copies of Individual Health Care Plans will be taken off site to ensure appropriate procedures are followed.

## **Disposal**

56. It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

## **Medical accommodation**

57. The office will be used for all medical administration and the medical room for treatment purposes. The location/room will be made available when required.

## **Record keeping**

58. A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers. Parents will be informed if a child has been unwell at school.

## **Emergency procedures**

59. Where a child has an Individual Healthcare Plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency ie. informing a teacher immediately if they are concerned about the health of another child.

60. Where a child is required to be taken to hospital, a member of staff will stay with the child until their parent arrives, this includes accompanying them to hospital by ambulance if necessary taking any relevant medical information, care plans etc that the school holds.

## **Trips and off-site activities**

61. We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

62. We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

63. Before taking part in a trip we will ensure that:

- a. All medical conditions have been checked on and are kept secure during the trip.
- b. Parental permission has been given and advice sought.
- c. Risk assessments have been carried out and signed by the Headteacher or Inclusion Leader and passed onto Hampshire County Council.
- d. The child has been made aware of how to access medication if needed and who their group leader is.
- e. The adults on the trip are aware of which children have medical conditions and what to do if they have concerns or in the event of an emergency.

- f. All adults have left contact numbers in the school office and know who to contact if they have a concern or emergency.
- g. Adults leading any trip have appropriate training (Outdoor leaders)
- h. HSE guidance is checked where appropriate.

### **Supporting Pupils who cannot attend school due to medical needs.**

64. Children who are unable to attend school for a long period of time because of health needs should be able to access education in a way that is suitable and flexible to their needs. In such cases, the school will inform the Local Authority. Local authorities will arrange provision for the child if it is clear that an absence could be longer than 15 days. A child cannot be removed from our register without parent consent and certification from the school medical officer. We will try to keep the child involved and connected to Uplands through correspondence such as newsletters and e-mails. Online learning will be set through our home learning platform. When reintegration into school is anticipated, we will work with the LA and any other agencies involved such as the hospital school to support the child back into school life. Our Inclusion Leader will work with outside agencies and the family to support the child as far as possible to ensure a smooth reintegration. Our ELSA will support the child and any siblings with emotional and social needs.

### **Unacceptable practice**

65. Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, it is not generally acceptable practice to:
- a. Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
  - b. Assume that every child with the same condition requires the same treatment.
  - c. Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged).
  - d. Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
  - e. If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
  - f. Penalise children for their attendance record if their absences are related to their medical condition, eg. hospital appointments.
  - g. Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
  - h. No parent should have to give up working because the school is failing to support their child's medical needs.
  - i. Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips eg. by requiring parents to accompany the child.

## **Liability and Indemnity**

66. Staff at the school are indemnified under the County Council self-insurance arrangements.

67. The County Council's is self-insured and have extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at Uplands school have parent's permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

## **Emergency Asthma Inhalers and Epi-pens**

68. Since 2015 schools have been able to hold inhalers for emergency use. As a school we have agreed to keep two inhalers and two epi pens for emergency use. These will only be used for children who are already prescribed asthma inhalers or for pupils with allergies that may require use of an epi pen. They will only be used in an emergency and at all times the school will seek to use the child's prescribed inhaler if possible.

## **Complaints**

69. Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure which can be found on the school website.