



## Supporting Pupils With Medical Conditions

Name of School	Petersgate Infant School
Date of review	January 2025
Date of next review	January 2026
Reviewed by	Wendy Mitchell Headteacher

### School Vision

"for all children to grow into responsible, caring individuals who actively and positively contribute to the community."

At Petersgate Infant School, our vision outlined above is strengthened by our values of safety, caring, achievement, resilience and friendship. These values symbolise warmth, community and cohesion to ensure we are "working together to achieve our best".

As a school, we can apply these values through the following aims:

### Aims

- Ensuring everyone stays healthy and safe.
- Ensuring everyone feels valued and has a sense of belonging.
- Providing a high quality learning environment.
- Helping everyone enjoy learning and achieving their best.
- Nurturing and developing the whole child.
- Ensuring everyone makes a positive contribution to the school and wider community.

Safeguarding at Petersgate Infant School is carried out in line with the statutory guidance in 'Keeping Children Safe in Education' published by the Department for Education.

## **Introduction**

Petersgate Infant School will undertake to ensure compliance with the relevant legislation and guidance in Supporting Pupils at School with Medical Conditions by the Department of Education (December 2015).

In line with Section 100 of The Children and Families Act 2014 which came into force on 1<sup>st</sup> 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 Petersgate Infant 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.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children are identified as having a special need, the SEN Code of Practice will also apply.

We recognise that medical conditions may impact on social and emotional development as well as having educational implications.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and 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 regularly and it is readily accessible to parents and school staff.

## **Policy implementation**

The named person, who has overall responsibility for policy implementation, is the Headteacher or a representative.

They will

- 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 cover staff;
  - carry out risk assessments for school visits, holidays, and other school activities outside the normal timetable;
- and
- 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 when a child starts at our school. 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 (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.

## Key Roles and Responsibilities

Statutory Requirement: The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.

The Governing Body is responsible for the development and implementation of this policy. They will also make sure that sufficient staff have received suitable training and that they are competent before taking on the responsibility to support children with medical conditions. The Governing Body will ensure that any member of staff who provides support to pupils is able to access information and other teaching support materials as needed.

The Headteacher is responsible for, the development and effective implementation of the policy with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understands their role in its implementation. They should also make sure that staff who need to know are aware of the child's condition. They must ensure that there are sufficient numbers of staff trained to implement the policy and deliver the healthcare plans including in contingency and emergency situations. The Headteacher will have overall responsibility for the development of individual healthcare plans. They will also make sure that school staff are appropriately insured and are aware that they are

insured to support pupils in this way. They will also contact 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.

### **Teachers and Support Staff**

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicine, although they cannot be required to do so. Although administering medicines is not part of a teachers' professional duties they should take into account the needs of the pupils with medical conditions that they teach. School staff will receive sufficient and suitable training and achieve the necessary levels of competency before they take on the responsibility to support children with medical conditions. All members of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. It is also their responsibility to record all medicines given to a child correctly in case of any future claims against the school.

Members of the School Nursing Team are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school ideally before they start school. They will provide advice and liaise with training. They can liaise with lead clinicians.

### **Staff training and Support**

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

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 instructions. (Updated to reflect requirements within individual healthcare plans)

### **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. 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 this should be carried out in a sensitive way. Parents/carers sign to say they have read and agreed the Intimate Care policy as part of the data collection process during transition. An intimate care plan is put in place for identified children, where necessary.

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

At our 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

- medicine will be drawn from the bottle using a syringe and then administered to the child.
- we will only accept prescribed medicines if they:
  - **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)*
- parents/carers are required to complete a Consent Form to Administer Medicines which is available from the school office
- all medicines will be stored safely in accordance with the prescriber's and/or manufacturer's instructions.
- children will know where their medicines are at all times and will be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. 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
- 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. (This is not relevant to the age of the children at this school). Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held
- 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.**

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. We will only hold non-prescribed medications, such as Calpol, that have been brought in by a parent who has completed the Administration of Medicine consent form (Appendix 3). Parents will collect the medicine when it is no longer needed.

### **Emergency asthma inhalers**

The school holds emergency Salbutamol inhalers, which would only be administered after instructions from the emergency services. These will only be used for those children who are already prescribed asthma inhalers and whose parents have completed the 'Parental Agreement for School to Administer Emergency Salbutamol Asthma Inhaler' (Appendix 4). If it is deemed necessary to use the emergency inhaler parents/carers will be contacted by telephone for consent. All children who have asthma will also have inhalers stored securely in their classroom for access at all times.

## **Record keeping**

We will ensure that written records are kept of all medicines administered to children (Appendix 5).

All medicines will be signed for to show they have been received by staff, with members of staff witnessing that it has been received and signed back out by parents (Appendix 6).

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 through a telephone call.

## **Emergency procedures**

The Governing body will ensure that the school's policy sets out what should happen in an emergency situation using the 'Contacting the Emergency Services' guidance (Appendix 7). This will be displayed in the first aid room and the main office.

## **Day trips and off site 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 a school 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.

## Appendix 1 Individual Healthcare Plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


### Clinic/Hospital Contact

Name

Phone no.


### G.P.

Name

Phone no.


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

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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

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

Arrangements for school visits/trips etc

Other information

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*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to



## Appendix 3 Administration of Medicine Consent



### Parental agreement for setting to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine. The medicine must be in the original container as dispensed by the pharmacy.

Start date	
Name of school	Petarsgate Infant School
Name of child	
Date of Birth	
Class	
Medical condition or illness	

#### Medicine

Name of Medicine	
Expiry date	
Dosage, strength and method	
Timing	
Special precautions/other instructions	
Any side effects that the school needs to know about	
Self administration y/n	
Procedures to take in an emergency	

#### Contact details

Name	
Daytime telephone number	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to the office staff

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped

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

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix 4 Parental Agreement for School to Administer Emergency Salbutamol Inhaler**



**THIS FORM MUST BE  
COMPLETED BY ALL -  
EVEN IF YOUR CHILD IS  
NOT ASTHMATIC.**

**CONSENT FORM:  
USE OF EMERGENCY SALBUTAMOL INHALER  
Petersgate Infant School**

**Child showing symptoms of asthma / having asthma attack**

I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

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.

Signed:

Date: .....

Name (print).....

Child's Name: .....

Class: .....

Parent's address and contact details:

.....

.....

..... Telephone:

.....

E-mail: .....

Appendix 5 Record of Medicine Administered to Individual Children



Record of medicine administered to an individual child

Name of school: Petersgate infant school

Name of child: \_\_\_\_\_

Date

Time given

Dose given

Name of staff

Staff initials


Date

Time given

Dose given

Name of staff

Staff initials


Date

Time given

Dose given

Name of staff

Staff initials


Date

Time given

Dose given

Name of staff

Staff initials


Appendix 6 Medication Tracking Form



Petersgate Infant School  
Medication Tracking Form

Date	Child's name	Medication and dose	Expiry date	Medication received by staff name	Staff signature	Date returned	Parent signature

## **Appendix 7 Contacting Emergency Services**

Request an ambulance-dial 999, ask for an ambulance and be ready to with the information below. Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number
2. Your name
3. Your location as follows Petersgate Infant School, Green Lane Clanfield
4. State the postcode –PO8 0JU –please note that postcodes for satellite navigation systems may differ from the postal code
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description on their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient.
8. Put a completed copy of this form by the telephone.