



BEAL VALE PRIMARY SCHOOL

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Supporting pupils with medical conditions policy

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Contents

1. Aims.....	3
2. Legislation and statutory responsibilities	3
3. Roles and responsibilities	3
4. Equal opportunities.....	4
5. Being notified that a child has a medical condition.....	5
6. Individual healthcare plans	5
7. Children who have medical needs who cannot attend school.....	6
8. Managing medicines	7
9. Emergency procedures.....	9
10. Training.....	9
11. Record keeping	10
12. Liability and indemnity	10
13. Complaints	10
14. Monitoring arrangements	10
15. Links to other policies.....	10
16. Appendix 1 Being notified that a child has a medical condition	
17. Appendix 2 Parental Agreement for School to administer medicine	
18. Appendix 3 Individual Healthcare Plan (IHP)	
19. Appendix 4 Asthma Plan	

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 so they can play a full and active role in school life, remain healthy and achieve their potential.
- Medication is safely stored and administered where necessary
- Roles and responsibilities regarding the care of pupils with medical conditions are clear.

The governing board will implement this policy by:

- Ensuring that arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, show an understanding of how medical conditions impact on a child's ability to learn. Endeavor to ensure that appropriate staff are trained to provide the support that pupils need, making staff aware of pupils' conditions, where appropriate
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Developing and monitoring individual healthcare plans (IHPs)
- Ensuring that no child with a medical condition is denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;

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. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

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 systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

- › Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way

3.3 The SENCO

The SENCO will:

- › Ensure that all staff who need to know are aware of a child's condition
- › Develop individual health plans (IHPs) in conjunction with parents/carers and relevant medical professionals for pupils with complex or long term medical needs
- › Arrange relevant training for staff to enable them to support pupils with medical conditions
- › 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

3.4 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 take into account 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.

3.5 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
- › Only request medicines to be administered in school when essential
- › Ensure that medicines are in date and in the original packaging, displaying pupil's name and prescriber dosage.

3.6 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.

3.7 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. For school trips and visits, the Educational Visits Leader is responsible for designating a school First Aider, who will administer any medicines required and record details accordingly.

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 below 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.

See Appendix 1.

5.1 Asthma

Beal Vale Primary School recognise that asthma is a serious condition affecting many school children and encourage these pupils to participate fully in all aspects of school life. We recognise that the immediate access to reliever inhalers is vital and arrangements have been made to facilitate this (see Section 8)

In emergency situations, where a pupil is having an attack and does not have an inhaler in school, staff will use an emergency inhaler. Parents will be notified that medication has been administered, in these circumstances.

Parents must complete a School Asthma card (Appendix 2) and this should be reviewed annually or if any changes are notified. Parents are responsible for ensuring that an in-date inhaler is supplied to school.

School will encourage pupils to use inhalers before exercise, if advised by parents and during exercise if needed. Inhalers will be taken to swimming lessons and sports activities off-site.

School will record any use of an inhaler for EYFS and KS1 pupils in class medication logs.

Staff are aware of school's procedure in the event of an asthma attack and prompts are displayed around the school. In the event of an asthma attack, staff will encourage and supervise pupils to use their inhaler. If condition does not improve or worsens, staff will alert Office staff to contact parents or in extreme circumstances, call 999. If there is any doubt about a pupil's condition an ambulance will be called.

6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENCO.

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.

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 SENCO will consider the following when deciding what information to record on IHPs (see Appendix 3):

- 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, 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

If a pupil's medical condition requires personal care the school's Intimate Care Policy will be followed to ensure pupil's dignity and safety.

7. Children who have medical needs who cannot attend school

Due to the nature of their health needs, some children may be admitted to hospital or placed in alternative forms of education provision. We recognise that, whenever possible, pupils should receive their education within their school and the aim of the provision will be to reintegrate pupils back into school as soon as they are well enough.

7.1 Local authority responsibilities

This section is in accordance with the Department for Education statutory guidance 'Ensuring a good education for children who cannot attend school because of health needs, 2013.'

Local authorities must:

- Arrange suitable full-time education (or as much education as the child's health condition allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education.

Local authorities should:

- Provide such education as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative. They should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child.

- › Ensure that the education children receive is of good quality, as defined in the statutory guidance Alternative Provision (2013), allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible.

7.2 School responsibilities

At Beal Vale, we understand that we have a continuing role in a pupil's education whilst they are not the school and will work with the LA, healthcare partners and families to ensure that all children with medical needs receive the right level of support to enable them to maintain links with their education. Continuity is important for children and knowing that they can return to their familiar surroundings and school friends can help their recovery and their educational progress.

Children who are unable to attend mainstream education for health reasons may attend any of the following:

- › Hospital school: a special school within a hospital setting where education is provided to give continuity whilst the child is receiving treatment.
- › Home tuition: a tuition service that acts as a communication channel between schools and pupils on occasions where pupils are too ill to attend school and are receiving specialist medical treatment.
- › Medical PRUs: local authority establishments that provide education for children unable to attend their registered school due to their medical needs.

Where a child is unable to attend school because of health needs they will not be removed from the school register without parental consent and certification from the school medical officer, even if the LA has become responsible for the child's education.

7.3 Reintegration

When a pupil is considered well enough to return to school, the school will develop a tailored reintegration plan in collaboration with the local authority.

- › The school will work with the local authority when reintegration into school is anticipated to plan for consistent provision during and after the period of education outside school.
- › As far as possible, the child will be able to access the curriculum and materials that they would have used in school.
- › Where appropriate, the school nurse will be involved in the development of the pupil's reintegration plan and informed of the timeline of the plan by the appointed named member of staff, to ensure they can prepare to offer any appropriate support to the pupil.
- › The school will consider whether any reasonable adjustments need to be made to provide suitable access to the school and the curriculum for the pupil.
- › For longer absences, the reintegration plan will be developed near to the pupil's likely date of return, to avoid putting unnecessary pressure on an ill pupil or their parents in the early stages of their absence.
- › The school is aware that some pupils will need gradual reintegration over a long period of time and will always consult with the pupil, their parents and key staff about concerns, medical issues, timing and the preferred pace of return.

8. Managing medicines

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 (See Appendix 4)
- › Medicines must be handed in to the Office by an adult and the receipt logged.
- › In the case of short term medication, such as a course of antibiotics, requiring administration during the school day, these will be signed in and out. The Office will notify the class teacher, who will arrange for administration accordingly.

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

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, in locked First Aid box or medicine fridge. The medications have a separate first aid box located in the staff room. No medicines, other than asthma inhalers, will be stored in the classroom areas unless specified in an IHP. Pupils will be informed about where their medicines are at all times and be able to access them when required.

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.

Asthma inhalers will be stored as follows;

EYFS and KS1- in a secure place easily accessible to adults/children under supervised use.

KS2 – in pupil's tray or locker, clearly labelled with child's name

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. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. 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.

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 SENCO. 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 have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
- In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils' individual health care plans.

Where training has been delivered by Healthcare professional, they 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. Records will state what, how and how much was administered, when and by whom. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of and a copy is also kept in the office.

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.

The details of the school's insurance policy are:

Zurich Municipal

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

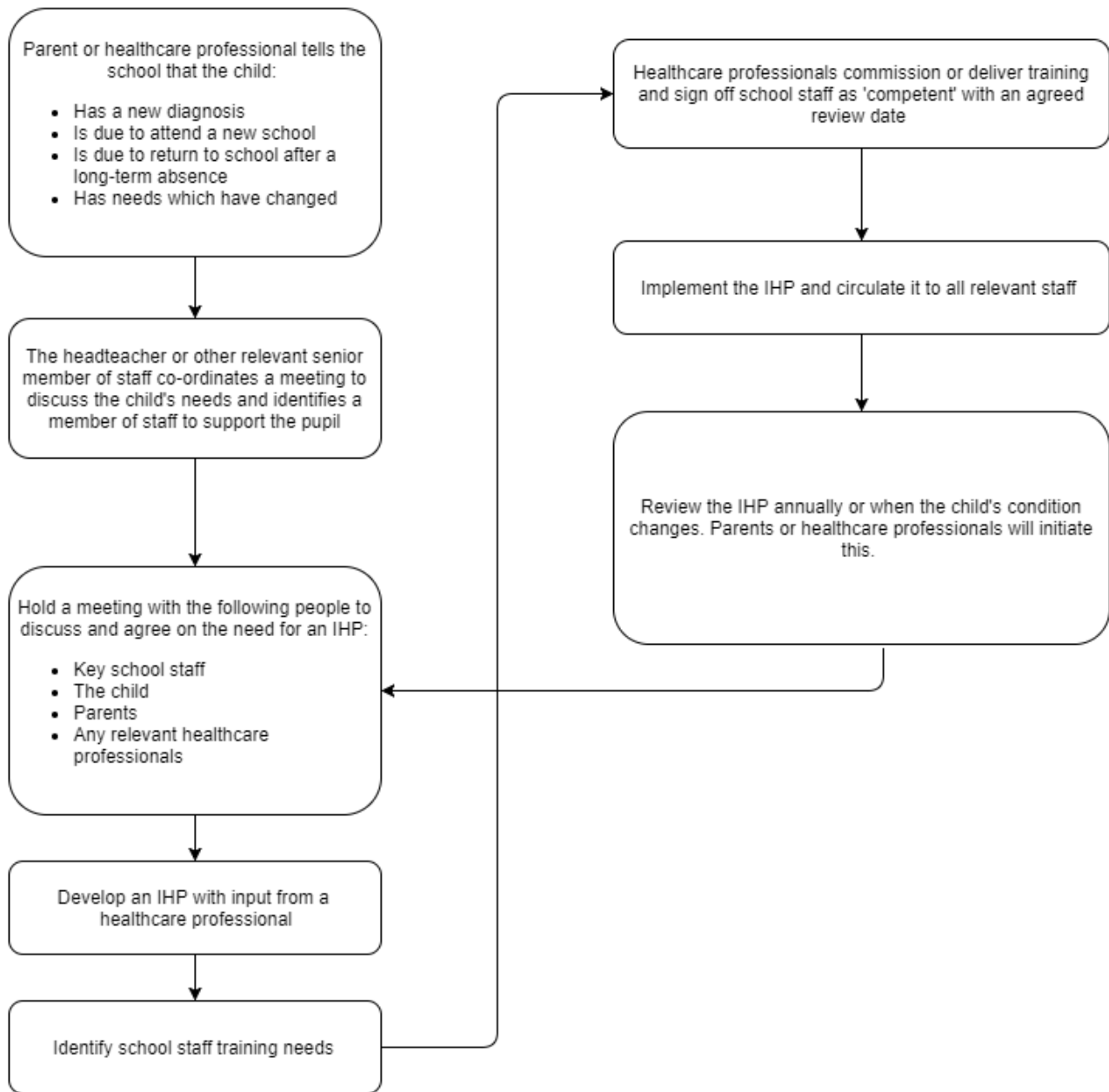
This policy will be reviewed and approved by the governing board every 2 years.

15. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy
- Intimate Care Policy

Appendix 1: Being notified a child has a medical condition



Appendix 2: Parental Agreement Form

Parental Agreement for School to administer medicine.

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	Beal Vale Primary School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

Signature(s) _____

Date _____

Appendix 3: Individual Health Plan



Individual Health Plan

Name of school/setting	Beal Vale Primary School
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	

Family contact information

Name	
Relationship to child	
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.	

Who is responsible for providing support in school	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I agree that my child's medical information can be shared with school staff responsible for their care.

Signed by parent or guardian

Print name

Date

Review date



My Asthma Plan

1 My usual asthma medicines

- I need to take my preventer inhaler every day. It is called _____ and its colour is _____
- I take ___ puff/s of my preventer inhaler in the morning and ___ puff/s at night. I do this every day even if my asthma's OK.
- Other asthma medicines I take every day: _____
- My reliever inhaler helps when I have symptoms. It is called _____ and its colour is _____
- I take ___ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

If I need my blue Inhaler when I do sports or activity, I need to see my doctor or asthma nurse.



2 My asthma is getting worse if...

- I wheeze or cough, my chest hurts or it's hard to breathe **or**
- I need my reliever inhaler (usually blue) three or more times a week **or**
- My peak flow is less than _____ **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment)

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take _____ puff/s of my blue reliever inhaler every four hours
- See my doctor or nurse within 24 hours if I don't feel better



URGENT! If your blue reliever inhaler isn't lasting four hours you need to take emergency action now (see section 3)



Remember to use my spacer with my inhaler if I have one.

Other things to do if my asthma is getting worse

(If I don't have one, I'll check with my doctor or nurse if it would help me)

3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours **or**
- I can't talk, walk or eat easily **or**
- I'm finding it hard to breathe **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts **or**
- My peak flow is less than _____

If I have an asthma attack, I will:



Call for help



Sit up – don't lie down. Try to be calm.



Take one puff of my reliever inhaler (with my spacer if I have it) **every 30 to 60 seconds** up to a total of 10 puffs.



If I don't have my blue Inhaler, or it's not helping, I need to call **999** straightaway.



While I wait for an ambulance I can use my blue reliever again, every 30 to 60 seconds (up to 10 puffs) if I need to.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse **today.**