



# HAWLEY PRIMARY SCHOOL

## Supporting pupils at school with medical conditions policy

Date of policy	Review date	Nominated governor/committee	
6 <sup>th</sup> December 2022	December 2023		
Headteacher	Anne Fontaine	Date	
Chair of governing board	Nick Hewlett	Date	

# Introduction

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Hawley Primary School is an inclusive community that welcomes and supports pupils with medical conditions so that they can play a full and active role in all aspects of school life, remain as healthy as possible and achieve their academic potential.

The Department for Education statutory guidance 'Supporting pupils with medical conditions at school' (2014) states:

*"Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be 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 their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases."*

This policy considers the school's legal duties under the Children and Families Act 2014 to make arrangements to support pupils with medical conditions, as well as its duties under the Equality Act 2010. This policy details the school's arrangements to support pupils with long term medical conditions. In this document 'medical condition' refers to any physical or mental health condition that requires ongoing health professional input.

This policy will be reviewed at least annually, or earlier if there is any change in the regulations. The effectiveness of these procedures will be monitored by the governing board

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# Glossary

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**Asthma Friendly School (AFS):** A Healthy London Partnership initiative for schools to sign up to and is encouraged by the local authority. Having implemented this policy, the school nurse can assist the school in achieving and maintaining AFS certification.

**Controlled Drug (CD):** Medication that is controlled as part of the misuse of drugs legislation (e.g. methylphenidate/Ritalin or some strong pain killers)

**Education, Health and Care (EHC) plans:** A legal document that describes a child's special educational, health and social care needs, and support required to meet those needs

**General Data Protection Regulation (GDPR):** A data protection regulation from May 2018 intended to strengthen and unify data protection for individuals.

**Individual Healthcare plans:** A document that describes a child's medical needs and support required in school to meet those needs.

**Individual risk assessment:** A risk assessment to determine the risks and controls required for pupils with severe/complex or potentially life-threatening health conditions.

**Medical condition:** For the purposes of this policy, 'medical condition' refers to any physical or mental health conditions that required ongoing health professional input (e.g. from GP, clinic or hospital specialist).

**Medical Conditions Co-ordinators/leaders (Champions):** Designated members of staff who lead the implementation of the 'Supporting Pupils at School with Medical Conditions' policy and support pupils with medical conditions.

**Special educational needs or disabilities (SEND):** Special educational needs and disabilities that can affect a child or young person's ability to learn.

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# Identification, registers, and individual healthcare plans

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## **1. *The school identifies all children with medical conditions***

- 1.1. The school asks parents/carers if their child has any physical or mental health condition on the medical questionnaire as part of the enrolment process (Appendix 2), and annually thereafter. The school asks for explicit consent to share this information with relevant school staff and healthcare professionals.
- 1.2. The school follows the procedure detailed in Appendix 3 to ensure that every child with a medical condition has an individual healthcare plan in place before they start school (see section 3). Any exception to the requirement to have an individual healthcare plan in place before the child starts school will be at the discretion of the school.
- 1.3. Parents/carers are responsible for informing the school of any new diagnosis, or changes to their child's medical condition, as soon as possible. It is the school's responsibility to act on this information.

## **2. *The school keeps a record of all children with medical conditions***

- 2.1. The school keeps a register of pupils with medical conditions (Appendix 4) to identify and safeguard these students. This register is held in a central, secure location, with access by staff as appropriate, and includes the child's individual healthcare plan.
- 2.2. The school ensures that the pupil's confidentiality is protected in line with the General Data Protection Regulation (GDPR), and will only share this information with relevant members of staff and healthcare professionals as appropriate.

## **3. *All children with a medical condition have an individual healthcare plan***

- 3.1. The school recognises that needs are specific to an individual pupil. As such, all pupils with a medical condition require an individual healthcare plan.
- 3.2. All pupils with a medical condition will require a meeting to discuss the individual healthcare plan. This may be as part of the induction or admissions process. For more severe/complex conditions, an additional meeting between relevant school staff (including those who will be providing support to the pupil) and the parent/carer will normally be required to complete the individual healthcare plan, and may also involve health professionals and the pupil if appropriate. This should ideally take place before the start of the academic year or school term if mid-year entry (Appendix 3).
- 3.3. The format of an individual healthcare plan may vary according to the nature and severity of the medical condition. This may range from a school asthma card (see Appendix 5) to a more detailed individual healthcare plan as appropriate. All individual healthcare plans should detail the medication and care requirements at school, what to do in an emergency and details of the child's GP. Appendix 5 shows templates individual healthcare plans for common medical conditions.
- 3.4. For more severe and/or complex medical conditions, the individual healthcare plan should also include an individual risk assessment (Appendix 6) and an assessment of how the condition may impact on the child's learning, behaviour, performance and wellbeing, and plans to mitigate these risks and minimise disruption.
- 3.5. If a pupil has special educational needs or disabilities (SEND), these needs should be made clear in the individual healthcare plan and linked to their SEN or Education, Health and Care (EHC) plan if they have one.
- 3.6. The school recognises that needs change over time. As such, individual healthcare plans should be updated annually, or whenever the pupil's needs change. It is good practice to meet with parents annually to review the individual healthcare plans and the school considers ways of doing this, such as during parents' evenings.
- 3.7. A copy of the individual healthcare plan is maintained and updated by the school and is easily accessible to staff who need to refer to it, while also preserving confidentiality in line with the General Data Protection Regulation.

# Medication

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## **4. The school has clear guidance on administering medication at school**

- 4.1. Medication should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, parents/carers should request their prescribing clinician to prescribe medication in dose frequencies which enable them to be taken outside the school day.
- 4.2. If medication is required at school, this will only be given as detailed in the pupil's individual health care plan, and when parents/carers fill out a medication consent form. *If there is a short-term need parents/carers should contact the school to discuss and the medication consent form must be completed by parents/carers.* (Appendix 7).
- 4.3. The school keeps an accurate record of all the medication administered, including the dose, time, date and supervising staff (Appendix 8). Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

## **5. The school supports staff who administer medication**

- 5.1. The school ensures that there are members of staff trained to administer routine and emergency medication and undertake procedures to meet the care needs of an individual child (see section 11).
- 5.2. All staff are aware of the specific members of staff trained to administer medication or medical procedures in an emergency situation.
- 5.3. Staff who may be regularly expected to administer medication and undertake medical procedures should have this responsibility recognised in their job description. Staff are encouraged to volunteer for this role as part of their duty of care.
- 5.4. The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

## **6. The school has clear guidance on storing medication and equipment at school**

- 6.1. The school ensures that all medication is stored safely, and that pupils with medical conditions and staff know where they are at all times, and who holds the key to the storage facility.
- 6.2. *The school allows pupils to carry their own medication/equipment if this is appropriate for their age and individual healthcare plan and has been risk assessed.* Parents/carers should check that this medication is in date.
- 6.3. The school ensures that medication is in date and labelled in its original container where possible (although insulin will generally be supplied in an insulin injector or pump), and in accordance with its instructions including storage temperature.
- 6.4. The school keeps controlled drugs (e.g. methylphenidate [Ritalin], some strong painkillers marked CD on container) stored securely, but accessibly, with only named staff having access.
- 6.5. Parents/carers must collect all medication/equipment annually, and to provide new and in-date medication at the start of the academic year.
- 6.6. The school should not dispose of any medication. It is the parent/carer's responsibility to dispose of out-of-date medication.

## **7. The school has clear guidance on emergency inhalers and adrenaline pens**

- 7.1. The school allows pupils to keep their own inhalers and adrenaline pens if appropriate (6.2) or stored securely but accessibly if not.
- 7.2. The school's emergency asthma inhalers and adrenaline pens are available for pupils whom written parental consent and medical authorisation for use has been given. They are stored in a secure location but not locked away (see Appendix 9 for more details).

# Training

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## **8. The school promotes staff training in supporting pupils with medical conditions**

8.1. The school recognises that different levels of training are required for different members of staff in order to meet the school's duties to support pupils with medical conditions.

## **9. Level 1 – All staff are aware of the medical conditions policy, emergency procedures and are encouraged to undergo further training**

9.1. The school ensures that all staff, including temporary staff, are aware of this 'Supporting Pupils with Medical Conditions' policy and their role in implementing the policy as part of induction. *All staff will be required to sign up to this policy. This will be recorded in the staff file.*

9.2. All staff know which named members of staff should be called on in the event of a medical emergency and are familiar with the procedure for calling the emergency services. **All staff are aware that if a pupil is taken to hospital by ambulance, a member of staff must accompany them and remain with them until a parent or carer arrives. Pupils should not be taken to hospital in staff cars.**

9.3. The school has posters on display in the staff room and school office that reiterates the steps to take during an emergency.

9.4. The school encourages all staff to undertake awareness raising opportunities as part of its comprehensive programme of Continuing Professional Development (CPD), including First Aid training, as well as accredited online training modules (refreshed annually) tailored for schools around managing asthma and anaphylaxis (Appendix 11). The school keeps a record of staff training.

## **10. Level 2 – The school has a sufficient number of trained first aiders**

10.1. The school ensures they carry out risk assessments as appropriate and have sufficient

numbers of trained first aiders, taking into account factors such as the size of the school (Appendix 12).

10.2. The first aiders (*including paediatric first aiders as appropriate*) are trained in the management of common medical emergencies and Basic Life Support, including Cardiopulmonary Resuscitation (CPR). This should be refreshed at least every three years.

## **11. Level 3 – the school supports staff who take on specific responsibilities for supporting pupils with medical conditions**

11.1. The school has named members of staff who are 'Medical Conditions Co-ordinators/Leaders (Champions)', a role that should be recognised in their [job description](#). These staff are trained on managing medical emergencies and supporting the implementation of this 'Supporting Pupils with Medical Conditions' policy. These staff are clear about the support they can receive and included as part of their annual appraisals.

11.2. Some children with medical conditions require more specific training for named members of staff. The school ensures that this training is provided by appropriate professionals

11.3. The school ensures that there are sufficient numbers of staff trained to support pupils with specific medical conditions, taking into account staff absences, staff turnover and other contingencies.

11.4. Training should be sufficient to ensure that these members of staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in individual healthcare plans.

11.5. The family of a child should be key in providing relevant information to school about how their child's needs can be met, and parents/carers should be asked for their views. They should provide specific advice, but should not be the sole trainer.

# Whole school environment

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## **12. The whole school environment is inclusive**

- 12.1. The school is committed to providing an accessible physical environment for pupils with medical conditions. This includes out-of-school activities.
- 12.2. All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any issues.
- 12.3. The school uses opportunities such as personal, social, health and economic education (PSHE) and science lessons to raise awareness of medical conditions to help promote a positive environment.
- 12.4. The school recognises that any measures to identify pupils with medical conditions for their safety should be proportionate and take into account confidentiality and emotional wellbeing.

## **13. The school ensures that arrangements are made for pupils with medical conditions to participate in all aspects of the curriculum where reasonably possible**

- 13.1. The school ensures that the needs of pupils with medical conditions are adequately considered so that they can participate fully in all structured and unstructured activities, extended school activities and residential visits.
- 13.2. The school understands the importance of all pupils taking part in physical activity (including out-of-school clubs and team sports). All relevant staff should make reasonable adjustments to physical activity sessions in accordance with a pupil's individual healthcare plan. This may involve ensuring that pupils have the appropriate medication/equipment/food with them during physical activity.
- 13.3. The school makes sure that a risk assessment is carried out before an educational visit. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required. This will require consultation with parent/carers and pupils and may require advice from the relevant healthcare professional to ensure that pupils can participate safely.

## **14. The school understands the impact a medical condition may have on attendance and learning**

- 14.1. School staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- 14.2. Where a pupil has frequent absences or a prolonged absence due to a medical condition, it is expected that parents/ carers will work with the school and healthcare providers to ensure relevant information is available as part of a coordinated care/support approach.
- 14.3. The school will refer pupils with medical conditions who are finding it difficult to keep up educationally to a relevant member of staff (e.g. the Special Educational Needs Co-ordinator) who will liaise with the pupil (where appropriate) parent and the pupils' healthcare professional.
- 14.4. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), this school will work with the local authority and educational provider to ensure that the child receives the support they need to reintegrate effectively. This may include updating their individual healthcare plan where necessary.

## **15. The school learns from incidents/ complaints**

- 15.1. The school reports and investigates all incidents (including near misses) related to this policy and reports these to the Camden Learning Schools Health and Safety Adviser. Learning from these incidents is shared with staff and used to inform any subsequent revisions to this policy.
- 15.2. The school responds to all concerns and complaints related to implementation of this policy, in line with the school's complaints policy.

## **16. The school will carry out annual audits to ensure that the policy is being followed**

- 16.1. The school nurse supported by the school as required should carry out an annual audit based on the checklist in Appendix 1 to ensure that the policy is being followed.

## **17. Asthma Friendly School (AFS)**

- 17.1. Having implemented this policy, the school nurse can assist the school in becoming certified as an asthma friendly school. This is encouraged by the local authority.