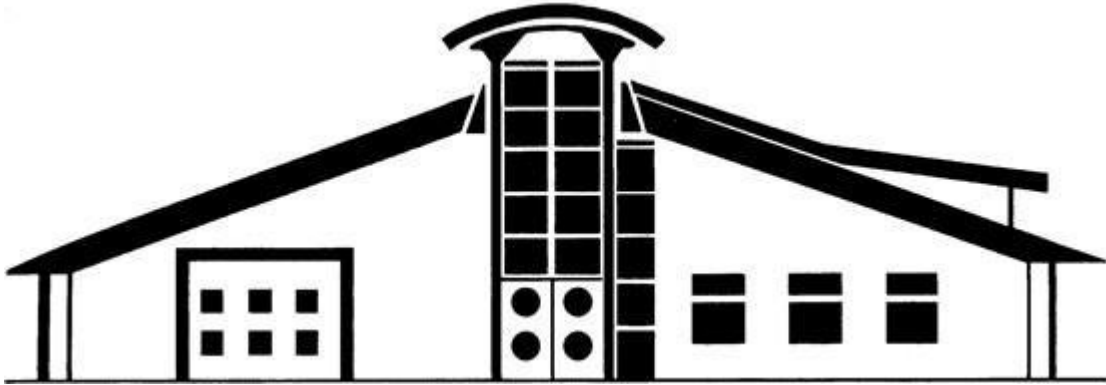




**HOLMESDALE COMMUNITY INFANT SCHOOL**



# **SUPPORTING CHILDREN WITH MEDICAL CONDITIONS POLICY**

Review Date .....Nov 2026

# Holmesdale Community Infant School

## Supporting Children with Medical Conditions Policy

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### 1. Introduction

Holmesdale Community Infant School is committed to providing a full education to all pupils and embraces the concept of equal opportunities for all. In order to achieve this, we aim to ensure that pupils at school with medical conditions, both physical and mental, should be properly supported so that they have full access to education, including school trips and physical education. We want our pupils to remain healthy and achieve their academic potential, playing a full and active role in school life.

In making decisions about the support provided, our school will receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils. We also recognise that in addition to the educational impacts, there are social and emotional implications associated with medical conditions, and we seek to overcome them.

This policy outlines responsibilities and procedures for supporting pupils at Holmesdale Community Infant School who have medical needs.

### 2. Legal Requirements

The DFE statutory guidance 'Supporting pupils at school with medical conditions' December 2015 places a duty on schools to make arrangements for supporting pupils at their school with medical conditions, ensuring that such children can access and enjoy the same opportunities as any other child. Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their schools with medical conditions.

In making arrangement for pupils, Holmesdale Community Infant School will take into account the needs of the individual child and how their medical condition impacts their school life and ensure that these arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school.

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs and disabilities (SEND) and may have an Education, Health and Care (EHCP) plan which brings together health and social care needs as well as their special educational provision. For children with SEND, this policy should be read in conjunction with the SEND code of practice and school SEND policy.

### 3. The procedure we will follow when notified of a child's medical condition.

For pupils joining Holmesdale Community Infant School, arrangements will be put in place for the start of the term. When a child joins mid-term, or a diagnosis is given during the course of the child's time at our school, every effort will be made to put arrangements in place as soon as is practically possible. In cases where a pupil's medical condition is unclear, judgements will be needed about what support to provide based on the available evidence. Pupils with a medical condition requiring medication or support in school may be supported through an Individual Healthcare Plan (IHP) which details the support the child's needs. The school, healthcare professional and parents will agree, based on evidence, when a healthcare plan would be inappropriate. A record of the Individual Healthcare Plan will be kept by the child's parents, teacher and Deputy Head and if necessary, the SENCo. Relevant staff will be informed of the plan through staff meetings, noticeboards and class files.

### 4. Individual Healthcare Plans (IHP's)

Individual Healthcare Plans help ensure that Holmesdale Infant School effectively supports children with medical conditions. They provide clarity about what needs to be done, when and by whom. Individual Healthcare Plans may be essential cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They may also be helpful when a child's medical condition is long term and complex. The level of detail in these plans will depend on the child's condition and level of support needed. However, not all children with medical

conditions will require an Individual Medical Plan. Plans are drawn up in partnership with parents and a relevant healthcare professional, with pupils involved whenever appropriate.

## 5. Roles and responsibilities

The School Committee and Head teacher will ensure this policy is developed and implemented, that staff receive suitable training and are competent before they take on responsibility for supporting children with medical conditions and will ensure the appropriate level of insurance is in place and appropriately reflects the level of risk.

The Deputy Head is responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- All relevant staff are made aware of the child's medical condition.
- Sufficient staff are suitably trained.
- Cover arrangements are made in the case of staff absence or turnover to ensure that an appropriate level of support is in place for any children requiring specific support.
- The 0-19 Team/Children and Family Health Surrey is notified to make them aware of the child's medical condition, and liaison regarding the child's medical care takes place where this is appropriate.
- Individual Healthcare Plan is developed in conjunction with parents, health and social care professionals, the pupil and relevant school staff.
- Individual Healthcare Plans are reviewed at least annually.
- Transitional arrangements between schools are carried out.

School staff (including teaching and admin. staff) are responsible for:

- Making relevant staff, including supply staff, aware of the child's condition.
- Conducting risk assessments for school visits, holidays, and other school activities outside of the normal timetable. In doing so, they will seek the support and advice of the Deputy Head.
- Providing support for pupils with medical conditions.
- Participating in sufficient and suitable training to achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions.
- Knowing what to do and how to respond accordingly when they become aware that a pupil with a medical condition needs help.
- For non-prescribed medicines they must ensure the medicine manufacturer's instructions and warnings are followed. They must also supervise the child/ young person taking the medication and that medications are returned to parents at the end of the treatment. Administrations must be recorded on the appropriate form.
- During the colder months there is an increased use of non-prescribed creams, hand creams and lip balm. These will be administered with parental permission via a medication request form. Staff will not record each administration. All creams and lip balms used in school must have a list of ingredients on the packaging and their use must be agreed by the Head or Deputy Head.

Parents:

- Must provide the school with sufficient and up to date information about their child's medical needs.
- Should be leading partners in the development and review of their child's IHP.
- Should carry out any actions they have agreed to implement the IHP.
- Are responsible for ensuring medicines they supply for use in school are in date and do not exceed their expiry date.
- Must bring in any equipment required to administer the medicine e.g. medicine spoons, oral syringes etc.
- Should keep their children at home if acutely unwell.
- Should consent to the administration of non-prescription medicines in appropriate doses with written instructions about when the child/ young person should take it.

Pupils, where reasonable, may be expected to be responsible for:

- Managing their own medicines and procedures.
- Where appropriate, being involved in discussions about their medical support needs, contributing and complying with the IHP.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the IHP, informing parents so that alternative options can be considered.

## 6. Staff training and support

Any member of school staff providing support to a pupil with medical needs will receive suitable training so that

they are confident and competent in fulfilling the requirements of the IHP. Staff will not give prescription medicines or undertake healthcare procedures without appropriate training but in some cases, written instructions from the parent /doctor may be considered sufficient.

Whole school awareness training is the responsibility of the Head teacher so that all staff are aware of the school's policy for supporting children with medical conditions and their role in implementing that policy. This will take place during induction of new staff. Information about medical conditions affecting pupils will be shared with relevant staff at briefing, meetings, on notice boards and in class information files. This will enable all staff to recognise and act quickly when a problem occurs.

## **7. Managing medicines on our school premises**

- Medicines should only be administered in school when it would be detrimental to the child's health or school attendance not to do so.
- No child will be given prescription or non-prescription medicines without their parents' written consent, except in exceptional circumstances, where the medicine has been prescribed to the child without the knowledge of the parents.
- Where possible, the school will request to parents that medicines should be taken outside school hours in order to minimise disruption to teaching and learning time.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
- Children who have been prescribed an AAI are required to provide 2 AAIs. One will be kept in an accessible area in the school office and the other in the classroom medical cabinet.
- The school will only accept non-prescribed medicines in school when it is detrimental to the child's health or school attendance not to do so. The decision must be made by the Head teacher/ or Deputy Head teacher.
- For non-prescribed medicines the school will record the name of the medicine, the circumstances in which it may be administered, records of receipt including quantity, the current quantity stored, administration, monitoring of expiry dates and disposal. The administration protocol must include a check when they had their last dose and ensure the child/ young person has not already had the maximum amount in 24 hours.
- Non prescribed medicines must be kept in the manufacturer's original container which contains the manufacturer's instructions for use and any warnings.
- When staff give medicine, they will sign a record of what was given, the dose, by whom and the time. This record will be kept along with written parental permission.
- Medicines should be brought to the setting by the parent or other responsible adult and handed to a named member of staff. All medicines will be stored safely.
- Medicines that require refrigeration should be stored in a dedicated refrigerator in a secure location of the school office.
- We will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessed in an emergency. A record of doses will be kept and the amount of controlled drug kept in the school.
- School staff may administer a controlled drug to a child for whom it has been prescribed, 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, when and by whom. Any side effects will be noted.
- When no longer required, we will return medicines to parents to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.

## **8. Record keeping**

A written record will be kept of all medicines administered to children. Parents will be informed if their child has been unwell at school.

## **9. Emergency salbutamol inhaler kit protocols – see Appendix 1: Holmesdale Infant School Asthma policy**

- In the first instance, children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack.
- However, following legislation from 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 schools are allowed to buy salbutamol inhalers, without a prescription, for use in emergencies.
- We will hold one or more emergency asthma kits within school for the following reasons: In case of evacuation, for taking on school trips and to keep in the school office.
- The emergency salbutamol inhaler should only be used by children, for whom written parental consent

for use of the emergency inhaler has been given and who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. A copy of the register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, will be kept with the emergency inhaler kit.

- There will be appropriate support and training for staff in the use of the emergency inhalers in line with the school's wider policy on supporting pupils with medical conditions.
- The school will keep a record of use of the emergency inhaler as required by the statutory guidance, '*Supporting pupils at school with medical condition*,' and we will inform parents or carers that their child has used the emergency inhaler.
- There will be at least two named staff members, Deputy Head teacher and Senior Admin Assistant, responsible for ensuring these protocols are followed.
- The use of an emergency asthma inhaler should also be specified in a pupil's individual healthcare plan where appropriate.

Our emergency asthma inhaler kits will each include:

- Salbutamol metered dose inhaler/s
- Plastic spacer/s compatible with the inhaler/s
- Instructions on using the inhaler/s and spacer/s
- Instructions on cleaning and storing the inhaler/s
- Manufacturer's information
- A checklist of emergency inhaler/s, identified by their batch number and expiry date, with monthly checks recorded
- A note of the arrangements for replacing the inhaler/s and spacers (see below)
- A copy of the document 'Guidance on the use of emergency salbutamol inhaler/s in schools'
- A list of children permitted to use the emergency inhaler/s as detailed in their individual healthcare plans
- A record of administration (i.e. when the inhaler has been used)
- A record of the two named school staff, Deputy Head teacher and Senior Admin Assistant, with the responsibility for maintaining the emergency inhaler kit/s

Storage and care of the emergency inhaler kits:

We ensure that the emergency inhalers and spacers are kept in a safe and suitably central location in the school (the school office) which is known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. **The inhalers and spacers will not be locked away.**

The emergency inhalers will be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhalers and spacers will be kept separate from any child's inhaler which is stored in a nearby location in the school office and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler.

The emergency inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked when not used over a period of time, it should be regularly primed by spraying two puffs.

The emergency inhaler itself will be reused, provided it is cleaned after use. The inhaler canister will be removed, and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean, safe place. The canister will be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

The plastic spacer will be washed using anti- bacterial cleaning fluid and hot water. It will be left to dry in a clean, safe space and then returned to the designated storage space.

If there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it will not be re-used but disposed of.

The school will return spent inhalers to the pharmacy to be recycled, rather than being thrown away as recommended in the Manufacturers' guidelines.

School office staff have the responsibility for ensuring that:

- On a monthly basis the inhaler/s and spacer/s are present and in working order, and the inhaler/s have sufficient number of doses available (at least 50 puffs)
- That replacement inhaler/s are obtained when expiry dates approach
- The plastic inhaler housing (which holds the canister) and spacer has been cleaned, dried and returned to storage following use, or that replacements are available if necessary

## 10. Emergency adrenaline auto-injector (AAI) kit protocols

- In the first instance, children should have two of their own AAI's at school to use in the event of anaphylaxis.
- We will hold one or more 'spare' AAI's within school for use in case of emergencies.
- The "spare" adrenaline auto-injector/s (AAI) will be used in the case of emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation **and** written parental consent for use of the spare AAI has been provided.
- The school's spare AAI's can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.
- We will obtain written consent from the pupil's parent/legal guardian for the use of the spare AAI.
- There will be appropriate support and training for staff in the use of the emergency AAI in line with the schools wider policy on supporting pupils with medical conditions.
- The use of an emergency AAI should also be specified in a pupil's individual healthcare plan where appropriate.
- The school will keep a record of use of the emergency AAI's as required by the statutory guidance, '*Supporting pupils at school with medical condition*,' and we will inform parents or carers that their child has used the emergency AAI.
- There will be at least two named volunteers, Deputy Head teacher and Senior Admin Assistant, responsible for ensuring these protocols are followed.

Our emergency AAI kit will include:

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

We ensure that the emergency AAI(s) are kept in a safe and suitably central location in the school (the school office) which is known to all staff, and to which all staff have access at all times, but in which the AAI is out of the sight of children. **They will not be locked away** but stored alongside the emergency inhaler kits.

The emergency AAI(s) will be kept separate from any child's AAI which is stored in a nearby location in the school office and the emergency AAI should be clearly labelled to avoid confusion with a child's medication.

The AAI devices should be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

Once an AAI has been used it cannot be reused and will be disposed of according to manufacturer's guidelines. Used AAIs will either be given to the ambulance paramedics on arrival or will be disposed of in a pre-ordered sharps bin for collection by the local council.

School office staff have the responsibility for ensuring that:

- On a monthly basis the AAIs are present and in date.
- That replacement AAIs are obtained when expiry dates approach (this can be facilitated by signing up to the AAI expiry alerts through the relevant AAI manufacturer).

## 11. Emergency procedures

The Individual Healthcare Plan will clearly define what constitutes an emergency for the child and will explain what to do. Other pupils will be taught to inform a teacher immediately if they think help is needed.

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

## 12. Day trips, residential visits and sporting activities

Holmesdale Community Infant School has a clear intention to actively support pupils with medical conditions to participate in school trips, visits, and sporting activities. Teachers will be aware of how a child's medical condition will impact on their participation, but we will ensure that there is enough flexibility for all children to participate according to their own abilities with reasonable adjustments unless evidence from a clinician states that this is not

possible. In order to determine the adjustments to be made so that pupils with medical conditions can safely participate, a risk assessment will be carried out in consultation with parents, pupils and with advice from relevant healthcare professionals.

### **13. Supporting children who are unable to attend school due to a medical condition.**

Holmesdale Community Infant School is aware of the importance of their role in supporting children who have medical conditions to attend school regularly. In certain circumstances, despite all efforts, there may be children who are unable to attend school. Long term absences may affect a child's educational attainment as well as their general well-being and emotional health. In these circumstances the following actions will be undertaken to support the child and family:

- The Deputy Head teacher will meet with parents and confer with health care professionals (if appropriate)
- An Individual Medical/well-being plan will be drawn up in consultation with the class teacher, parents, and the child (if appropriate)
- Learning will be set for the child to complete at home and will be assessed each day by the class teacher.
- The class teacher will call each week to check in with the child and the family.
- Reintegration into school will be planned and supported to ensure the well-being of the child.

### **14. Complaints**

Should parents or pupils be dissatisfied with the support provided by the school, they should discuss their concerns directly with the class teacher in the first instance and subsequently with the Deputy Head. If for whatever reason this does not resolve the issue, they may wish to discuss the complaint with the Head teacher. If the issue remains unresolved, they may make a formal complaint via the schools' complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within the scope of section 496.

