

Birdlip Primary School

'Helping each other prepare for a bigger world'

SUPPORTING CHILDREN WITH MEDICAL CONDITIONS POLICY

Date adopted: November 2020
Reviewed: January 2026, annual
Next Review: January 2027

Section 100 of the Children and Families Act 2014 places a duty on the appropriate authority for a school, which includes governing bodies of maintained schools, to make arrangements for supporting pupils at their school with medical conditions. This policy sets out the arrangements at Birdlip Primary School.

We aim to ensure that all children with medical conditions, whether in relation to their physical or mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy, and achieve their academic potential.

Birdlip Primary School works with health professionals and other support services to ensure that children with medical conditions receive a full education. In some cases this will require flexibility and involve programmes of study that rely on part time attendance at school in combination with alternative provision arranged by Redbridge Home Tuition or teaching during hospital stays.

Roles & Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work cooperatively with other agencies to ensure that the needs of pupils with medical conditions are met effectively.

The Head Teacher:

- has overall responsibility for the implementation of this policy and will ensure that it is implemented with partners
- will ensure that all staff are aware of this policy and understand their role in its implementation
- will ensure that new staff are fully informed about this policy
- will ensure that relevant staff are informed about a child's condition
- will ensure that sufficient staff are suitably trained and available (additional staff will be trained in order to cover staff absence or staff turnover)
- has overall responsibility for the development of Individual Health and Care Plans (IHCPs).

The SENDCo:

- will identify any training needs necessary during the development or review of IHCPs
- will liaise with external agencies to assess staff training needs
- will arrange for external professionals to train staff
- will support staff in carrying out their role
- will liaise with the head teacher to commission training.

Staff:

- must not give prescription medicines or undertake health care procedures without appropriate training
- may be asked to provide support to pupils with medical conditions, including by administering medicines
- will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions
- should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Pupils:

- should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs
- should comply with their IHCP
- will be encouraged to take responsibility for managing their own medicines and procedures if, following discussions with their parent/carer, it is agreed that they are competent to do so
- will be allowed to carry their own medicines and relevant devices wherever possible
- who refuse to take medicine or carry out a necessary procedure will not be forced to do so but the procedure in the IHCP should be followed and parent/carer must be informed of a refusal so that alternative options can be considered.

Parent/Carers:

- should ensure that their child is fit enough to attend school
- should keep any child who is acutely unwell at home
- should provide the school with sufficient and up to date information about their child's medical condition, and any treatment and special care needed at school

- should be involved in the development and review of their child's IHCP and may be involved in its drafting
- should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure that they or another nominated adult are contactable at all times
- should remind the class teacher of the need to take the relevant medicines on all school trips.

Teaching Assistants:

- will brief supply teachers on any child with medical conditions in their class.

Teachers:

- will liaise with the SENCo to carry out risk assessments for school visits, holidays, and other school activities outside of the normal timetable.

Managing Medicines on School Premises

- Medicines, where possible, should be prescribed in dose frequencies which enable them to be taken outside school hours. We will therefore only administer medicines when necessary and according to individual need. If a parent/carer feels it is necessary for a child to receive medication during the school day, the parent/carer will always be welcome to come into school to administer the dosage and will be encouraged to do so
- Children for whom we are likely to agree to administer medicines include children with **l**ong term medical needs including diabetes, epilepsy, asthma, severe allergies and occasionally medicines prescribed by GPs that have to be given during the daytime and when parent/carer is unable to come in to administer them. It is the parent/carer's responsibility to ensure their child's medication that is held in school is in date
- Children will not be given medicines without their parent/carer's written consent; the exception to this is Calpol which may be given with verbal consent from the parent / carer
- If we agree to administer any medicine, the parent/carer must complete form 'Med 1' (Appendix 2). A copy is available from the office and is on the school's web site: https://birdlipprimary.co.uk/
- Children should not bring any medicine into school with them - this includes cough sweets
- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- Children will never be given medicine containing aspirin unless prescribed by a doctor

- Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken
- We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist and that include instructions for administration, dosage and storage. The exception to this is insulin, which may be inside an insulin pen or pump rather than its original container
- All devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be kept in the school kitchen (and not locked away so that they can be accessed in an emergency). All other medicines will be stored in the school office
- On school trips the children should know where their medication is at all times
- Controlled drugs will be stored in a non-portable container and named staff will have access
- Staff administering medicines should do so in accordance with the prescriber's instructions
- When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal.

Managing Medicines on Residential School Trips

During residential school trips, we will administer medicines prescribed by the GP. We will not administer other medication unless there are exceptional circumstances for the request. Permission must therefore be sought from the Head Teacher well in advance of any trip if any non-prescribed medicine (for example, travel sickness tablets, hay fever medication) is requested to be administered. A 'Med 1' form will have to be completed and agreement obtained from the staff who are being asked to administer this medication to do that. After consultation with parents, we will administer non-prescription medication such as Calpol or travel sickness pills only on residential school journeys, after completion of a Med 1 form.

Record Keeping

- A record must be kept of all medicines administered to individual children, stating what medicine was administered, how it was administered, how much was administered and by whom. Any side effects of the medication should be noted
- A record will be kept of any doses of a controlled drug that have been administered and the amount of the controlled drug held in school.

Procedure to be followed when notification is received that a pupil has a medical condition

- Parent/carer or healthcare professional informs the school that the child has been newly diagnosed, or is due to attend a new school, or is due to return to school after a long term absence, or that needs have changed

- The attendance officer informs the SENCo in the event of a new admission
- A meeting is arranged between the SENCo, the parent/carer, child and relevant healthcare professional (or to consider written evidence provided by them) to ascertain the child's medical support needs. A member of staff is identified to provide support to the child
- At the meeting a discussion will take place to agree on the need for an IHCP
- The school will liaise with the healthcare professional in order to develop and write the IHCP
- The SENCo will identify any training needs
- The SENCo commissions/delivers training and staff are signed off as competent. Review date agreed
- The IHCP will be signed by the parent/carer and the Headteacher.
- The IHCP will be implemented and circulated to relevant staff
- The IHCP will be reviewed annually or when the condition changes. (Parent/carer or healthcare professional to initiate)
- In the case of a new diagnosis, or children moving to the school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks of being notified of that new diagnosis or a child's arrival at school.

Transition Arrangements

When a child transfers to Birdlip Primary School the previous setting will be contacted by the SENCo and a request will be made for any paperwork to be transferred.

If a child transfers to another school the SENCo will contact the new school to share information about the child. The attendance officer will send the child's school records to the receiving school on the child's last day at the school so that documentation is in place for the start of the next term.

Parents/carers are responsible for informing the school about any change to their child's condition.

Individual IHCPs

Individual Health and Care Plans can help to ensure that the school effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. An example of the form is shown as Appendix 1.

IHCPs may be initiated, in consultation with parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child. The school, healthcare professional and parent/carer will agree, based on evidence, when an IHCP would be inappropriate or disproportionate.

An IHCP will be essential in cases where:

- a condition fluctuates
- there is a high risk that emergency intervention will be needed.

They will also be helpful in other cases where a medical condition is long term and complex.

The IHCP will be drawn up in partnership between the school, parent/carer and a relevant healthcare professional who can best advise on the particular needs of the child.

Where the child has a special educational need identified in a statement or EHC plan the IHCP will be linked to or become part of the statement or EHC plan.

When a child returns to school following a period of hospital education or alternative provision, the school will work with the local authority to ensure that the IHCP identifies the support the child will need to reintegrate effectively.

The IHCP will be made accessible to all staff and professionals who need to refer to it.

The IHCP will be reviewed on an annual basis or earlier if evidence is presented that the child's needs have changed.

Emergency Procedures

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

Day Trips, Residential Trips and Sporting Activities

The school will carry out a risk assessment to take account of any steps needed to ensure that pupils with medical conditions are supported to participate in school trips and visits wherever possible.

The school will consider what reasonable adjustments can be made to enable children with medical needs to participate fully and safely on visits.

The school will consult with the parent/carer, and take advice from the relevant healthcare professional, to ensure that the child can participate safely.

Unacceptable Practice

It is 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 parent/carer or ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities
- send a child to the school office unaccompanied or with someone unsuitable if they become ill
- 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 a parent/carer to attend school to administer medication or provide medical support to their child if an IHCP is in place
- Prevent children from participating, or create unnecessary barriers to children participating, in any aspect of school life, including school trips.

Insurance Arrangements

STAFF INDEMNITY

Gloucestershire County Council fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, they have been provided with adequate training, and are following these guidelines. For the purpose of this indemnity, the administration of medical assistance / medicine falls within the type of activity that the Council will indemnify, and hence staff can be reassured about the protection their employer provides. In practice, the indemnity means that the Council and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action usually is between the parent and the employer.

Complaints

If parents/carers are dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue they should make a formal complaint via the school's complaints procedure which is available from the school office.

Appendix 1: Example of an Individual Health Care 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.	

Who is responsible for providing support in school	

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, 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

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 2 - Parental agreement for setting 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	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
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