



# Springcroft Primary School

## Supporting Children with Medical Conditions Policy

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Approved	Signature	Date

### Our Mission Statement:

The place to learn, the place to succeed, the place to make friends, the place to grow.

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## Introduction

Springcroft Primary School wishes to ensure that children with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 – "Supporting pupils at school with medical conditions" under a statutory duty form section 100 of the Children and Families Act 2014, and in collaboration with health services. The statutory duty came into force on 1st September 2014 and Springcroft Primary School has regard for the statutory guidance issued and makes all effort to comply.

## Definitions

- 'Parent(s)' is a wide reference not only to a child's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a child.
- 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery.
- 'Medication' is defined as any prescribed or over the counter treatment.
- 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- A 'staff member' is defined as any member of staff employed at Springcroft Primary School.

## Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children Act 1989
- Children and Families Act 2014
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2017) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'School Admissions Code'
- DfE (2022) 'First aid in schools, early years and further education'

- Education Act 1996 (as amended)
- Education Act 2002
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Medicines Act 1968
- Misuse of Drugs Act 1971
- National Health Service Act 2006 (as amended)
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- The Human Medicines (Amendment) Regulations 2017
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)

This policy operates in conjunction with the following school policies:

- Administering Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Drugs Policy
- Complaints Procedures Policy
- Attendance and Absence Policy
- Admissions Policy

## Key roles and responsibilities

### a) The Local Authority (LA) is responsible for:

- 1) Promoting co-operation between relevant partners regarding supporting children with medical conditions.
- 2) Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
- 3) Working with schools to ensure children attend full-time or make alternative arrangements for the education of children who need to be out of school for fifteen

days or more due to a health need and who otherwise would not receive a suitable education.

## b) The Governing Body of Springcroft Primary School is responsible for:

- 1) Ensuring arrangements are in place to support children with medical conditions.
- 2) Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- 3) Ensuring that the Supporting Children with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
- 4) Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- 5) Ensuring that all children with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.
- 6) Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
- 7) Ensuring written records are kept of, any and all, medicines administered to children.
- 8) Ensuring the policy sets out procedures in place for emergency situations.
- 9) Ensuring the level of insurance in place reflects the level of risk.
- 10) Handling complaints regarding this policy as outlined in the school's Complaints Policy.

## c) The Headteacher is responsible for:

- 1) Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- 2) The day-to-day implementation and management of the Supporting Children with Medical Conditions Policy and Procedures of Springcroft Primary School.
- 3) Liaising with healthcare professionals regarding the training required for staff.
- 4) Identifying staff who need to be aware of a child's medical condition.
- 5) Developing Individual Healthcare Plans (IHPs) and ensuring they are up to date.
- 6) Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- 7) If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
- 8) Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- 9) Continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.

- 10) Ensuring confidentiality and data protection
- 11) Assigning appropriate accommodation for medical treatment/ care
- 12) Considering the purchase of a defibrillator.
- 13) Voluntarily holding 'spare' salbutamol asthma inhalers for emergency use.
- 14) Ensure IHPs are kept up to date and are stored in children's SEND files.

#### d) Staff members are responsible for:

- 1) Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. *A first-aid certificate is not sufficient.*
- 2) Knowing where controlled drugs are stored and where the key is held.
- 3) Taking account of the needs of children with medical conditions in lessons.
- 4) Undertaking training to achieve the necessary competency for supporting children with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- 5) Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

#### e) School nurses are responsible for:

- 1) Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
- 2) Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- 3) Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.
- 4) Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training.

#### f) Parents and carers are responsible for:

- 1) Keeping the school informed about any new medical condition or changes to their child/children's health.
- 2) Participating in the development and regular reviews of their child's IHP.
- 3) Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- 4) Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- 5) Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

#### g) Pupils are responsible for:

- 1) Providing information on how their medical condition affects them.

- 2) Contributing to their IHP
- 3) Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

## Training of staff

- Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Children with Medical Conditions' Policy as part of their induction.
- The clinical lead for each training area/session will be named on each IHP.
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.
- School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy. These can be found in the staff meeting minutes.

## Medical conditions register /list

- Schools admissions forms request information on pre-existing medical conditions. Parents must have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs and other medical professionals to have input into the IHP and also to share information for recording attendance.
- A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. Each class / form tutor should have an overview of the list for the pupils in their care, within easy access.
- Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.
- For children on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

## Individual Healthcare Plans (IHPs)

- Where necessary (Headteachers will make the final decision) an IHP will be developed in collaboration with the child, parents/carers, Headteacher, Special Educational Needs Coordinator (SENCO) and medical professionals.
- IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors /parent helpers etc. may enter. If consent is

sought from parents a photo and instructions may be displayed. More discreet location for storage such as Intranet or locked file is more appropriate. ***P.S. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.***

- IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a child has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

## Transport arrangements

- Where a child with an IHP is allocated school transport the school will invite a member of the transport team who will arrange for the driver or escort to participate in the IHP meeting. A copy of the IHP will be copied to the transport team and kept on the pupil record. The IHP must be passed to the current operator for use by the driver /escort and the transport team will ensure that the information is supplied when a change of operator takes place.
- For some medical conditions the driver/ escort will require adequate training. For children who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that child's transport.
- When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc.
- Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the transport team for approval or appropriate action.

## Education Health Needs (EHN) referrals

- All children of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils.
- In order to provide the most appropriate provision for the condition the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.

## Medicines

- Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form.
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- Where a child is prescribed medication by a healthcare professional without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines **MUST** be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- A maximum of **four** weeks' supply of the medication may be provided to the school at one time.
- 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. Therefore, Springcroft will keep controlled drugs that have been prescribed for a child securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency.
- Medications will be stored in the School Office, and medications that are required to be temperature controlled are stored in a designated area in a fridge located in the staffroom.
- Any medications left over at the end of the course will be returned to the child's parents.
- Written records will be kept of any medication administered to children.
- Children will never be prevented from accessing their medication.
- Springcroft Primary School cannot be held responsible for side effects that occur when medication is taken correctly.
- Staff will not force a child, if the child refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.
- If a sharps box is required for the disposal of injectors, parents should obtain it on prescription **and pass it on to the school.**

## Adrenaline Auto-injectors/Epipens

Springcroft Primary School may administer their school owned adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a child at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

Springcroft Primary School has two spare AAI, located in the shelf as you enter the school office:

- Labelled “Infant 0.15mg” or 150 micrograms for children 0-under 6 years
- Labelled “Junior 0.3mg” or 300 micrograms of children 6 years and older

These can be administered to a child whose own prescribed AAI cannot be administered correctly without delay.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer:

- 3 second dose to be administered
- No second dose required
- Do not rub/massage the area of injection after administration

**If someone appears to be having a severe allergic reaction (anaphylaxis), you MUST call 999 without delay, even if they have already used their own AAI device, or a spare AAI.**

In the event of a possible severe allergic reaction in a child who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

Practical points:

- When dialling 999, give clear and precise directions to the emergency operator, including the postcode of your location.
- If the child’s condition deteriorates and a second dose adrenaline is administered after making the initial 999 call, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Tell the paramedics:
  1. if the child is known to have an allergy;
  2. what might have caused this reaction e.g. recent food;
  3. the time the AAI was given.

### **An anaphylactic reaction always requires an emergency response**

Any AAI(s) held by a school should be considered a spare / back-up device and not a replacement for a child’s own AAI(s). Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times. This guidance does not supersede this advice from the MHRA,1 and any spare AAI(s) held by a school should be in addition to those already prescribed to a child.

For recognition and management of an allergic reaction/anaphylaxis, please see Appendix 2

## Maladministration of Medicines

An error could constitute;

- the wrong medication being administered to a service user
- medication being administered at the wrong time
- failure to have the medication available to the service user
- incorrect documentation
- failure to document when a medication has been administered
- Medication being missed or not given

To reduce a medication or documentation error, the School Office staff will be responsible for ensuring medication is administered and documented. Their responsibilities will include the following;

- Allow the staff member administering medication time to enable them to give their sole attention to administering the medication
- take reasonable steps to obtain advice should an error arise – contact Senior Leadership Team or in their absence contact parents or 111/999 in an emergency.

Should a student be administered the incorrect dose in excess of that authorised the following should be adhered to;

- The child's wellbeing is always the priority and medical advice must be sought immediately.
- Senior Leadership Team should be informed and that member of staff will inform next of kin if they have not yet been informed.
- Contact the GP who administered the medication
- Student is monitored as advised.
- Incident form should be completed and an internal investigation should be carried out to minimise the risk of recurrence.

Disciplinary action would not follow accidental mal-administration of medication unless an attempt has been made to conceal the incident.

## Emergencies

- Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms.
- Children will be informed in general terms of what to do in an emergency such as telling a teacher.
- If a child needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

## Day trips, residential visits and sporting activities

- Unambiguous arrangements should be made and be flexible enough to ensure children with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.
- To comply with best practice risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.

## Avoiding unacceptable practice

The following behaviour is unacceptable in Springcroft Primary School:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that children with the same condition require the same treatment.
- Ignoring the views of the child and/or their parents or ignoring medical evidence or opinion.
- Sending children home frequently or preventing them from taking part in activities at school
- Sending the child to the medical room or school office alone or with an unsuitable escort if they become ill.
- Penalising children with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow children to eat, drink or use the toilet when they need to in order to manage their condition.

## Insurance

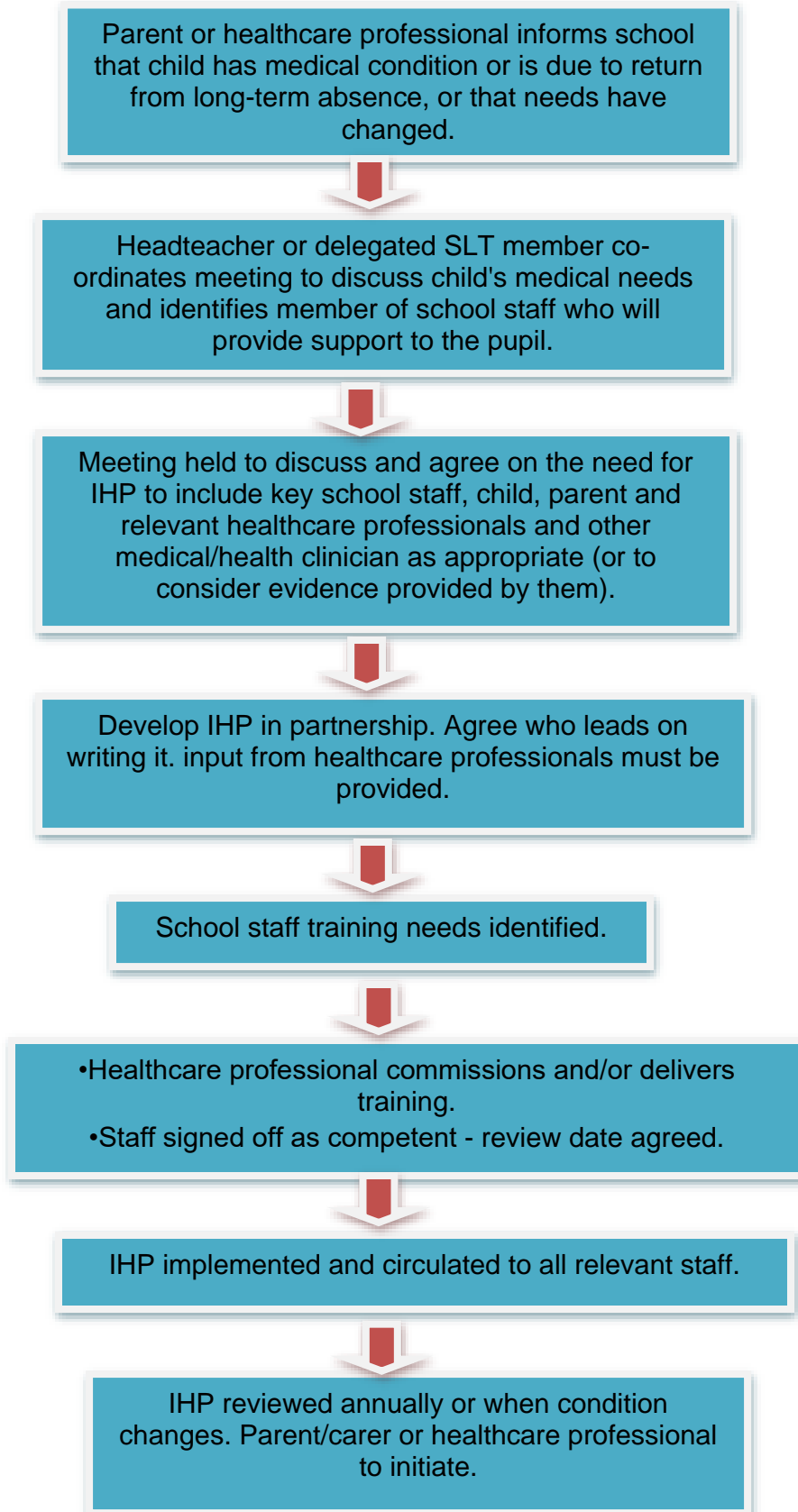
- Teachers who undertake responsibilities within this policy will be assured by the Headteacher that are covered by the school's insurance.
- Full written insurance policy documents are available to be viewed by members of staff who are providing support to children with medical conditions. Those who wish to see the documents should contact the Head.

## Complaints

- All complaints should be raised with the school in the first instance.

- The details of how to make a formal complaint can be found in the [School Complaints Policy](#).

## Appendix 1: Supporting Children with Medical Conditions



## Appendix 2:

Signs and symptoms include:

### Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

### ACTION:




- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



## Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

<b>AIRWAY:</b>	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
<b>BREATHING:</b>	Difficult or noisy breathing Wheeze or persistent cough
<b>CONSCIOUSNESS:</b>	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

### IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:  
(if breathing is difficult, allow child to sit)   
2. Use Adrenaline autoinjector\* without delay
3. Dial 999 to request ambulance and say ANAPHYLAXIS

**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

### After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.