



WREN'S NEST PRIMARY SCHOOL

Supporting Children with Medical Conditions Policy 2022-23

SUPPORTING CHILDREN WITH MEDICAL CONDITIONS POLICY

September 2022

Document to be read in conjunction with ***other key school policies (listed within document)***

Wren's Nest Primary School

Supporting Children with Medical Conditions Policy 2022-23

Amber Harris SENDco and Ann Allport Specialist Teaching Assistant with
Responsibility for First Aid



In September 2014 a new duty came into force for Governing Bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance **“Supporting pupils at school with medical conditions” (updated Dec 2015)** is intended to help governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice.

The aim is to ensure all children with medical conditions, in terms of both physical and 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.

Adopted by the Governing Body: September 2022

Policy available to staff on the school shared area / and also available to all parents published on the school website. A hard copy is available on request at the school office.

Review Date: September 2023

AIMS OF THE POLICY

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

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Miss Amber Harris, supported by Mrs Sarah Parkes (Headteacher) and Mrs Ann Allport (Specialist Teaching Assistant for Children with Medical Needs).

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: [Supporting pupils at school with medical conditions](#).

SUPPORTING PUPILS WITH MEDICAL NEEDS

The school's mission statement:

"Unlock potential and reach for the stars"

applies to all children at Wren's Nest Primary School. We are an inclusive community and we positively welcome and support pupils with medical needs and their families.

Medical Needs can present a significant barrier to participation and achievement. Some pupils may have a medical condition that could affect their participation in school activities which, if not properly managed, could limit their access to education and/or be potentially life threatening. In some cases, staff may need to make reasonable adjustments when arranging some activities to make sure that these pupils are not put at risk or treated less favourably as a result of their medical need.

The purpose of this policy is to help governors, staff, parents and other professionals to understand how those barriers might be overcome and their role and responsibilities in doing so.

A pupil may be said to have a medical need if they have a condition requiring management by a health care professional, this may or may not include the taking of medication. At Wren's Nest, this includes:

- *Children with a range of conditions including epilepsy, ADHD, anaphylaxis, asthma, diabetes, bowel /bladder conditions, eczema, heart conditions.*
- *Pupils requiring post-hospitalisation care.*
- *A child with mental health needs e.g. depression, self-harming, anxiety, school phobia etc.*

Wren's Nest Policy and Procedures

- The policy will be reviewed regularly and updated to reflect new guidance.
- Wren's Nest has well established procedures for working in partnership with children, parents and outside agencies to plan for and support children with Medical Needs.
- Information regarding medical needs is communicated to staff through training sessions and staff meetings. To include:
 - All staff are familiar with the medical needs policy and understand the actions to be taken in an emergency. **(Appendix 1)**
 - All staff have received additional training to meet the medical needs of specific groups of pupils. (e.g. asthma and anaphylaxis)
 - Some staff have children in their care who have particular medical needs. These staff receive specific training to enable them to manage the children in their care (e.g. epilepsy and diabetes). A training log is maintained to record training received by a) All staff and b) specific staff.

Information about specific pupil's health care needs is shared with parents and within school on a need to know basis through Health Care Plans and the Medical Needs Register.

Information on the Medical Needs Policy is freely available to parents with key information included in the Prospectus. The policy is available on the school's website.

School is to the best of its ability and knowledge, fully compliant with the DDA 2010.

Roles and Responsibilities

Please refer to DFE Guidance pages 12-15.

In addition, all staff are responsible for passing on any relevant information about a child as soon as possible.

Responsibilities of the Head Teacher and Deputy Head Teacher

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

- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.
- Risk assessments for school visits and other activities outside the normal school timetable.
- Staff absence within their phase; arranging cover as necessary to ensure someone is always available to support the children with Medical Needs– especially on school trips .

Responsibilities of teachers and support 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.
- Ensuring children make progress in their care, including children with medical needs. They are responsible for the planning of additional sessions delivered by Home and Hospital during a child's protracted absence.
- Understanding how the child's medical condition will impact on their participation in activities in school, including: after school activities, when out on trips and making reasonable adjustments to ensure their inclusion.
- Writing risk assessments for trips, visits, activities using information from the Care Plans and medical register and ensuring that appropriately trained staff as well as their care plans and medication if appropriate is taken on the visit.
- Knowing what to do and how to respond should a child in their care with a medical condition need help.
- Collecting the first aid bag from Mrs Allport and the emergency inhaler from the School Office to take out on school trips and local visits.

In addition, First Aiders are the first contact for a child who is injured or has an illness. Their training is updated in line with statutory requirements. This is managed by Miss A Harris.

Miss Amber Harris has additional responsibility:

- Take overall responsibility for the development of IHPs supported by Mrs Allport who has day-to-day responsibility for writing and maintaining plans.
- 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.
- To write and review the policy with advice from Mrs Allport and School Health.
- For partnership working, liaison and referrals.
- To manage and support Mrs Allport's role and deputise in her absence.
- To plan for the arrival of a child with a known medical condition liaising with the former school and relevant health care professionals, parents and the child (where appropriate).

- To make provision for newly diagnosed conditions within 2 weeks of being informed – working closely with other health care professionals, Home and Hospital and the Physical and Sensory Service (where appropriate), parents and the child.

Mrs Allport – Specialist Teaching Assistant for Children with Medical Needs

- 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.
- Arranges the training for specific medical needs (e.g. anaphylaxis) and whole school training in consultation with Mrs Parkes, (at least annually. Mrs Allport writes and monitors the health care plans with parents, health care professionals and the child (where appropriate).
- Attends all training and can provide advice to staff on all the conditions described in the Wren's Nest Policy.
- Maintains the Medical Needs Register This is updated and disseminated at the start of the academic year to all staff. The register is kept on the secure staff area and is updated throughout the year as appropriate with staff being notified of updates.
- Ordering and Distributing First Aid resources.

Jade Davis (Kitchen Manager)

- Ensures she and the kitchen staff are aware of children's specific dietary needs and allergies and takes appropriate action to ensure their safety.

Amber Harris (SENDCo and Acting Deputy)

- Miss Harris arranges the training for Paediatric First Aid Certificates and First Aid at Work.

Parents / Carers

- Parents and Carers are responsible for their child's health and must provide school with sufficient and up-to-date information about their child's medical condition, dietary needs and treatment on entry to school or as soon as it develops.
- Parents have a responsibility to ensure their child attends subsequent medical appointments as well as keeping school informed of any follow up appointments and their outcomes. This is essential now as current hospital and clinic practice means that letters are not sent to the School Nurse for the information to be passed on to school.
- Parents must ensure that they are contactable at all times – they are responsible for updating contact information with the school office.

Children

Children who are competent are actively encouraged to take responsibility for managing their own medication and procedures e.g. inhalers, applying creams, using crutches etc. Some diabetic children will be encouraged to inject themselves where appropriate and under supervision. In the event that a child refuses to take their medication, parents should be called to school to take responsibility for this.

Individual Health Care Plans are provided by the Local Health Authority and are compliant with DFE regulations.

- Individual Healthcare Plans are currently written for children with the following conditions: epilepsy (including absences), anaphylaxis, heart conditions and diabetes, Sickle cell as well as those with complex medical needs and for children following hospitalisation on the advice of health care professionals.
- They each include reference to what constitutes a medical emergency for that child and how that needs to be managed.
- They are written by Mrs Allport with the School Nurse or Health Visitor or a Specialist Nurse as well as the Parents (and the child where appropriate) to identify necessary safety measures, medication and treatment programmes to support the pupil with medical needs.
- No aspirin or medicine containing aspirin will be given to pupils unless specifically prescribed by a doctor.
- Copies are given to the class teacher and parent and the original is kept in the Medical Needs file in a locked cupboard.
- Teachers with pastoral responsibility are given copies of health care plans. The kitchen staff receive a summary plan with a photo of the individual child attached to support identification of children with known food allergies.
- Parents are asked to give consent to display photos of their children, with their list of allergies and sensitivities, in the kitchen.
- These plans are reviewed at least annually by Mrs Allport, parents and the relevant health professionals. Parents have a responsibility to update information about their child's medical needs.
- Mrs Allport will ensure that the children with Individual Healthcare Plans will know how to keep themselves safe whilst managing their specific condition in a developmentally appropriate way.
- Children with mobility issues (only) will require risk assessments to be completed and PEEPS.
- If a child is required to be taken to hospital in an emergency and the parent is not available then 2 members of staff are required to transport the child to hospital and one adult to remain with the child until the parent arrives. If an ambulance is required and the parent is not available then 1 member of staff must travel with the child to the hospital in the ambulance and wait for the parent to arrive.

Asthma Records (Appendix 3 – Blank Asthma record sheet)

Asthma Records are completed by Mrs Allport, the Parent and child (where appropriate). For children with asthma, parents sign to give permission for their child to carry and use their asthma medication. They also sign to give permission for the use of the school emergency inhaler. Emergency inhalers are kept in school, centrally located in the school office. These are kept in a carry pack to accompany classes on visits off the school premises.

For children with eczema, parents sign to give permission for creams to be applied (where the child is very young) or for children to be supervised in the application of their creams as appropriate. Asthma and eczema plans are kept in the Medical Needs File.

Please refer to DFE Guidance para 21-23 “Managing Medicines on school premises”

No member of staff has to give medication to a child unless they choose to do so.

- Non- prescription medication is only given in exceptional circumstances where it would be detrimental to the child’s health or well-being not to do so:
 - In an emergency, parents can be asked to come into school to administer Paracetamol to their children. During school visits to the Pioneer Centre, Paracetamol may be administered with parents’ prior written consent. This is obtained before the visit.
 - Travel sickness tablets – are only given to children known to be travel sick and with written consent of the parents.
- Over the counter medicines e.g. hay-fever treatments, cough, cold remedies and analgesics for pain relief should only be accepted in exceptional circumstances e.g. for treatment in minor ailments for self-care and be treated in the same way as a prescription medication. Parent/carer must clearly label the container with the child’s name and complete a consent form with the dose and time required to support administration.
- All medication including non-prescription medication must be in its original packing.
- No medication can be given to a child without their parents’ **written** consent.
- Prescribed medication will only be given in school if medication timings are such that they cannot be given outside the school day.
- Parents have to complete a Request for the School to give Medication form and this has to be agreed by Mrs Parkes or in her absence Mrs Pugh, Mrs Vivash or Miss Harris before the medication can be administered. **(Appendix 4)**
- School will only accept medication that is in date, labelled and in the original container as dispensed by the pharmacist and include instructions for administration, dosage and storage. Insulin, which must still be in date, is generally provided within a pen or pump rather than the original container. However, spare insulin cartridges are kept in the office fridge- these are labelled.
- Medicines are kept in a locked cupboard in the school office at room temperature or in the fridge as necessary (dedicated medication storage box). Emollient creams are kept in the classroom for application as directed in the plan. Epi- Pens and inhalers are kept in the classroom / with the child as appropriate. This information will be kept on the relevant health care plans.
- A child under 16 should 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. Parents should be informed.
- Teachers are responsible for ensuring they have the relevant medication and health care plans when out on trips.
- Any medication given for ADHD (by named staff) must be recorded on the child’s individual Medication Given Record. A tally is kept of the number of tablets remaining. If any tablets are required to be taken out of school by the parent, the parent must sign and date the amount taken. The tally to be changed, dated and initialled by the member of staff handing over the medication. **(Appendix 5)**
- Emergency inhalers are kept in the main school office. Parents sign to give consent to use the school’s emergency inhaler. Parents are informed if their child has needed to use the emergency inhaler. Parents are responsible for replacing their child’s inhaler.

Key Partners (see pages 14)

Linda Lowe - School Nurse (Children aged 5-11) (Maternity Leave is currently being covered by Michelle Homer)

1. Provides advice and support to school regarding children with medical needs as well as any other health care issues. This includes whole school training (e.g. asthma) as well as health promoting advice to specific year groups on request.
2. With parental permission, their contact details are passed directly to the SHA to enable her to contact them.
3. Is a partner in all Child Protection and Children Looked After Plans and some CAF's and CIN Plans. She may also be a partner in SEND Support Plans/EHCPs
4. Carries out Reception and Year 6 health assessments.

Health Visitors – The Greens Health Centre – for children aged 0-4 See 1 and 3 above.

Referrals are made by Mrs Wood (Early Years Lead) and Miss Harris by phone and a record kept in the child's individual SEN file

Home and Hospital Tuition Service – Miss Harris or hospital referral

Paediatrician at Russell's Hall Hospital – referral through GP/Children's Services

School's Medical Officer – referral through School Nurse

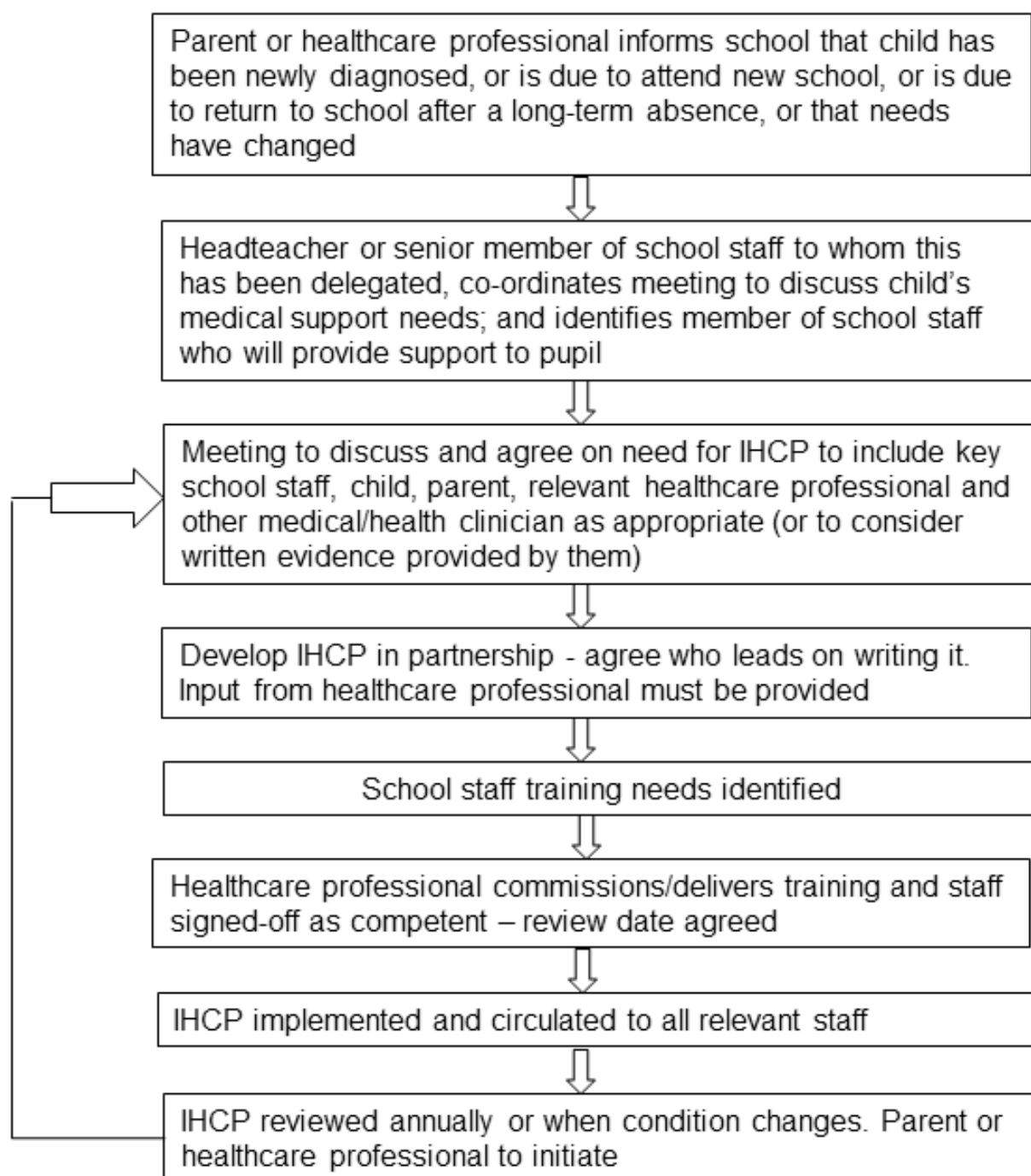
CAMHS – referral through GP

Physical and Sensory Service – referral through Miss Harris

Procedure to be followed when developing an individual health care plan.

(For a newly diagnosed condition, for a child new to the school with an existing condition, following long term absence or changing needs)

(DFE guidance states that every effort should be made to do this within 2 weeks.)



In addition:

- Children in school may need to be prepared for their arrival – a brief description of the child's presentation and how staff and children in school can support them best.
- A start date will be agreed by parents , school and health care professionals.

Additional Information

Children with Long Term Medical Needs and Significant Periods of Absence from School.

Some children, as a result of a pre-existing medical condition or as the result of an accident or newly diagnosed condition may require significant periods of time away from school on a regular basis (e.g. for transfusions/dialysis etc.) or infrequently as a result of hospitalisation or convalescence. Wherever possible and in consultation with parents, these children will be offered some additional teaching through the Home and Hospital Tuition Service.

Home and Hospital Tuition Service

- The referral is made by Miss Harris if a pupil has surgery planned and/or a known and extended future absence is likely, due to a medical need (15 days or more).
- The hospital refers where absence is the result of the sudden onset of a serious medical condition or illness, surgery or other hospitalisation.
- For children with mental health problems such as anxiety, depression or school phobia, their needs will be discussed with Parents, GP and the Educational Psychologist before a referral is made.

Following a long period of absence, Miss Harris will initiate a return to school plan, liaising with the child, parents, class teacher, School Health and the Home and Hospital Tuition Service (where appropriate) to ensure a successful and safe return to school. Parents must now provide a letter from the GP or hospital stating the child is well enough to return to school.

Liability and Indemnity

Wren's Nest Primary has full insurance and indemnity through RPA. Membership no. 103823

Limit of Indemnity:

Employers' Liability: Unlimited

Third Party Public Liability: Unlimited

Professional Indemnity: Unlimited

Property Damage: Reinstatement value of the property.

Complaints

All staff carry out their duties to care for and support all children, to the best of their ability under the direction of the Head Teacher. Should a parent ever wish to make a complaint over the care and support provided by the school, then it should be made in writing or in a meeting with the Head Teacher, Mrs Parkes.

In the event of the complaint being made against Mrs Parkes, the complaint should be addressed to Mrs Jill Snow, The Chair of Governors.

Policies and Guidance relevant to this Medical Needs Policy:

The following are available as hard copies and are kept in the Medical Needs Section in the cupboard in the school office.

- Guidance for the Management of Anaphylaxis in Schools Dudley PCT
- Guidance for the Management of Epilepsy in School Dudley PCT
- Dudley Schools' Asthma Policy, Dudley PCT
- Guidance for the Management of Children and Young People with Diabetes in Schools Dudley NHS/Diabetes UK
- Understanding Meningitis – The Meningitis Trust
- Guidelines for the control of communicable disease in schools and colleges, Dudley

This policy should be read in conjunction with the Wren's Nest Privacy Notice and complies with GDPR.

Appendices

- 1 Actions to be taken in a medical emergency
- 2 Blank Individual Health Care Plan
3. Asthma Record Sheet
4. Request for School to give medication form
5. Individual Child's Medication Record

Appendix 1: Actions to be taken in a medical emergency:

Who	What
First person at scene	Shout for help - any adults (who can then get a first aider)
First Aider	To administer emergency first aid in accordance with training and advice from Emergency Services.
An adult (NOT first aider)	Call an ambulance (Ring 999) The person will then need to say on the phone and within the vicinity of the casualty. Continue to relay information from the first aider to the emergency services and follow any instructions given.
Other adult	Adult to go to the School Office to inform them an ambulance has been called and to make SLT aware. Adult to take Defibrillator back to the casualty as a precaution.
Office / SLT in Office	Organise for a member of staff to meet the ambulance crew at the front or back gates as appropriate (best access).
Office staff	Office staff to print child's Integris details to provide to ambulance crew. Office to ring parents of child.
SLT to organise	Once child taken to hospital - bodily fluids / surrounding area to be cleaned.

During a medical emergency other children should be cleared from the area to avoid distress and congestion. Children should be spoken to and reassured after the event.

Appendix 2: Individual Health & Care Plan

First Name: _____
 Last Name: _____
 Date of Birth: _____
 NHS Number: _____

Shropshire Community Health 
 NHS Trust

Healthcare Plan for a Pupil with Medical Needs

Date Completed:	Review Dates
Name and Address of School:	1
	2
	3
	4
Consent to Share Information obtained: Yes <input type="checkbox"/> No* <input type="checkbox"/> (if No please give details below)	
Comments:	
Contact Information	
Family Contact 1	Family Contact 2
Name:	Name:
Telephone Number:	Telephone Number:
Relationship:	Relationship:
Clinic / Hospital Contact	GP
Name:	Name:
Telephone Number:	Telephone Number:
Describe conditions and give details of pupil's individual needs:	
Care Requirements:	

First Name: _____

Last Name: _____

Date of Birth: _____

NHS Number: _ _ _ _ _

Healthcare Plan for a Pupil with Medical Needs

Describe what constitutes an emergency for pupil during school day, and the actions to take if this occurs:

Follow up care – after emergency, long term care:

Form Copied to: (please tick box as required)

Parents: ☐

Head Teacher: ☐

School Nurse / Health Advisor: ☐

Details of person completing this form:

Signature:	Print:
Date:	Designation:

Appendix 3: Asthma Health Care Plan



Wren's Nest Primary School.

Asthma Health Care Plan.

Child's name	
Date of birth	
Group/class/form	
Child's address	
Age of child when diagnosed with Asthma.	

Family/ Emergency Contact Information

Parents / Guardians Name		
Phone no: Home		
Mobile		
Name of emergency contact	1:	2:
Phone no: Home		
Mobile		

G.P.

Name/ clinic	
Phone no.	

Clinic/Hospital Contact

Name	
Phone no.	

Describe how the asthma affects your child including their typical symptoms and asthma 'triggers '

Describe their daily care requirements including the name of their asthma medicine(s), how often it is used and the dose

(E.g. once or twice a day, just when they have asthma symptoms, before sport)

Describe what an asthma attack looks like for your child and the action to be taken if this occurs

☐

Form copied to: (to be completed by the school asthma lead)

Class teacher

Parents

Medical file

School Nurse

ADVICE FOR PARENTS

Remember:

1. It is your responsibility to tell the school about any changes in your child's asthma and/or their asthma medications
2. It is your responsibility to ensure that your child has their 'relieving' medication and individual spacer with them in school and that it is clearly labelled with their name. You should confirm this with your child's class teacher
3. It is your responsibility to ensure that your child's asthma medication has not expired
4. Your child should not be exposed to cigarette smoke



Parental Agreement for School to Administer Medicine.

The school will not give your child medicine unless you complete and sign this form

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

Dosage and method

Are there any side effects that
the school needs to know
about?

Procedures to take in an
emergency

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes to my child's medication in writing.

In the case of my child having an asthma attack whilst at school, should my child's school have an emergency salbutamol inhaler available, I am consenting for my child to be treated with this emergency salbutamol inhaler should their own inhaler be unavailable for use.

Date _____ Signature(s) _____

Please note: It is your responsibility to ensure that the school is kept informed about changes to your child's medicines, including how much they take and when. It is also your responsibility to provide the school with medication that is clearly labeled and in date.

Appendix 4: Request for school to administer medication form

Request for School to Administer Medication



This is not a service which the school is obliged to provide. However the Headteacher has agreed to take overall responsibility in line with the School Medical Policy.

All medication including non-prescription non-medication must be in its original packing, the parent must clearly label the container with the child's name and must complete this consent form with the dose and time required.

Parents are responsible for their children's welfare and for bringing in and collecting the medication from the school office as necessary

PUPIL DETAILS:

Name: _____ DOB: _____ Class: _____

Condition or illness for which medication is prescribed:

Please tick below:

Prescription ☐

Over the counter medication ☐

Medicine (as described on the container)	Time required	Dose	Medication to be given until	Expiry Date

My child can take this medication under supervision YES/NO

My child needs to have the medication administered YES/NO

Contact details:

Name: _____ Relationship to pupil: _____

Contact telephone no: _____

Signed Parent/Carer: _____ Date: _____

- I agree to undertake your request
- I agree to establish and maintain a written record of the action taken
- I agree to make arrangements for the safe storage of the medication

Signed: Headteacher: _____ Date: _____

Appendix 5: Individual Child's Medication Record

Pupils Name: _____ D.O.B _____



Tablets brought in on _____ Name of tablets: _____ No. of tablets _____ Staff + Parent Initials: _____

Date	Time	Medicine Given	Dose Given	Any Reactions?	Signature of Staff	Print Name	No. of tablets remaining

If parents collect some or all of the medication, they will need to sign, date and state how much of the medication has been taken. This will need to be countersigned by Mrs Pugh or a member of the admin team.