



# Highbury Primary School

‘Valued as Individuals, Inspired and Nurtured as Learners’

Respect, Resilience, Confidence, Kindness, Inclusive, Aspiration

## Supporting Pupils with Medical Conditions Policy

Highbury Primary and Nursery School’s mission is:

- To be an inclusive, safe and caring community where each member is equally valued and nurtured to develop their potential.
- To achieve academic excellence by ensuring each pupil performs to the best of their ability.
- To work together as a team with parents and carers within the community to promote respect responsibility for the benefit of all.

### Rationale

This policy is written in regard to Section 100 of the Children and Families Act 2014 which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions and follows the guidance in the Department for Education document “Supporting Pupils at School with Medical Conditions” Sept ’14.

It is also written with due regard to section 21 and 175 of the Education Act 2002, section three and 17 of The Children Act 1989, section 10 of the Children’s Act 2004 and the NHS Act 2006, Equality Act 2010 and Special Educational Needs and Disability Code of Practice 0 –25 of 2014.

The policy has incorporated previous policies, e.g., Administration of Medicine and others relating to well-being. In order to streamline access to procedures these policies have been amalgamated into this document, which now supersedes previous documents. In addition to this policy, we have an Intimate Care Policy and First Aid Policy.

## Supporting Pupils with Medical Needs Policy

### Aims

- To ensure pupils at school with medical conditions, in terms of both physical, social and emotional implications, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.
- To ensure every pupil is provided with a safe environment.

### Roles and Responsibilities

Supporting a pupil with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the pupil.

### The Local Governing Body

- Must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented.
- Must ensure sufficient staff receive suitable training and are competent to support children with medical conditions.
- Must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk.

**Headteacher:** has overall responsibility, liaising regularly with the SENCO/Inclusion Leader, as to the children's needs, ensuring that:

- All staff are aware of this policy and understand their role in its implementation.
- Sufficient numbers of staff are trained to implement the policy and deliver Education Health Care Plans (EHCPs) and follow the necessary protocols, including in emergency and contingency situations and the school has the appropriate insurance in place.
- That relevant training has been provided and that the trained staff are competent to deliver any medicines.
- Staff should be able to act safely and promptly in an emergency situations.
- Ensure that new members of staff receive appropriate training.

And furthermore that whenever the school is notified that a pupil has a medical condition:

- All relevant staff are made aware of a child's condition.
- Cover arrangements in case of staff absence/turnover is always available.
- Supply teachers are briefed.

- Risk assessments for visits and activities out of the normal timetable are carried out and reasonable adjustments are made, as necessary.
- Individual health care plans are monitored/reviewed (at least annually).
- Transitional arrangements between schools are carried out.
- If a child's needs change, the above measures are adjusted accordingly.
- Ensure the development of EHCPs at annual review.
- Any child with a medical condition is brought to the attention of the school office team.

### **School Staff**

- Any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be directed to do so.
- Should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions.
- Any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Staff members responsible for completing risk assessments for off-site activities should liaise with parents and SENCo to ensure reasonable adjustments have been made as necessary.
- The class teacher is responsible for the day-to-day care of a pupil in their class, with the advice of the SENCo or Headteacher.

### **School Nurses**

- Are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.
- May support staff on implementing a child's EHCP and provide advice and liaison.

### **Other healthcare professionals**

- Should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- May provide advice on developing healthcare plans.
- Specialist local teams may be able to provide support for particular conditions (e.g. asthma, diabetes, epilepsy, anaphylaxis).

### **Pupils**

- Should, wherever appropriate, be fully involved in discussions about their medical support needs and contribute to, and comply with, their EHCP.

## **Parents**

- Should provide the school with sufficient and up-to-date information about their child's medical needs.
- Are the key partners and should be involved in the development and review of their child's EHCP supporting it as agreed, e.g. making sure a named contact is available.
- Should carry out any action they have agreed to as part of the EHCP implementation.
- Should provide the necessary medicines in the prescribed packaging carrying the dispensing pharmacy's instructions for administration.
- Should provide other medicines (eg Paracetamol/Ibuprofen) in the original packaging carrying the dispensing instructions for administration.
- Should ensure medicines are kept up-to-date.
- All medicines or medical equipment should be collected at the end of the school year and returned on the first day of the autumn term.
- Should collect and dispose of unwanted medicines prescribed for their child.

## **Individual Education Health Care Plans (EHCP)**

Where a pupil has a life threatening condition or complex medical needs then an individual healthcare plan (EHCP) can be written in consultation with the parents, pupil, school nurse or other relevant medical staff and SENCO/Inclusion Leader.

Highbury Primary School takes the care of each child very seriously and a child cannot be cared for in school without the necessary medical equipment and plan. Examples of conditions that need an individual healthcare plan are diabetes, anaphylaxis and epilepsy, although this list is not exhaustive. When a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

Individual Health Care Plans are available in the medical room. If parents are concerned about any aspect of confidentiality, then they should contact the Inclusion Leader to discuss arrangements.

## **Implementation Management and Organisation regarding administration of medicines**

When medicines are to be administered in school it is essential that safe procedures are established which are acceptable to appropriate school staff involved. It is essential that clear written instructions are supplied by parents when requesting that medication be administered to their child. Parents should always complete a 'Parental agreement to administer medicine form' available from the school office giving: the child's name and class; clear instructions on the dose to be administered to the child; the time to be given and for what period. Medication must be in its original packaging including the prescriber's instructions. Only the prescribed/recommended dose will be administered, this cannot be changed unless written instructions are given from a

Supporting Pupils with Medical Needs Policy

medical professional. The form should be signed by the parent or carer and retained in the school office for reference by staff involved.

Members of staff who are willing to dispense medicines to pupils i.e. teachers, support staff, office staff etc. should be advised of the correct procedure and complete the annual training on The National College portal.

Parents/carers and staff should be kept informed of the school's arrangements for the administration of medicines and drugs and will be informed of any changes in these procedures. A record should be kept of all the medicines and drugs administered by the members of staff responsible i.e. on the Record Card for Medication Administration.

### **Members of staff available for first aid in an emergency:**

- Emergency First Aid at work: Academy Operations Officer
- Paediatric First Aid: Names of paediatric trained staff are displayed in the medical room.
- Outdoor First Aid Incident Management: Forest/Beach School Lead

### **Advice on Medication**

Children recovering from a short-term illness/infection who are clearly unwell should not be in school and the Headteacher can request that parents or carers keep the pupil at home if necessary. If the parent or carer requests that the school administer medication (prescribed and non-prescribed), the Headteacher will allow this on the condition that the school's '**Parental agreement to administer medicine**' form is completed and signed by the parent.

If the instructions have not been given in writing, it will not be possible for the school to accept responsibility for administering the medication. In exceptional circumstances a telephone call may be made to the parent/carers to obtain verbal consent. The telephone permission and member of staff this was discussed with, will be noted on the '**Parental agreement to administer medicine**'. Asthma inhalers will usually be administered by the pupil but may be assisted by an adult if needed. Epi-pens will always be administered by an adult. In exceptional circumstances trained members of staff may administer drugs by injection. This will only be done on the advice of a medical professional.

### **Educational Off-Site Visits**

Within the SEND Policy of the school, all pupils should be encouraged to take part in school visits wherever safety permits. It may be that the school would need to take additional safety measures for outdoor and residential visits and staff supervising outings must be aware of any medical needs of such pupils and of the relevant emergency procedures. Reasonable adjustments will be made to optimise the inclusion of all pupils with health care needs and/or disability and these will be recorded on the risk assessment. It may be necessary to take medication for pupils on a school trip, e.g. Epi-pen, Inhalers or Epilepsy emergency medication. This medication

must be logged in and out of school. It is also necessary to take copies of any relevant care plans in case of emergency. Emergency medication must be taken on all trips.

### **Antibiotics**

Pupils who are prescribed antibiotics can often recover very quickly and may well be fit enough to return to school, but it may also be essential that the full course of medication should be completed. In this case, the Headteacher is willing for named staff to administer the antibiotics supplied by the parent or carer. 'Parental agreement to administer medicine' form should always be completed giving full instructions for administration of the medicine. It is the responsibility of the parent to ensure that the medication is collected each day and is not out of date.

If the instructions have not been given in writing, it will not be possible for the school to accept responsibility for administering the medication. In exceptional circumstances a telephone call may be made to the parent/carer to obtain verbal consent. The telephone permission and member of staff this was discussed with, will be noted on the '**Parental agreement to administer medicine**'.

### **Diabetes**

The school will monitor pupils with Diabetes in accordance with their individual healthcare plan. Blood sugar results will be recorded daily and noted accordingly. Pupils with diabetes must not be left unattended if feeling unwell, or sent to the office unaccompanied. Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents/carers from the child's GP or Paediatrician and returned to the parents/carers when full for replacement.

### **Asthma**

This guidance has been written with advice from the Department for Education, National Asthma Campaign, the local education authority, the school health service, parents, the governing body and pupils. It is in addition to the procedures detailed above.

### **Asthma Medication**

- Immediate access to reliever inhalers is vital. The blue inhaler is the only colour inhaler to be used in school. The reliever inhalers of pupils are kept in the classroom in a box marked "Inhalers". All inhalers must be labelled with the child's name by the parent.
- During off-site educational visits, staff will carry all inhaler and spacer devices. Residential visits should be planned with parents and class teacher two weeks in advance in order that any additional inhalers or spacers may be obtained.
- During residential visits, staff may need to be provided with brown preventer inhalers as well as the blue inhaler and spacer devices.
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## **Asthma Attack**

- In the event of a child having an asthma attack, then the procedures “How to Deal with an Asthma Attack” will be followed and first aid summoned.
- The schools have been advised by the Community Asthma Nurse Specialist that up to ten puffs every four hours may be taken by a pupil. After five puffs, parents will be contacted as the child may need to go home or seek further medical treatment.
- An asthma attack will be recorded in the First Aid Log. The events before the attack should be recorded in order to support the identification of triggers and management of the condition.
- If a child’s inhaler is unavailable or has run out, the school may administer the emergency inhaler, which is kept at the school office, as long as the ‘emergency inhaler’ consent form has been signed.

## **Record keeping**

- The office prepares an overview of children with asthma at the beginning of the year so that knowledge of their needs are immediately available to all adults in the area. This is kept in the green Medical Folder in each class room.
- Records are kept by staff whenever the inhaler is administered at school. If inhalers are being used more frequently and the teacher becomes concerned, the teacher should discuss this with the SENCO/Inclusion Leader as a Health Care Plan may be required.
- The class teacher or teaching assistant will be responsible for sharing relevant information which will be available as a quick reference in the green Medical Folder, to visiting staff, e.g. supply teachers.

## **PE - Taking part in sports is an essential part of school life.**

Teachers are aware of which children have asthma from the records. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson. Each child’s inhalers will be labelled and kept in a box at the site of the lesson. If a child needs to use their inhaler during the lesson they will be encouraged to do so. Equally, participation in after school clubs is highly valued and the same principles are applied. The Class teacher and/or the PE subject leader, provides a list of pupils with medical needs for the sports coaches responsible for the clubs during the school day.

## **Nut Allergies/Anaphylaxis**

Medication for the treatment of nut allergies will be kept with the child in a clear, identifiable orange bag.. Each bag should be clearly labelled with the child’s name and class. The class teacher is allocated responsible adult, including contingency plans for absences. Caterlink can provide a specially adjusted menu for children with medical allergies/intolerances, who want to have a school meal. As these special diets are for pupils with a medical issue only, medical evidence of the allergy is now being

requested. If parents/carers would like their son/daughter to benefit from the special diet, they need to register with Caterlink by completing a Food Allergy Referral Form. Once the form has been completed, it should be returned to Caterlink. If parents/carers have any questions regarding the completion of the form or diets available, they should contact the school office.

In each class green Medical Folder, there is a list of “Pupils with Dietary Needs”, which the school office maintains. If the child’s need is based on a reaction which needs medication to avert a life threatening crisis, then this may be termed an allergy or if not termed an intolerance.

### **Sickness and Diarrhoea**

In line with guidance from the Health Protection Agency on controlling infection, we ask that pupils do not attend school till 48 hours have elapsed from the last episode of diarrhoea or vomiting.

### **Emergency Procedures**

In the case of emergency, the school will call an ambulance and contact the parents. When conditions require immediate emergency treatment, trained staff may volunteer to administer medication or emergency procedures such as resuscitation. Under normal circumstances staff should not take children to hospital in their own cars - it is safer to call an ambulance. A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent/carer arrives.

### **Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective aprons/disposable gloves and take care when dealing with blood or other bodily fluids and disposing of dressings or equipment. In cases of eczema or skin conditions it will be expected that the child will be able to use the cream/lotion on their own.

### **Storage of Medication**

All inhalers and epi-pens are immediately available to the children in their classrooms in accordance with the recommendation of their care plan.

- All other medication must be stored in the designated medication areas i.e. the secure medication cupboard in the school office or the office fridge (depending on prescriber’s instructions.) These areas are supervised by the office staff.
- It is the parents’ responsibility to dispose of expired or unused medication.
- It will be the parent/carers’ responsibility to collect medication at the end of each school day where necessary.
- Medication being taken out of school on trips or visits must be logged in and out with the school office and be the responsibility of a member of staff at all times.

- At the end of the Summer Term, all medicines and equipment should be collected by parents/carers.

### **Summary of Procedure to Dispense Medication**

Permission to dispense medication form must be completed by the parent/carer.

- Medicine must be in original packaging clearly marked with name of child, class and dose to be administered.
- Recommended/prescribed dose will not be exceeded.
- All medication given must be recorded in Medication Record Folder and in the case of inhalers in the class recording book.
- Children do not have permission to carry their own medicines.

### **Admissions and Transitions**

A pupil with medical needs will have the same rights to admission as other pupils. However, the school does not have to accept a child identified as having a medical condition at times when it would be detrimental to the health of that pupil or others to do so. Where a transition has been planned for a child to join Highbury Primary School at the start of a new academic year, these arrangements should be in place for the start of term. When a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks. When a pupil transfers to a new school, it is the parents' responsibility to inform the new school.

### **Absences**

If a pupil needs to attend hospital appointments during the school day, children may be brought into school first and so gain an attendance mark. However, if this is not possible, parents are required to bring in the official appointment card so that we can ensure a pupil is not penalised for an unavoidable medical appointment, so allowing 100% attendance rewards to be accessible. Routine appointments, e.g. dental, GP or opticians, should usually be arranged out of school hours. However if this is not possible, the official appointment card should be provided to the school office.

If a child is away from school for 15 days (whether consecutive or cumulative) or more because of health needs, the local authority have a statutory duty to make suitable arrangements.

### **Training:**

#### **Staff**

- The majority of staff have Paediatric First Aid Training which includes the use of epi-pens for anaphylactic shock and inhalers for asthma.
- Relevant staff will be provided with appropriate training for other needs, e.g. Tourette's or diabetes.

## **Pupils**

Generally, all pupils are very respectful of an individual's needs. In some situations, training on a medical need can be arranged for friends or a class. This is always carefully planned in liaison with the parent and pupil.

## **Supply Staff**

When the school use supply staff, the school specific health information is shared so all adults are familiar with procedures. All Medical Information is kept in the green Medical Folder in each classroom. It is the teacher's or teaching assistant's responsibility to maintain the contents and share it with any teacher taking responsibility for their class.

## Unacceptable Practice

The Local Governing Body should ensure that the school's policy is explicit about what practice is not acceptable. Although school staff should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not generally acceptable 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 parents 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, including lunch, unless this is specified in their individual healthcare plans.
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- 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 parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Approved by the Governing Body: \_\_\_\_\_

Approved: February 2026

Review: February 2029

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