



**Stonesfield Primary School**  
Learning together to achieve our best

# Supporting pupils with medical conditions

Approved by governors: June 2022  
To be reviewed: June 2023

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- Model procedure for developing Individual Healthcare Plans
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This policy is based on the statutory guidance for governing bodies of maintained schools in England, December 2015<sup>1</sup>. ***Stonesfield School Policy is in bold italics.***

### 1. Key Points of the Statutory Guidance

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education
- Governing bodies **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported

This policy outlines responsibilities and procedures for supporting pupils at Stonesfield Primary School who have medical conditions and needs.

***Reference is also made to Short-Term Minor or Temporary Illnesses and the administration of medication within this policy.***

## **2. Introduction**

The statutory guidance is intended to support governors to meet their legal responsibilities and to set out the arrangements schools will be expected to make, based on good practice. The aim is to ensure that all pupils with medical conditions, both physical and mental health, are properly supported in school so that they can play a full role in school life, remain healthy and achieve their academic potential.

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This can be because pupils with long-term complex needs may require on-going support or medical care whilst at school or medicines to help them manage their condition. Others may require monitoring or interventions in emergency situations. It is also true that children's medical needs may change over time, sometimes leading to periods of absence. It is important that parents feel their child's needs are being supported in school and that each child feels safe. In making decisions about how to support each child the school should establish relationships with relevant local health services to help them. It is crucial that schools receive help and advice from healthcare professional as well as considering the views of parents and pupils.

In addition to the educational impact of medical conditions, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may develop emotional disorders such as anxiety or depression around their condition. Long-term absences can impact on academic achievement and progress. It can also impact on their ability to integrate with their peers. Reintegration back into school should be fully supported by the school so that pupils are able to fully engage with the learning and do not fall behind. Short-term frequent absences, including those for appointments connected to the medical condition need to be carefully managed.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case the Governing Body **must** comply with their duties under that Act. Some may also have special educational needs (SEND) and may also have an Education, Health and Care Plan (EHCP) which brings together health and social care needs as well as their special education provision. For children with SEN, this guidance should be read in conjunction with the SEND Code of Practice 2015<sup>2</sup>.

Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be short term. Other children have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs. Most of these children will be able to attend school regularly and take part in normal school activities.

## **3. Responsibilities of the Governing Body**

In meeting the duty to make arrangements to support pupils with medical conditions, functions can be conferred on a governor, headteacher, a committee or another member of staff as appropriate. Help or co-operation can also be enlisted from other appropriate persons, for example healthcare professionals. The Governing Body remains legally responsible and accountable for fulfilling their responsibilities and ensuring pupils with medical needs are supported in line with statutory guidance.

***At Stonesfield Primary School the headteacher along with our SENCO will work with parents and the relevant agencies as well as the local authority to make arrangements to support pupils with medical needs. Our SEN Governor will monitor this.***

The Governing Body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they must ensure that such children access and enjoy the same opportunities as other pupils. Schools, local authorities and other health professionals should work together to ensure that pupils with medical conditions receive a full education. In some cases, this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school.

***At Stonesfield we work to meet the needs of individual pupils, recognising that as children's needs change, our provision must change in order to meet those needs. We understand that many of the medical conditions that affect pupils in school may affect their quality of life and may in some cases be life-threatening. Some may be more obvious than others.***

#### **4. Short-Term Minor or Temporary Illnesses**

- ***At times, it may be necessary for a child to finish a course of medication (such as antibiotics) at school. However, where possible, parents will be encouraged to administer the medicine outside school hours.***
- ***School staff will not give non-prescribed medication (e.g. Calpol, Nurofen) without written consent in advance. Any such medication is for a specific reason (e.g. toothache, sprained ankle). Should symptoms persist longer than 3 days then school staff will not be able to continue giving the medicine as medical advice should be sought***

#### **5. Procedure when notification is received that a pupil has a medical condition or need**

Children and young people with medical conditions are entitled to a full education and have the same rights of admission as other children. This means that no child with a medical condition should be denied admission or be prevented from taking up a place because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governing bodies must ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore, do not have to accept a child into school at times where it would be detrimental to the health of that child or others to do so. Governing Bodies must ensure that arrangements they put in place are sufficient to meet their statutory responsibilities and ensure that procedures and systems are properly managed and effectively implemented. For children starting at a new school, arrangements should be in place in time for the start of term. If a child joins a school mid-term, every arrangement should be made to meet the needs of the child within two weeks.

***The headteacher will make arrangements to support new pupils with medical needs as soon as information is available. They will liaise with parents and outside agencies to ensure smooth transition and appropriate support is provided.***

Schools do not have to wait for a formal diagnosis before providing support for a pupil. In cases where a pupil's condition is unclear, or where there is a difference of opinion, judgements will be needed about how to support the pupil based on the evidence available. This will normally involve medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support is put in place.

#### **6. Individual Health Care Plans**

Governing Bodies should ensure that the school's policy covers the role of Individual Healthcare Plans, and who is responsible for their development, in supporting pupils at school with medical conditions.

***Individual Healthcare Plans enable the school to identify the level of support that is needed at school.***

***Those who may need to contribute to the plan are:***

- *the headteacher*
- *the parent or carer*
- *the SENCO*
- *the child (if sufficiently mature)*
- *class teacher*
- *teaching assistant*
- *school staff who have agreed to administer medication or be trained in emergency procedures*
- *the school health service, the child's GP or other health care professionals*

The SENCO will ensure that all Individual Healthcare Plans, where appropriate, are developed with the help of the headteacher, pupils, parents and other agencies. These plans will be reviewed annually or, if necessary, as pupils' needs change. Statutory guidance will be followed and we will follow the templates for Individual Healthcare Plans issued with the statutory guidance to ensure all relevant information is included in the plan. See appendix for IHCP template.

The headteacher will ensure that the school's policy is developed and implemented effectively and reviewed annually.

## **7. Roles and Responsibilities**

### ***Parents***

- Parents are responsible for making sure that their child is well enough to attend school. Children should be kept at home when they are acutely unwell.
- Parents are responsible for providing the headteacher with sufficient information about their child's medical condition and treatment or special care needed at school. Parents **must** provide school with all the up-to-date information about the needs of their child.
- With the headteacher and SENCO, they should reach agreement on the school's role in helping their child's medical needs.
- The headteacher should seek parents' agreement before passing on information about their child's health to other school staff.
- Parents are responsible for raising religious or cultural views which may impact on support for a child's medical needs.

### ***The Headteacher***

- The headteacher is responsible for implementing the governing body's policy and practice and for developing detailed procedures.
- When teachers volunteer to give pupils help with their medical needs, the head should agree to their doing this and must ensure that teachers receive proper support and training where necessary.
- Day-to-day decisions about administering medication will normally fall to the headteacher.
- The headteacher is responsible for arranging back-up cover when the member of staff responsible for a pupil with medical needs is absent or unavailable.

### ***Teachers and other school staff***

- Teachers who have pupils with medical needs in their class should understand the nature of the condition, and when and where the pupil may need extra attention. They should be aware of the likelihood of an emergency arising and what action to take if one occurs.
- If staff are to administer medication, they may only do so if they have had appropriate training.

### ***Other health professionals***

The school will seek support and advice as necessary from the following in conjunction with meeting the needs of pupils with medical needs:

- the local health authority
- the school health service
- the school nurse
- the general practitioner (with the consent of the child's parents)
- the community paediatrician

Any member of the staff may be asked to support a child with medical needs but they cannot be required to do so. Although administering medicines is not part of teacher's professional duties they should take into account the medical needs of the pupils that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support a child with medical needs. Any member of staff should know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

## **8. Staff Training and Support**

Governing Bodies should ensure that the school sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions and how this will be reviewed. They should specify how training needs are assessed, and how and by whom training will be commissioned and provided.

***At Stonesfield School First Aid training is updated every 3 years for the majority of staff. At least one member of the Early Years Team is offered Paediatric First Aid Training which is valid for 3 years. When staff join or leave our school, First Aid training needs are assessed by the headteacher and our school administrators. EpiPen training is provided annually and a record is kept of all staff training. School administrators monitor the training requirements of the staff.***

## **9. The child's role in managing their own medical needs**

Governing Bodies should allow within the policy arrangements for pupils who are competent to manage their own health needs or medication.

***At Stonesfield we aim to ensure that children have a role in managing their own medical needs where possible. We will ensure that children are fully involved in managing their medical routines by developing systems in consultation with parents and outside agencies.***

## **10. Managing Medicines on School Premises**

The Governing Body should ensure that the school's policy is clear about the procedures to be followed for managing medicines on school premises.

### ***Administering Medication***

- *No pupil will be given medication without the parent's written consent (see Appendix 3). This consent will also give details of the medication to be administered, including:*
  - *name of medication*

- *route (oral, PR, sub-cut etc.)*
- *dose*
- *method of administration*
- *time and frequency of administration*
- *other treatment*
- *any side effects*

- Staff will complete and sign records (Appendix 4) each time they give medication to a pupil.
- If pupils can take their medication themselves, staff will supervise this, bearing in mind the safety of other pupils. Written parental consent is necessary for this.
- Staff will not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans). The level of training will be identified by the headteacher, in consultation with the Senco and healthcare professionals.

### ***Storing Medication***

- Where practical, the parent or child will be asked to bring in the required dose each day. When the school stores medicine it will be labelled with the name of the pupil, the name and dose of the drug and the frequency of the administration.
- Where a pupil needs two or more prescribed medicines, each should be kept in a separate container.
- Pupils should know where their medication is stored.
- Asthma inhalers are allowed to be carried by the pupils.
- Medication required for urgent use are stored appropriately in classrooms.
- Other medicines are kept in an area where pupils do not have unsupervised access.

### ***Refusing Medication***

If a child refuses to take medication, the school staff will not force them to do so. The school will inform the child's parents as a matter of urgency. If necessary, the school will call the emergency services.

## **11. Day Trips, Residential Visits and Sporting Activities**

### ***School trips and Residential Visits***

Stonesfield School works very hard to ensure our trips and residential visits are inclusive for all pupils. We will do all we can to ensure all pupils are able to enjoy visits and trips. We liaise with the Local Authority and outside agencies to provide the necessary accessible transport.

Staff supervising excursions should be aware of any medical needs, and relevant emergency procedures. In some circumstances a parent or family carer might need to accompany a particular pupil in order to meet their medical needs. If staff are concerned about whether they can provide for a pupil's safety, or the safety of other pupils on a trip, they will seek medical advice from the School Health Service.

The Governing Body will ensure that arrangements are clear and unambiguous about the need to support pupils with medical conditions to participate in school trips and visits, or in sporting activities and not prevent them from doing so.

### ***Sporting activities***

Children with medical needs will be encouraged to take part in sporting activities appropriate to their own abilities. Any restrictions on a pupil's ability to participate in PE or games will be included in their

individual health care plan. Some pupils may need to take precautionary measures before or during exercise and/or need to be allowed immediate access to their medication if necessary. All teachers have a record of pupils' medical needs at the back of their registers, so that they are kept fully aware of relevant medical conditions and emergency procedures.

Parents are asked to include details of children's medical needs on permission slips for after school sporting activities, so that those providing relevant clubs are also kept fully aware of relevant medical conditions and emergency procedures.

### ***Confidentiality***

The school will treat medical information confidentially. The headteacher will agree with the parents which staff will have access to records and information about a pupil. If information is withheld from staff they cannot be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

### ***Disposal of medicines***

Parents must collect medicines held at school at the end of each term. Parents are responsible for disposal of date-expired medicines.

### ***Hygiene/infection control***

Staff should follow basic hygiene procedures. Staff should use protective disposable gloves and take care when dealing with blood or other body fluids and disposing of dressing or equipment. Hands must always be washed after removal of gloves.

### ***Administration of rectal diazepam in epilepsy and febrile convulsions, insulin for diabetes and the anaphylaxis procedure.***

Designated staff will have regular training in the administration of medication for these medical conditions where appropriate e.g. epi-pen training.

## **12. Record Keeping**

Governing Bodies must ensure that written records are kept of all medication that is administered. All medication taken by pupils or administered by staff is recorded in the Medicine Administration Record (Appendix 4).

If a child receives a bump to the head parents are informed by phone and an accident form is filled in, one copy is sent home with the child and the other is filed in the office. The same procedure applies for any more serious injury.

## **13. Emergency Procedures**

Governing Bodies should ensure that the school has a policy that sets out how to deal with emergency situations. At Stonesfield Primary School, designated staff have regular training in First Aid and Epi Pen training and know how to call the emergency services.

***When emergency services are called, parents will also be informed. A pupil taken to hospital by ambulance will be accompanied by a member of staff until the pupil's parents arrive. All parents and carers complete the Emergency Medical Treatment consent form as part of the induction process. Stonesfield Primary school has a Critical Incident Management Plan which includes all the relevant information and support for staff in an emergency situation. This plan is regularly reviewed.***

#### **14. Unacceptable Practice**

Governing Bodies should ensure that the school's policy is explicit about what practice is not acceptable.

Although staff should use their discretion and judge each case on its merits with reference to any Healthcare Plan it is not generally acceptable to:

- Prevent children from accessing inhalers or to prevent the administration of medication;
- 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 for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- Penalise children for absences relating to their illness eg hospital appointments (doctor's notes may be sought for frequent absences where parents cite a doctor's advice has been received);
- 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;
- 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.

#### **15. Liability, Indemnity and Complaints**

Governing Bodies should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

Should parents be dissatisfied with the support provided, they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, there may be a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within the scope of section 496/497 of the Education Act 1996 and after all other attempts at resolution have been exhausted.

***We do our very best to work in close partnership with parents to support our pupils in accordance with this policy. We do however, recognise that parents and carers may sometimes wish to question provision and we therefore provide a detailed complaints policy and procedure. This is available on our website and parents can request a paper copy at the school office.***

#### **16. Access to Education for Pupils with Medical Needs**

The school has a responsibility to ensure that pupils with medical needs have access to high quality educational support to enable them to continue their education effectively. Good communication and co-operation between the school, home and other professionals are essential. The headteacher is responsible for the effective implementation of this policy.

***The key aims of the Access policy are to:***

- provide continued education as normally as the condition allows
- reduce the risk of lowering self-confidence and educational achievement
- promote equal access to education for all children and young people

- establish effective liaison
- ensure that prompt action takes place

***The named person at Stonesfield is the headteacher who will:***

- monitor the attendance of all pupils with medical conditions (code M authorised absence for medical reasons and code B when the pupil is receiving education other than at school)
- liaise with the A&E Team, Educational Psychologist, medical professionals and Oxfordshire Hospital School staff, as appropriate to plan provision
- co-ordinate education provision from the first day of absence for those pupils who have disrupted patterns of schooling (for those pupils with recurring illnesses and chronic conditions)
- ensure that pupils receive a minimum entitlement of five hours teaching per week, as long as the pupil feels able to cope
- co-ordinate the provision of work that will support a broad and balanced curriculum, where appropriate by liaising with the designated OHS Outreach Teacher
- ensure that there are mechanisms in place to communicate information about activities and social events to enable the pupil to keep in touch with peers
- monitor provision, progress and reintegration arrangements
- ensure that the views of pupils and parents/carers are taken into account
- ensure the appropriate Code of Practice (SEN and Disability) procedures are in place, as required.

**Policy Review**

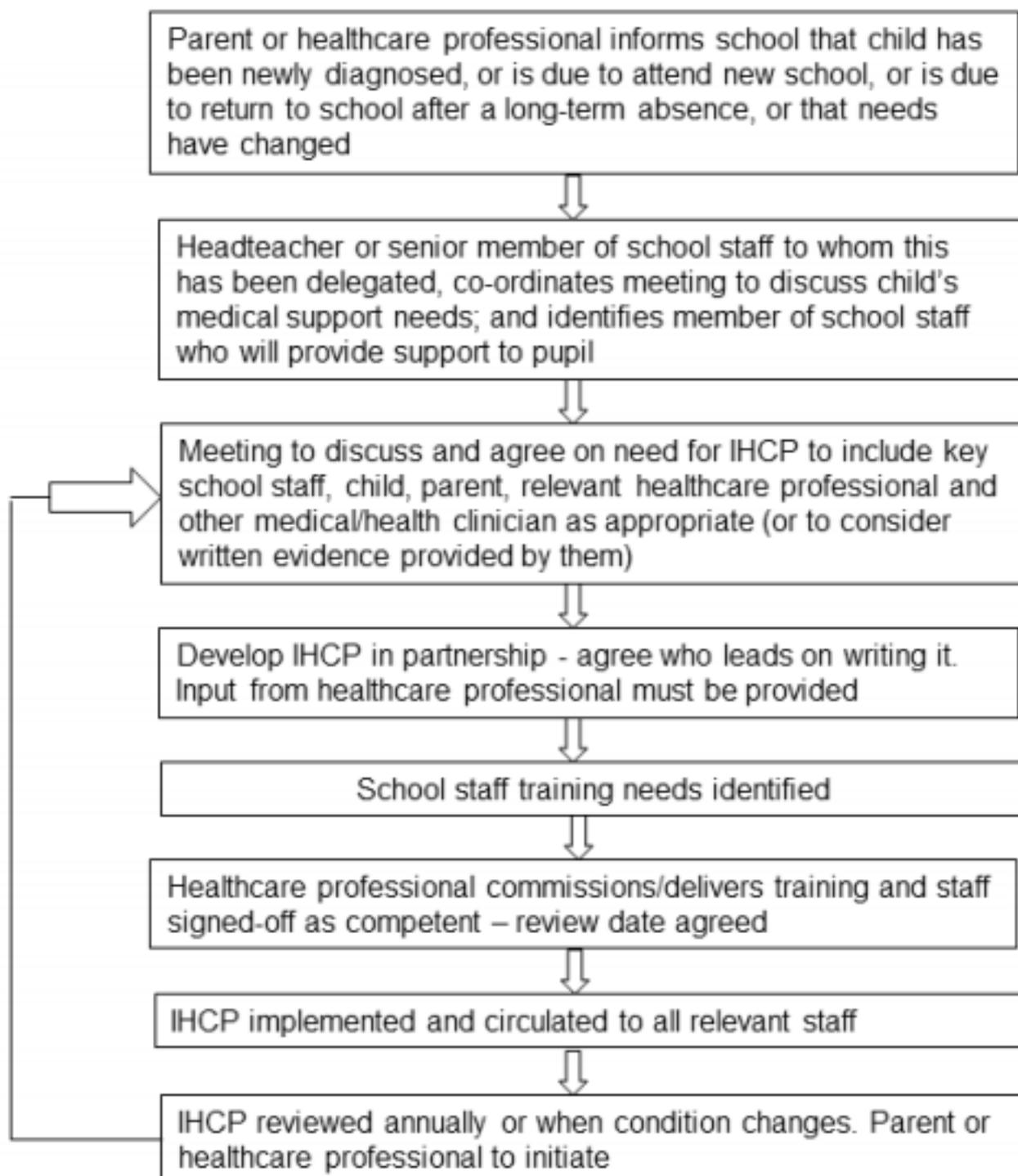
This Policy will be reviewed annually.

References

1. Supporting pupils at school with medical conditions, DfE December 2015  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)
2. Special educational needs and disability code of practice, DfE January 2015

## Appendix 1

### Model process for developing Individual Healthcare Plans



Taken from *Supporting pupils at school with medical conditions Annex A, DfE*

## Appendix 2



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### Individual Healthcare Plan

<b>Name of school/setting</b>	
<b>Child's name</b>	
<b>Group/class/form</b>	
<b>Date of birth</b>	
<b>Child's address</b>	
<b>Medical diagnosis or condition</b>	
<b>Date</b>	
<b>Review date</b>	

<b>Family Contact Information</b>	
<b>Name</b>	
<b>Phone no. (work)</b>	
<b>(home)</b>	
<b>(mobile)</b>	
<b>Name</b>	
<b>Relationship to child</b>	
<b>Phone no. (work)</b>	
<b>(home)</b>	
<b>(mobile)</b>	

<b>Clinic/Hospital Contact</b>	
<b>Name</b>	
<b>Phone no.</b>	

<b>G.P.</b>	
<b>Name</b>	
<b>Phone no.</b>	

<b>Who is responsible for providing support in school</b>	
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**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 3



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### Parental Permission for Administering Medicines

Stonesfield Primary School 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	<b>Stonesfield Primary School</b>
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

#### Medicine

Name/type of medicine <i>(as described on the container)</i>	
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	The school administrator(s)

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 \_\_\_\_\_

## Appendix 4

### Medicine Administration Record - STONESFIELD PRIMARY SCHOOL

DATE	CHILD'S NAME	TIME	NAME OF MEDICINE	DOSE GIVEN	ANY REACTION	SIGNATURE OF STAFF	PRINT NAME
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