



SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

Please also see our separate Asthma Policy

Principles

This policy reflects the values and philosophy of Boyne Hill CE Infant and Nursery School in relation to ensuring that all our pupils are able to access their education in a supportive environment which is sensitive to any medical needs. It gives a framework within which all teaching and non-teaching staff work and it ensures that educational experiences and opportunities will be provided to enable all pupils in our school to progress to the best of their ability. It identifies the roles and responsibilities of school, parents/carers and pupils and promotes effective communication and co-operation between home and school.

Introduction

At Boyne Hill CE Infant and Nursery School, pupils with medical conditions will be properly supported in school so that they can play a full and active role in school life and achieve their potential. We recognise that each child's needs are individual and pupils with long-term and complex medical conditions may require on-going support, medicines or care whilst at school to help them to manage their condition. Others may require monitoring only or intervention in an emergency situation.

Pupils who require support with their medical condition may also have special educational needs or disabilities and may have an Education Health and Care Plan (EHCP). We will work together with health professionals, other support services and the Local Authority to ensure that, to the best of our ability, each individual child's needs are met.

The aim of this policy is to give parents/carers of children attending our school, confidence in our inclusive approach and it has been written in accordance with the Department for Education's statutory guidance, 'Supporting pupils at school with medical conditions', December 2015; The Children and Families Act, 2014 (Section 100) and the Equality Act, 2010.

Admissions

Admission to our school is controlled by The Royal Borough of Windsor & Maidenhead whilst admission into Nursery is controlled by the school. No child with a medical condition will be denied admission on the grounds that arrangements for his or her medical condition have not been made. However, in line with our safeguarding responsibilities, we do not have to accept a child into school where it would be detrimental to the health of that child or others to do so.

On admission into school, all parents/carers are asked to complete a family record giving full details of any medical conditions, regular and emergency medication, emergency contact names and telephone numbers, name of the family doctor, details of hospital consultants, allergies, special dietary requirements and any other health information that may affect their child's care whilst in school. We request that these details are updated annually.

Procedures

When notification is received that a pupil coming into school has a medical condition, the school will, in consultation with all relevant stakeholders including parents/carers:

- ensure that transition arrangements are put into place whether from home or another setting
- identify staff training needs and endeavour to meet them

For a child already attending the school who receives a new diagnosis, it is our aim to ensure that arrangements are implemented within a reasonable timeframe.

Individual Healthcare Plan (IHP) - *please refer to Appendix B*

The school's Special Educational Needs Co-ordinator (SENCo) is responsible for developing IHPs for pupils with medical conditions when healthcare professionals and/or parents/carers agree, based on evidence, that it is appropriate. Their purpose is to ensure clarity of provision - what needs to be done, when and by whom. They will often be essential, for example where conditions fluctuate or there is a high risk that emergency intervention will be required or where medical conditions are long-term and complex. However, not all children will require one.

The Healthcare Plan is a confidential document and the level of detail within it will depend on the complexity of the child's condition and the degree of support needed. Where a child also has an identified special educational need but does not have an EHCP in place, their special educational needs will be mentioned in their individual healthcare plan.

Individual Healthcare Plans and their review may be initiated, in consultation with the parents/carers, by a member of school staff or a healthcare professional involved in providing care for the child. Plans will be drawn up in partnership between the school, parents/carers and a relevant healthcare professional. (Wherever possible, the child will also be involved in the process.) The aim is to capture the steps which a school should take in order to help the child manage their condition and overcome any potential barriers to learning. Responsibility for ensuring the plan is finalised rests with the school.

The Individual Healthcare Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. The plans are devised with the child's best interests in mind, ensuring that an assessment of risk to the child's education, health and social and emotional wellbeing is managed, thus minimising disruption. Reviews may be linked to an existing EHCP.

The information to be recorded

When deciding the information to be recorded on individual healthcare plans, the following will be considered:

- the medical condition, its triggers, signs, symptoms and treatments
- the child's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and any environmental issues
- specific support for the child's educational, social and emotional needs
- the level of support needed, including in emergencies
- who will provide the support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional and cover arrangements for when they are unavailable
- who in the school needs to be aware of the child's condition and the support required
- written permission from parents/carers for medication to be administered by a member of staff during school hours
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g., risk assessments

- what to do in an emergency, including whom to contact and any contingency arrangements. Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used to inform the development of their individual healthcare plan

Roles and responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with staff and outside agencies as the circumstances of each child dictates.

The Governing Board will:

- ensure that pupils in school with medical conditions are supported and that this policy is implemented and monitored
- ensure that staff receive suitable training and are competent to take on the responsibility of supporting pupils with medical conditions

The Head Teacher/SENCo will:

- ensure that the Supporting Pupils with Medical Conditions Policy is reviewed every 2 years and effectively implemented
- ensure that all staff, including those new to the school, are aware of the policy and that they understand their role in implementing it
- ensure that all staff who need to know, are aware of a child's medical condition
- ensure liaison with the school nursing service in respect of a child who has a medical condition
- ensure that all staff understand the procedures for contacting the emergency service - *please refer to Appendix E*

School Staff

Any member of the school staff may be asked to provide support to a pupil with a medical condition but the administration of medicines will only be carried out by those trained to do so.

All school staff should know what to do and respond accordingly when they become aware that a child with a known medical condition needs help.

Parents/carers

Parents/carers have a duty to provide the school with sufficient and up-to-date information about their child's medical needs and to ensure that they or another nominated adult are contactable at all times. At Boyne Hill CE Infant & Nursery School, parents are seen as key partners and they will be involved in the development and review of their child's Individual Healthcare Plan.

Staff training and support

Training needs for staff will be assessed by analysing the current and anticipated needs of pupils already on roll at the school. It may be possible to determine training needs following early information relating to a child about to be admitted to the school. All members of staff providing support to a child with medical conditions will either have been or will soon be appropriately trained. The type of training and frequency of refresher training will be determined by the actual medical condition that a child has and this will be supported by the Governing Board. Some training may be arranged by the school and other types may make use of the skills and knowledge provided by external professionals.

All staff supporting a child with a medical condition will be made aware of their specific needs and will be competent and confident enough to deliver the required support.

It must be noted that a First Aid certificate alone may not suffice as training to support pupils with medical conditions.

Offsite activities and educational visits

We encourage all pupils to participate in all activities unless evidence from a clinician, such as a GP, states that participation is not advised or possible. Where necessary, the school will consider how a child's medical condition will impact on their participation after carrying out a risk assessment. We will then make any necessary reasonable adjustments so that planning arrangements, in consultation with parents/carers, take account of any steps needed to ensure that pupils with medical conditions can participate safely.

Confidentiality

Medical information will be treated confidentially. However, it will be essential to share some information to support the pupil in the most appropriate way.

On receipt of information, an appropriate member of staff will:

- agree with the parents/carers who else in school will be informed of the medical condition
- explain to parents/carers that if information is withheld from relevant members of the school staff, they cannot be responsible if they act incorrectly in good faith
- signpost parents/carers to the school nursing service to discuss any concerns

Pupil medical records will be stored in line with our Data Protection policy.

MANAGING MEDICINES IN SCHOOL

At Boyne Hill CE Infant and Nursery School, we recognise that there may be times when medication needs to be administered during the school day to ensure a child's regular attendance and participation. Although not obliged to administer medicine, we are prepared to take responsibility for those occasions when a child needs to take medication during the school day in accordance with the procedures in this policy.

Emergency medication

Specific, specialised training is required for those staff prepared to act in emergency situations. Staff who agree to administer the emergency medication must have training from an appropriate health care professional which should be updated annually or as required. Emergency medication could include asthma reliever inhalers – *see separate Asthma Policy*, emergency treatment for allergies, e.g., adrenaline auto-injector, emergency treatment for epilepsy or emergency treatment for diabetes.

Emergency medication will be stored out of the reach of pupils, in the same room/area as the child wherever possible and easily accessible to staff. All relevant members of staff working in the school will need to be made aware of the location of the emergency medication.

Administration of prescribed medication

Should a pupil need to receive medication during the school day, parents/carers will be asked to come into school and personally hand over the medication to a member of the School Office staff. The school is not prepared to administer the first dose of any medication in case of adverse reaction, other than emergency, life-saving medication, e.g., an adrenaline auto-injector.

On receipt of medication (not including an adrenaline, auto-injector), a 'Parental/Carer Agreement for the Administration of Medicine' form must be completed and signed by the parent/carer (a separate form should be completed for each medication) - *please refer to Appendix C*. Completed forms will be kept in the School Office. The medication should be in the original container as dispensed and clearly labelled with the instructions for administration including:

- the child's name
- name of medication
- strength of medication
- dose to be given
- when to be given
- date dispensed and expiry date
- information related to any possible side effects

NB: A label 'to be taken as directed' does not provide sufficient information.

Liquid medication should be measured accurately using a medicine spoon or syringe. Medication should not be added to food or drinks unless there is a specific reason to do so.

A record will be kept of the administration of each dose on the reverse of the Parental/Carer Agreement for the Administration of Medicine form and will include the name of the staff member who administered the medicine.

Should the medicine need to be changed or discontinued before completion of the course or if the dosage changes, a new supply of medication, correctly labelled with the new dose, should be obtained and a new consent form completed. Should the supply need to be replenished, this should be done in person by the parent/carer.

On receipt of an adrenaline auto-injector, an 'Allergy Action Plan', relevant to the type of auto-injector, must be completed by a healthcare professional and also signed by the parent/carer.

Non-prescribed medication

It is our general policy not to take responsibility for the administration of non-prescribed medicines, (e.g., Calpol or cough mixtures provided by parents/carers) as this responsibility rests with the parents/carers. However, on occasions when a pupil requires non-prescription medication, the school is willing to administer it provided that a consent form has been completed. We will not administer aspirin or medicines containing Ibuprofen unless prescribed by a doctor.

Application of creams and lotions

Prescribed creams and lotions may be applied at the discretion of the Head Teacher in line with this policy once a consent form has been completed. We are, however, happy to support a child in their own application. Parents/carers are responsible for bringing the cream into school, labelled for the individual child, if they wish it to be applied. Steroid creams are usually applied twice daily only so we would expect these to be applied at home.

Please see our separate Sun Protection Policy in relation to sunscreen.

Maintenance drugs

It is our policy to manage the administration of maintenance drugs (e.g., Insulin) as appropriate following consultation and agreement with, and written consent from, the parents/carers. On such occasions, an Individual Healthcare Plan will be written for the child concerned.

Refusing medication

If a child refuses medication, staff will not force them to take it. The refusal will be noted and parents/carers contacted by telephone.

In the event of a child refusing emergency medication, parents/carers will be contacted immediately by telephone. The emergency services will also be contacted immediately and if it is necessary for the child to be taken to hospital, a member of school staff will accompany them, if available, and permitted by the emergency services, to allow parents/carers time to arrive.

Storage and disposal of medication

Key Stage 1: Medication is stored in the Staffroom First Aid cupboard or refrigerator as required and will not be accessed by pupils.

Early Years Foundation Stage: Medication is stored in a secure cupboard or refrigerator as required and will not be accessed by pupils.

Pupils prescribed with an adrenaline auto-injector for severe allergic reaction should have TWO injectors in school (if possible). Adrenaline auto-injectors must be kept in a clearly labelled box provided by the parents/carers. Parents/carers are responsible for ensuring that the adrenaline auto-injectors they supply to school are in date.

It is not Boyne Hill CE Infant and Nursery School's responsibility to dispose of medicines. It is the responsibility of the parents/carers to ensure that all medicines no longer required, including those which have date-expired, are returned to a pharmacy for safe disposal.

Training

Where staff are required to carry out non-routine or more specialised administration of medicines or emergency treatment to a pupil, appropriate guidance from a health care professional will be sought before commitment to such administration is accepted.

The Head Teacher maintains a 'training record' which documents all awareness training undertaken and refresher training will be scheduled at appropriate intervals.

Offsite activities and educational visits

The named leader of the activity will ensure that all necessary medication, including any emergency medication, is taken and carried by a named member of staff. This includes asthma inhalers and other relief medication. Record forms will be taken to ensure normal administration procedures are followed.

Please refer to our Offsite and Hazardous Activities policy for further information.

This policy will be reviewed biennially

Last reviewed: September 2024

Appendix A

SUPPORTING PUPILS WITH COMPLEX HEALTH NEEDS

The Managing Medicines in School policy applies in relation to our inclusive and positive approach to the management of children with complex health needs, for example, epilepsy and diabetes.

Additional information

- The designated person responsible for the management of children with complex health needs in school is Mrs Abi Quinn (SENCo).
- The designated person will ensure that all necessary staff are aware of their responsibilities and relevant training is provided, as required.
- Any member of staff who agrees to accept responsibility for administration of prescribed medicines to a child will have appropriate training and guidance.
- Teachers who have pupils with complex health needs in their class will need to be informed in detail of the day-to-day implications of the condition and what procedures are in place in school. Parents/carers are encouraged to discuss these needs with their child's teacher.
- Temporary staff will be informed of pupils with complex health needs within their class.
- At different times of the day, other staff may be responsible for pupils (e.g., lunchtime carers) and training or advice will be given to additional staff, as required.
- Staff will be informed of what constitutes an emergency for any pupil with complex health needs.

Long term needs

- It is important that school is informed of complex health needs for a child before that child starts school or as soon as possible following concerns or diagnosis.
- It is important for the school to have relevant and up to date information to ensure that the pupil receives appropriate support and care as required.
- Where an Individual Healthcare Plan has been drawn up by relevant health care professionals for children with complex health needs, agreement will be reached about the nature and additional level of support and supervision that school can provide with discussion with parents/carers and relevant health care professionals as required.
- Where there is concern about the ability of school to meet particular management of complex health needs, or where expectations go beyond what school considers reasonable, the SENCo will seek advice from relevant professionals, which may include the school nursing service, the child's GP and/or paediatric services.
- Special arrangements may be made for children who attend hospital regularly as in-patients.

Administration of emergency medication by school staff

- School staff understand that immediate access to emergency medication, such as emergency treatment for allergies, e.g., an adrenaline auto-injector, emergency treatment for epilepsy or emergency treatment for diabetes, is vital.
- Emergency medication will only be administered to a child with the written instruction of a healthcare professional and parents'/carers' written consent.
- Emergency medication must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. They should be labelled with the child's name, name of medication, dose and expiry date. The pharmacist is legally obliged to label the medication in accordance with directions stated on the prescription. If the healthcare professional has written 'give as directed' on the prescription, only the pharmacist can be asked to

contact him/her to obtain more appropriate directions. It would help if the healthcare professional could also write about emergency situations, e.g., keep giving (dose) until ambulance arrives. The pharmacist cannot make such changes themselves.

- Unlabelled and prescribed emergency medication will not be accepted into school for administration to the child.
- The school will never make changes to dosages on parental instructions only. Changes to dosage must only be made following direction from a relevant healthcare professional. If a child has an Individual Health Care Plan, information on changes to dosages will be updated by the SENCo, in correlation to the latest direction from relevant healthcare professional.
- There are designated staff within the school who have the responsibility for meeting the health care needs of children as part of their duties. Teaching or support staff are not required by law to administer medication or treatment as part of their usual duties. It is a voluntary role and members of staff can alter their decision to administer medication or treatment at any time.
- Parents/carers have the responsibility to ensure that all prescribed emergency medications are in date.

Offsite activities and educational visits

All pupils are encouraged to take part in school trips. Arrangements for taking emergency medication will be taken into consideration. It is important to note that:

- it may be necessary to carry out a risk assessment for a child with complex health needs.
- school staff and activity centre staff, if appropriate, must be made aware of any child with complex health needs that may mean a child is at higher risk of requiring emergency intervention. In such circumstances, staff need to be aware of any relevant emergency procedures.
- a copy of any Individual Healthcare Plan should be taken on visits in the event of the information being needed in an emergency.
- additional staff may be required to accompany the child on any school trip and this will be reviewed by the SENCo, lead staff and parents/carers as required
- where members of staff are concerned about issues relating to the child's safety and their ability to meet the needs of the child, advice will be sought from parents/carers and relevant agencies.
- We understand that parents/carers may wish to attend trips to help support their child if they have complex health needs. In such circumstances, parents/carers should contact the SENCo (Mrs Abi Quinn) and this will be considered and reviewed with the Head Teacher and relevant staff on a case-by-case basis.

Sporting activities

All children are encouraged to participate in physical activities and extra-curricular sport. The curriculum is flexible enough to accommodate a range of needs and abilities. Physical activity can be beneficial to social and emotional health and wellbeing in addition to physical health.

- Advice on the suitability of particular activities will be sought and any restrictions set out in the Individual Healthcare Plan, where necessary.
- Staff supervising sporting activities must be made aware of children with complex health needs and emergency procedures.
- Children who need to have emergency medication administered before, during and/or directly after exercise will be supported do so.
- Where sporting activities are held offsite, emergency medication will be accessible. If an emergency medication is not accessible, the child will have to refrain from the activity unless otherwise stipulated in their Individual Healthcare Plan.

Storing Emergency Medication

- Emergency medication should be kept close to the child, but safely stored and out of reach of children accessing it e.g., in the classroom cupboard, dining hall shelf. If a child is participating in activities away from the classroom, e.g., in the main hall or outside, the class teacher and/or other responsible adult should keep emergency medication with them, whilst keeping it out of reach of children.
- Parents/carers are responsible for supplying emergency medications and for collecting them at the end of each school year or when the emergency medication needs replacing.
- The school will only store, supervise and administer emergency medication that has/have been prescribed for an individual child.
- Emergency medication will be stored strictly in accordance with product instructions and in the original container in which dispensed.
- Parents/carers should ensure that the emergency medication is clearly labelled with the name of the child, the name and dose of the medication and the frequency of administration. Failure to do so may result in mismanagement.
- Non-healthcare professionals should never transfer medication from their original containers. Parents/carers should request that their GP prescribes medication in appropriately sized containers to minimise this and enable original containers to be brought into school.
- Staff will know where emergency medication is stored and the arrangements for accessing it.
- The Office Manager is responsible for ensuring that emergency medication is stored safely.
- In the event of an emergency, the emergency medication will be taken to the child and not the child moved to the location of the emergency medication.

Medical emergency

In the event of an unforeseen medical emergency, the school will call the emergency services

– see *Appendix E*.

Appendix B – Individual Healthcare Plan

INDIVIDUAL HEALTHCARE PLAN

Child's Name:			
DOB:			
Date created/updated:			
Parent Name:		Parent Mobile:	
Address:			
GP Name:		Practice:	
Current Class:			
Medical Diagnosis/ Information:			
Signs, Recommended treatment and/or daily care needs etc.	<i>NB: Where applicable, include name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by.../self-administered with/without supervision. Describe what constitutes an emergency and the action to be taken if this occurs.</i>		
Staff training (if required):			
Other:			
Further information available at:			
Arrangements for offsite activities:			
Information above to be shared with:	<ul style="list-style-type: none"> • Parents/Carers • ALL relevant Staff i.e., Teachers, LSAs/TAs, lunchtime carers, Breakfast Club & Kidstime staff etc. • SENCo (Mrs Quinn) • Office Manager (Mrs James) • Head Teacher (Mrs Davies) 		

Parent's Signature: _____

Name: _____

Date signed: _____

Last Reviewed/Updated: _____

Appendix C
PARENTAL/CARER AGREEMENT
FOR THE ADMINISTRATION OF MEDICINE



Boyne Hill CE Infant & Nursery School will not give your child medicine unless you complete and sign this form.

Name of child

--

Class

--

Medical condition or illness

--

Medicine

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

--

Dispense date & Expiry date

--	--

Dosage and method

--

Timing

--

Special precautions/other instructions

--

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

--

PLEASE NOTE

- The school is not obliged to administer medicine but we are prepared to take responsibility for those occasions when a child needs to take medication during the school day in accordance with the procedures in our Supporting Pupils in School with Medical Conditions policy.
- Medicines must be in their original container.
- No Aspirin or Ibuprofen based medicines will be administered unless prescribed by a GP

I understand that all medicine must be delivered to a member of the School Office staff and that it is my responsibility to administer the first dose.

I understand that I am responsible for the safe disposal of any remaining or date expired medicine and that the Head Teacher reserves the right to withdraw this service at any time.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff to administer medicine in accordance with the Supporting Pupils in School with Medical Conditions policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature: _____ Date: _____

Appendix D
RECORD OF MEDICINE ADMINISTERED
TO AN INDIVIDUAL CHILD



This section to be completed by the school.

Date
Time given
Dose given
Name of staff member

Date
Time given
Dose given
Name of staff member

Date
Time given
Dose given
Name of staff member

Date
Time given
Dose given
Name of staff member

Date
Time given
Dose given
Name of staff member

Date
Time given
Dose given
Name of staff member

Appendix E

CONTACTING THE EMERGENCY SERVICES

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number.
2. Your name.
3. Your location as follows (Boyne Hill CE Infant School, Rutland Road, Maidenhead, Berkshire SL6 4HZ).
4. Provide the exact location of the patient within the school setting.
5. Provide the name of the child and a brief description of their symptoms.
6. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient.