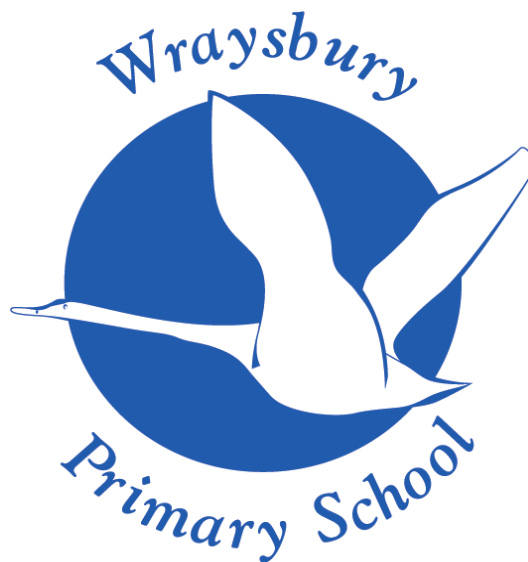


# Supporting Pupils with Medical Conditions Policy



Welley Road  
Wraysbury, Staines  
TW19 5DJ

Headteacher: Mrs A Fox

Produced by: Alison Fox

Approved by the Governing Body:

**Awaiting approval in line with RBWM guidelines**

Review date:

***This policy is written in line with DfE statutory guidance on Supporting Pupils with Medical Conditions (2014) for governing bodies of maintained schools and proprietors of academies in England***

**[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/349435/Statutory\\_guidance\\_on\\_supporting\\_pupils\\_at\\_school\\_with\\_medical\\_conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349435/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf)**

The named member of school staff responsible for overseeing the implementation of this policy is:

**NAME: Alison Fox**

**ROLE: Headteacher**

DfE guidance

Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Details should include:

- **who is responsible for ensuring that sufficient staff are suitably trained,**
- **a commitment that all relevant staff will be made aware of the child's condition,**
- **cover arrangements in case of staff absence or staff turnover to ensure someone is always available,**
- **briefing for supply teachers,**
- **risk assessments for school visits, holidays, and other school activities outside of the normal timetable,**
- **monitoring of individual healthcare plans.**

**Wraysbury Primary School is an inclusive school community that supports and welcomes pupils with medical conditions.**

- This school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- This school will listen to the views of pupils and parents/carers.
- Pupils and parents/carers will feel confident in the care they receive from this school and the level of that care meets their needs.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school & local health community understand and support the medical conditions policy.
- Wraysbury Primary School understands that all children with the same medical condition will not have the same needs, our school will focus on the needs of each individual child.
- The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (Other related legislation is referenced in DfE guidance p21). 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, this school complies with their duties under that Act. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special Educational Needs and Disability (SEND) Code of Practice and our SEND Policy

**The medical conditions policy is supported by a clear communication plan for staff, parent/carers and other key stakeholders to ensure its full implementation.**

- Pupils, parent/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.

**All staff understand and are trained in what to do in an emergency for children with medical conditions at this school.**

- All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency. A list of children with medical needs is in each class room on the **teachers' noticeboard**. It is clearly marked, but turned around to retain confidentiality. Details are also displayed in the **Welfare Room** and **Staff Room**.
- All staff receive training in what to do in an emergency and this is refreshed at least once a year.
- All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at this school have an individual healthcare plan (IHCP)<sup>1</sup>, which explains what help they need in an emergency. The IHCP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHCP for sharing the IHCP within emergency care settings.
- This school makes sure that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHCP. This is provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence and this school keeps an up to date record of all training undertaken and by whom.
- This school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom parental consent for its use has been obtained. (see appendix 3 for further information) as well as an emergency epi-pen.

**All staff understand and are trained in the school's general emergency procedures.**

- All staff, including temporary or supply staff should be aware of the content of this policy, know what action to take in an emergency and receive updates at least yearly.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

**Wraysbury Primary School has clear guidance on providing care and support and administering medication at school.**

- We understand the importance of medication being taken and care received as detailed in the pupil's IHCP.
- Medication will be administered to support a child's health or if it would be detrimental to school attendance not to do so.
- We will make sure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual child. We will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.
- We will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent.
- When administering medication, for example pain relief, we will check the maximum dosage and when the previous dose was given. Parents/carers will be informed.
- We will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.

- Parents/carers understand that they should let the school know immediately if their child's needs change and parents are given the OA4 form to regularly update, at least yearly and before a residential trip
- Parents of a child who child requires ongoing longterm medication will provide a letter from a professional, ie GP or hospital consultant
- If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the school's disciplinary procedures are followed.

**Any trained member of staff can supervise a child who needs their inhaler or give an emergency epi-pen injection. The welfare assistant/Headteacher/Deputy, will be responsible for giving all prescribed medication or pain relief, eg antibiotics, paracetamol. They may on occasion delegate it to a specific person as a one off arrangements for example if they are dealing with another incident. Any member of staff can supervise a child applying cream, taking minor reliefs such as a throat lozenge/cough mixture, but must record it on the daily sheet and adhere to the instructions/dosage.**

**Wraysbury Primary School has clear guidance on the storage of medication and equipment at school.**

- We make sure that all staff understand what constitutes an emergency for an individual child and make sure that emergency medication/equipment, eg asthma inhalers, epi-pens etc are readily available wherever the child is in the school and on off-site activities, and are not locked away.
- Pupils know exactly where to access it.
- This school will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.

**Wraysbury Primary School has clear guidance about record keeping.**

- As part of the school's admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.
- This school uses an IHCP to record the support an individual pupil needs around their medical condition. The IHCP is developed with the pupil (where appropriate), parent/carer, welfare assistant, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have an EHC plan, their special educational needs are mentioned in their IHCP. Appendix 2 is used to identify and agree the support a child needs and the development of an IHCP.
- This school has a centralised register of IHCPs, and the welfare assistant has the responsibility for this register.
- IHCPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHCP. Other school staff are made aware of and have access to the IHCP for the pupils in their care. The Inclusion Leader may be involved if the child has SEN.
- We make sure that the pupil's confidentiality is protected.
- We seek permission from parents/carers for sharing any medical information with any other party.
- We keep an accurate record of all medication administered on the daily sheets, including the dose, time, date and supervising member of staff.

**Wraysbury Primary School ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.**

- We are committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.
- We make sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and Science lessons to raise awareness of medical conditions to help promote a positive environment.
- We understand the importance of all pupils taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order that they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.
- All relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these. Parents must provide guidance from medical practitioners for such instances.

**Wraysbury Primary School makes sure that pupils have the appropriate medication/equipment/food with them during physical activity and offsite visits.**

- We make sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- We will refer pupils with medical conditions who are finding it difficult to keep up educationally to the Inclusion Leader who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.
- Pupils at this school learn what to do in an emergency.
- We make sure that a risk assessment is carried out before any out-of-school visit. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

**Wraysbury Primary School is aware of the common triggers that can make common medical conditions worse or can bring on an emergency.**

- This school is committed to identifying and reducing triggers both at school and on out-of-school visits.
- School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers (eg see asthma card)
- The IHCP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities.
- All medical emergencies and incidents are reviewed to see how they could have been avoided, and changes are made to school policy according to these reviews.

**Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.**

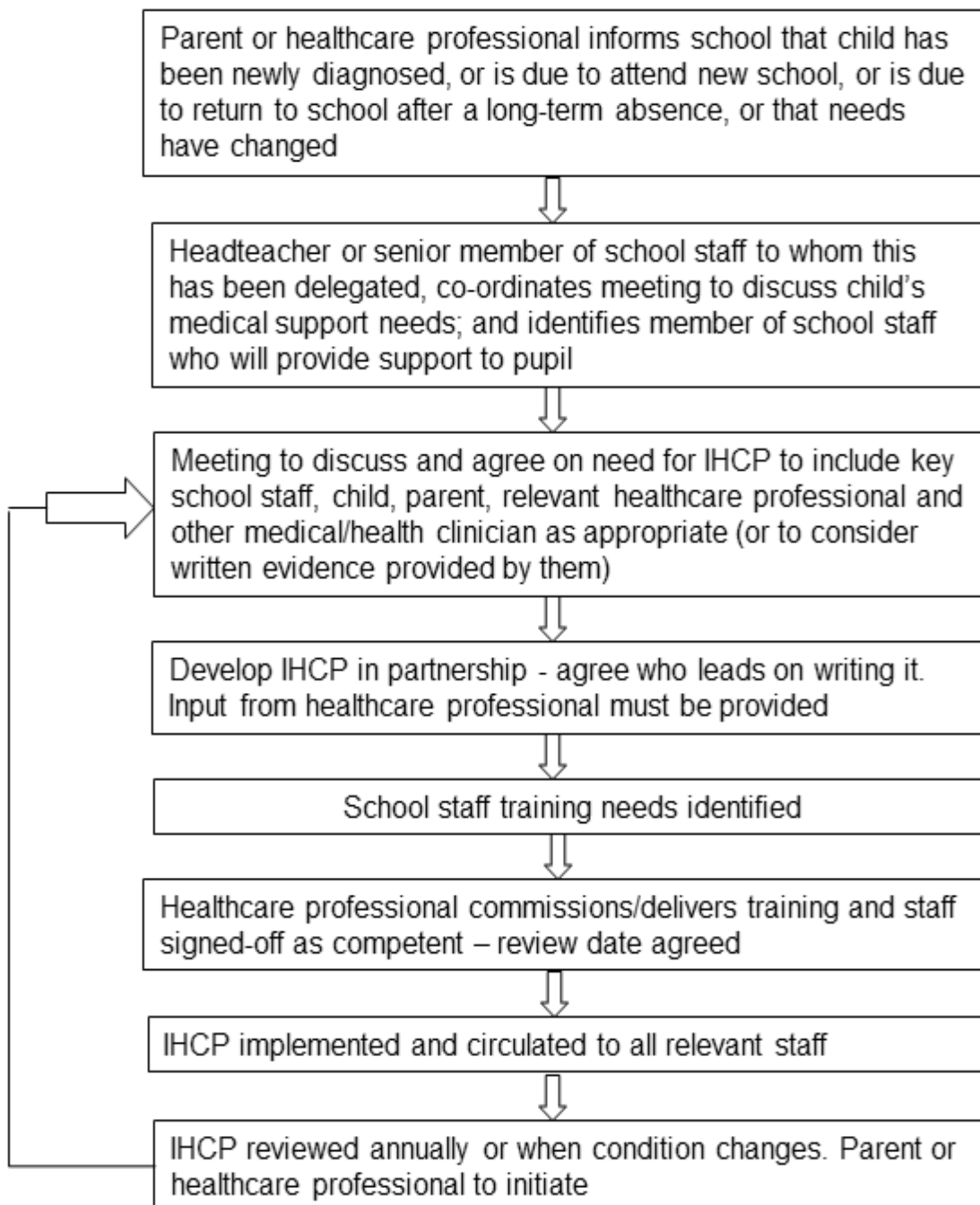
- This school works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
- Key roles and responsibilities are outlined at the end of this policy.

**This policy is regularly reviewed, evaluated and updated. Pupil records are updated every year.**

•In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and governors. The views of pupils with medical conditions are central to the evaluation process. Should parents and pupils be dissatisfied with the support provided they should discuss these concerns with the Headteacher.

## Appendix 1

### Model process for developing individual healthcare plans



## Appendix 2

### Roles and responsibilities

**Governing bodies** – must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

**Headteacher** – should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child 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.

**School staff** – any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions 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 children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

**School nurse** – every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

**Other healthcare professionals** - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Anyone dealing with the medical care of a pupil in school should contact the named school nurse for that school to ensure a coordinated approach.

**Pupils** – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

**Parents/carers** – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment, check they are in date and ensure they or another nominated adult are contactable at all times.

## Appendix 3

The school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom written parental consent for its use has been obtained. The school holds a register of children prescribed an inhaler and this list is kept with the emergency inhaler.

Written parental consent is sought for the use of the emergency inhaler (see attached letter). Where consent is received the use of the emergency inhaler will be included in the pupils IHCP and identified on the child's emergency card. Parents/carers will be informed if their child has used the emergency inhaler (see attached letter)

The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/360585/guidance\\_on\\_use\\_of\\_emergency\\_inhalers\\_in\\_schools\\_October\\_2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf)

The emergency asthma inhaler kit will include:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below);

### **Storage and care of the inhaler**

The Welfare Assistant will have responsibility for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

The emergency inhaler and spacers are kept in the welfare room. They are kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler will be clearly labelled to avoid confusion with a child's inhaler. To avoid possible risk of cross-infection, the plastic spacer will not be reused. It will be given to the child to take home for future personal use. The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.



The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place. However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

### **Disposal**

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled, rather than being thrown away.

The school's two members of staff for ensuring this protocol is followed are **the Welfare Officer and Mrs Fox**

## Appendix 4

### Children who can use the Inhaler

The emergency salbutamol inhaler will only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler;
- OR who have been prescribed a reliever inhaler;

AND for whom written parental consent for use of the emergency inhaler has been given.

This information will be recorded in a child's individual healthcare plan and emergency card.

**A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.**

The school has an asthma register. Consent will be requested to use the emergency inhaler by sending the attached letter and the parent will be notified when the emergency inhaler has been used.

Wraysbury Primary School  
CONSENT FORM  
USE OF EMERGENCY SALBUTAMOL INHALER

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which I will ensure is kept in school and in date.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:..... Date: .....

Name  
(print).....

Child's name: .....

Class: .....

Parent's address and contact details:  
.....  
.....

Telephone: ..... (Home) ..... (Mobile)

E-mail: .....

# LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name: .....

Class: .....

Date: .....

Dear

This letter is to formally notify you that.....has had problems with his / her breathing today.

This happened when.....

*They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.*

*Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs. .*

Although they soon felt better, we would strongly advise that you have them seen by your own doctor as soon as possible.

IHCP

Yours sincerely,

## Adrenaline auto-injector (Epi-pen)

The school has chosen to hold an emergency adrenaline auto-injector for use by pupils who have been prescribed an adrenaline auto-injector and for whom written parental consent for its use has been obtained. The school holds a register of children prescribed an adrenaline auto-injector and this list is kept with it.

Written parental consent is sought for the use of the emergency adrenaline auto-injector (see attached letter). Where consent is received the use of the emergency adrenaline auto-injector will be included in the pupils IHCP and identified on the child's emergency card. Parents/carers will be informed if their child has used the emergency adrenaline auto-injector (see attached letter)

The protocol for the use of this adrenaline auto-injector is detailed below, following the Department of Health Guidance on the use of emergency adrenaline auto-injectors in schools.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/360585/guidance\\_on\\_use\\_of\\_emergency\\_inhalers\\_in\\_schools\\_October\\_2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf)

The emergency adrenaline auto-injector kit will include:

- 1 or more AAI(s).
- Instructions on how to use the device(s).
- Instructions on storage of the AAI device(s).
- Manufacturer's information.
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.
- A note of the arrangements for replacing the injectors.
- A list of pupils to whom the AAI can be administered.
- An administration record.

### Storage and care of the adrenaline auto-injector

The Welfare Assistant will have responsibility for ensuring that:

- on a monthly basis the adrenaline auto-injector is present and in working order,
- a replacement adrenaline auto-injector is obtained when expiry dates approach;
- replacement adrenaline auto-injector is available following use;

The emergency adrenaline auto-injector is kept in the welfare room. They are kept separate from any child's adrenaline auto-injector which is stored in a nearby location and the emergency adrenaline auto-injector will be clearly labelled to avoid confusion with a child's. Once an adrenaline auto-injector has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used adrenaline auto-injectors can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council.

The school's two members of staff for ensuring this protocol is followed are **The Welfare Assistant and Mrs Fox**

## Appendix 5

### Children who can use the adrenaline auto-injector

The emergency adrenaline auto-injector will only be used by children:

- who have been diagnosed and prescribed with an adrenaline auto-injector; AND for whom written parental consent for use of the emergency adrenaline auto-injector has been given.

This information will be recorded in a child's individual healthcare plan and emergency card.

Wraysbury Primary School  
CONSENT FORM  
USE OF EMERGENCY ADRENALINE AUTO-INJECTOR

1. I can confirm that my child has been diagnosed with anaphylaxis been prescribed an adrenaline auto-injector.
2. My child has a working, in-date adrenaline auto-injector, clearly labelled with their name, which I will ensure is kept in school and in date.
3. In the event of my child displaying symptoms of anaphylaxis, and if their adrenaline auto-injector is not available or is unusable, I consent for my child to receive an injection from the adrenaline auto-injector held by the school for such emergencies.

Signed:.....Date: .....

Name (print).....

Child's name: .....

Class: .....

Parent's address and contact details:

.....

.....

Telephone: ..... (Home)

..... (Mobile)

E-mail: .....