Mill Hill Primary School Supporting Pupils with Medical Conditions policy

Contents:

Co-ordinator responsible for the policy in consultation with the staff and governors:

Headteacher

Reviewed: March 2026
Next Review Date: March 2027

Learning for a lifetime

Introduction

In line with the duty, which came into force on 1st September 2014, to support pupils at school with medical conditions, Mill Hill Primary School is committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported at school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

No child with a medical condition will be denied admission or prevented from taking up a place in our school because arrangements for their medical condition have not been made.

We will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, therefore we will not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

This policy will be reviewed regularly and it is readily accessible to parents and school staff.

Implementation

The named person, who has overall responsibility for policy implementation, is Mrs Tracy Morgan, Headteacher.

She will:

- ensure that sufficient staff are suitably trained
- ensure that all relevant staff will be made aware of the child's condition
- ensure that cover arrangements are put in place in case of staff absence or staff turnover to ensure someone is always available
- ensure that supply teachers are briefed
- carry out risk assessments for school visits, holidays, and other school activities outside the normal timetable
- ensure that individual healthcare plans are monitored.

Procedure to be followed when notification is received that a pupil has a medical condition

When our school is notified that a pupil has a medical condition we will:

- make arrangements for any staff training or support
- make every effort to ensure that arrangements are put in place within two weeks
- not wait for a formal diagnosis before providing support to pupils.

Individual healthcare plans

Our school will send home a health questionnaire. Any parent/carer reporting that their child has an ongoing medical condition, such as asthma, epilepsy, diabetes or a more complex medical condition, will be asked to complete an Individual Healthcare Plan (IHP). It is a legal requirement that this is updated annually. At our school, we will ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. We will assess and manage risks to the child's education, health and social wellbeing, and minimise disruption. IHPs will be recorded on Medical Tracker and a hard copy is put in the child's file.

Our IHPs require information about:

- the **medical condition, its triggers, signs, symptoms and treatments**
- the **pupil'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 environmental issues, e.g. crowded corridors, travel time between lessons
- specific **support for the pupil's educational, social and emotional needs** – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, ELSA sessions
- the **level of support** needed (N.B. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring)
- **who will provide this 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
- **arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours**
- 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 who to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP.

Roles and responsibilities

At our school, those people involved in arrangements to support pupils at school with medical conditions include:

- Inclusion Manager (Mrs C Branscombe)
  - Ensuring IHPs are written and regularly reviewed
  - Communication of a pupil's condition to the relevant staff
- Business Manager (Ms E Rapley)
  - Ensuring risk assessments and Personal Emergency Evacuations Plans (PEEPs) are written, shared and reviewed regularly
- Admin Assistant (Mrs Z Chapman)
  - Overseeing the asthma register
  - Ensuring parental agreement is in place for administering medicines in school
- Class Teacher
  - Ensuring measures outlined in risk assessments and PEEPS are implemented

- Headteacher (Mrs T Morgan)
    - Implementation, review and update of this policy
    - Informing relevant staff members of a child's condition within the terms of confidentiality
    - overall responsibility of an IHP
    - naming the delegated trained staff.

Parents/carers
It is the responsibility of the parents/carers to provide sufficient and up-to-date information about their child's medical needs. Parents/carers should be involved in the development and review of their child's IHP. They should carry out any agreed action as part of its implementation, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

Staff training and support
Staff are supported in carrying out their role to support pupils with medical conditions through appropriate training. Training needs are assessed regularly and training will be accessed as appropriate.

Any member of school staff providing support to a pupil with medical needs will have received suitable training.

No member of staff will give prescription medicines or undertake healthcare procedures without appropriate training or instruction (updated to reflect requirements within IHPs).

The child's role in managing their own medical needs
Where children are deemed competent to manage their own health needs and medicines by their parents/carers and medical professional, they will be supported to do this. We see this as an important step towards preparing pupils for the next stage of their education.

Local arrangements

Managing medicines on school premises

At our school:

- medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child will be given prescription or non-prescription medicines without their parent's/carer's written consent
- we will never give medicine containing aspirin unless prescribed by a doctor
- medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken
- parents/carers will be informed via Medical Tracker
- where clinically possible, we will expect medicines to be prescribed in dose frequencies which enable them to be taken outside school hours
- we will only accept prescribed medicines if:
    - **the parent/carer has completed the 'parental agreement to administer medicine' form in advance**
    - **the medicine is in date**
    - **the medicine is clearly labelled**

    - **the medicine is provided in the original container as dispensed by a pharmacist**
    - **instructions for administration, dosage and storage are included** *(N.B. the exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container)*
- all medicines will be stored safely
- children will know where their medicines are at all times and will be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be stored safely but will always be readily available to children and not locked away, including when pupils are outside the school premises, e.g. on school trips
- when no longer required, medicines will be returned to the parent/carer to arrange for safe disposal - sharps boxes will always be used for the disposal of needles and other sharps
- a child who has been prescribed a controlled drug, may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence - all controlled drugs will be securely stored in the medical room where only trained staff have access but will be easily accessible in an emergency
- school staff will administer a controlled drug to the child for whom it has been prescribed and staff administering medicines will do so in accordance with the prescriber's instructions
- we will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted in school. This information will be recorded on Medical Tracker.

Non-prescribed medicines

At our school, we will administer non-prescription medicines. However, **we will only accept medicines if:**

- **the parent/carer has completed the 'parental agreement to administer medicine form' in advance**
- **the medicine is in date**
- **the medicine is clearly labelled**
- **the medicine has been provided in the original container and box, and includes instructions for administration, dosage and storage.**

We also keep a stock of general, non-prescription medicines, e.g. Calpol/Calpol 6+ and Piriton/Piritese. These will only be administered once a parent/carer has been spoken to and where it would be detrimental to the child not to give it. Notification will be sent via Medical Tracker to the parent afterwards to confirm the date, time, name of medicine and dose given.

Record keeping

We will ensure that written records are kept of all medicines administered to children.
We recognise that records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents/carers will be informed if their child has been unwell at school.

Emergency procedures

As part of general risk management processes, the school has arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips. Where a child has an IHP, this will clearly define what constitutes an emergency and the actions required. All relevant staff will be made aware of the emergency symptoms to look for and the actions to take. We will ensure that other children know what to do in the event of an emergency, i.e. informing a member of staff immediately, if they are concerned about the health/welfare of another child.

If a child needs to be taken to hospital, a member of staff will stay with the child until the parent/carer arrives; this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc. that the school holds).

Day trips, residential visits and sporting activities

We always actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and will not prevent them from doing so.

As a school, we believe it to be unacceptable 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/carers 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 IHP
- 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/carers, 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/carer 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/carers to accompany the child.

Asthma

The school recognises that asthma is a widespread, serious, but controllable condition and the school welcomes all pupils with asthma. We ensure that pupils with asthma can and do participate in all aspects of school life, including visits, residential visits and other out of hours school activities.

This is achieved through:

- Ensuring that children have access to asthma inhalers as needed
- Keeping a record of all pupils with asthma and the medicines they take
- Creating a whole school environment, including the physical, social, sporting and educational environment, that is favourable to pupils with asthma
- Helping all pupils to understand asthma as a medical condition
- Making sure that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in the event of an asthma attack
- Working in partnership with all interested parties, including the school's governing body, all school staff, school nurses, parents/carers, local authority, doctors, medical practitioners and pupils to ensure the policy is implemented and maintained successfully.

Administration

At the beginning of each school year, or when the child joins the school, parents/carers are asked if their child has any medical conditions (including asthma) on the admissions forms.

All parents/carers of children with asthma are consequently sent an Asthma UK 'School Asthma Card' for completion. Parents/carers are asked to return the completed asthma card to the school. From this information, the school is able to maintain a centralised asthma register, which is available to all relevant school staff. An identified member of staff has responsibility for the register at our school. The responsible person follows up any details on a pupil's asthma card or when permission for administration of medicines is unclear or incomplete. A copy of each child's asthma card is kept both in the school office and in the child's classroom.

Asthma cards are sent to parents/carers on an annual basis to update. Parents/carers are also asked to update or exchange the card for a new one, if their child's medication or dosage/frequency changes during the year.

Asthma Medicines

Every child who has been prescribed an inhaler should have at least one inhaler in school. Each inhaler provided by parents/carers for pupils to use must be within date, named and prescribed with an appropriate pharmacy label.

As immediate access to inhalers is essential, they are held in the green first aid boxes within each classroom (but not in a place where other children can find them). For children who require support, their inhaler is kept in the medical room where a member of staff will assist the child to use their inhaler.

The school will inform parents/carers if we believe a child is having problems taking their medication correctly. We will also discuss with parents/carers if we see signs of poorly controlled asthma or if the child's inhaler use changes.

Emergency Inhaler

Since 2015, schools may hold asthma inhalers for emergency use, under the Human Medicines Regulations 2014. This is discretionary, and the Department of Health has

published a protocol which provides further information. As a school, we have agreed to purchase and keep emergency inhalers.

These will only be used by children for whom written parental consent for use of an emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The emergency inhaler will only be used if the pupil's inhaler is not available (for example, if it is empty or broken or has expired). To avoid possible risk of cross infection, if the plastic spacer is used then it will be sent home with the child for future personal use and not re-used for emergency purposes.

Use of the emergency inhaler will be recorded on Medical Tracker and parents/carers will be informed.

Liability and indemnity

As a maintained school with a service level agreement with Hampshire County Council, we will be insured as long as all appropriate training and risk assessment has taken place.

Complaints

If you have a complaint about how your child's medical condition is being supported in school, please discuss your concern directly with the headteacher, Mrs Morgan. If this action does not resolve the issue, you should make a complaint in line with the school's complaints procedure.