

COMPTON ALL SAINTS' C OF E PRIMARY SCHOOL

Supporting Pupils with Medical Needs Policy

Part 1

Compton All Saints' aspires to the highest possible attainment for all of its pupils and is committed to constant improvement across all areas.

All its work is underpinned by its core values of love, courage and respect.

Name of School:	Compton All Saints' Primary School
Name of Headteacher:	David Ware
Date Policy approved and adopted:	June 2024
Date Due for review:	June 2025

Introduction

Section 100 of The Children and Families Act 2014 places a duty on the governing body of this school to make arrangements for supporting children with medical conditions who attend the school. The Department for Education has produced statutory guidance [‘Supporting Pupils with Medical Conditions’](#) and we have regard to this guidance when meeting this requirement.

We endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is our policy to ensure that all medical information is treated confidentially by the Headteacher and all staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEND Code of Practice will also apply.

We recognise that medical conditions may affect social and emotional development as well as having educational implications.

Key Roles & Responsibilities

The Governing Body will have an oversight of this policy and will check its implementation throughout monitoring activities. Including the following areas:

Ensuring that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.

It will draw up and implement a policy for supporting pupils with medical conditions in school, which includes the procedures to be followed whenever a school is notified that a pupil has a medical condition.

It will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions and 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.

Headteachers are responsible for ensuring that their school’s policy is developed and effectively implemented with all those concerned with the welfare of a child, including the child him/herself.

They will ensure that all staff are aware of the policy and understand their role in its implementation.

They will 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.

They have overall responsibility for the development of individual healthcare plans.

They should 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.

Teachers and Support Staff can all be asked to be responsible for supporting 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.

The Hampshire School Nurse Team are responsible for notifying the school when a child has been identified as having a medical condition that will require support in school. Wherever possible, they should 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 in 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.

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.

Children with medical conditions are often 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 compliance with, their individual healthcare plan.

Parents should provide the school with sufficient and up to date information about their child's medical needs.

A parent agreement is included in Appendix C

They may in some cases be the first to notify the school that the child has a medical condition. Parents will be involved in the development and review of their child's individual healthcare plans. They should

carry out any action they have agreed as part of its implementation, such as providing medicines and equipment and ensuring they or another nominated adult are contactable at all times.

Local Arrangements

Identifying children with health conditions

Statutory Requirement: The Governing body will ensure that the policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/carers and following the process outlined in the document 'Process for identifying children with a health condition' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. We will use the 'Health Questionnaire for Schools' to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and will consult with the parents.

Individual health care plans

We recognise that Individual Healthcare Plans are recommended, in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of the headteacher to designate an appropriate adult to work with parents and relevant healthcare professionals to write the plan. It is expected that the headteacher and/or SENCo (if appropriate) will attend such discussions whenever possible.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The designated member of staff will work in partnership with the parents/carers, other school staff eg lead first aider and a relevant healthcare professional eg. specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan may be linked to or become part of that statement or EHC plan.

We may also refer to the flowchart contained within the DfE document 'Supporting pupils at school with medical conditions' for identifying and agreeing the support a child needs and then developing the individual healthcare plan. Flow chart can be found in Annex A in this document.

We will use the individual healthcare plan template can be found in Appendix A of this document.

If a child is returning following a period of hospital education or alternative provision (including home tuition), then we will work with Hampshire County Council and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Staff training

All staff will be provided awareness training on the school's policy for supporting children with medical conditions that will include what their individual role is in implementing the policy. Awareness training for this policy will form part of the annual health and safety training day, attendance at which is recorded on a signature sheet.

At least one member of staff will attend Supporting Pupils with Medical Conditions training and refresher courses in order to cascade information to other members of staff at the annual health and safety training day, or at other times as deemed appropriate.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

A staff training record will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

The child's role

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

Where possible we will endeavour to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.

Managing medicines on school premises

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

All medicines are to be delivered in the first instance to the school office: to the Admin Officer, or the Admin Assistant. A documented tracking system to record all medicines received in and out of the premises is in place. The tracking system used is The Children's Services Medication Tracking Form (Appendix B). Office staff will notify an appropriate first aider on the receipt of any meds and the first aider will complete the forms.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent (a 'Parental Agreement for Setting to Administer Medicines' form will be used to record this), except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, we will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

It is the parents'/carers' responsibility to email or write to the school if they wish a nanny or other responsible person to be able to sign a medication administration consent form for their child.

The name of the child, name and strength of the medicine, dose, and expiry date will be checked before medicines are administered. The administration of medicine will be documented on a template adapted as necessary according to the child's medication regime.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity and the individual health care plan referred to for any further action. Similarly, if it is noticed by a class teacher or first aider that a child's use of medication (eg an asthma inhaler) increases, parents will be notified by the class teacher, first aider or office staff. If considered necessary the individual health care plan may need amendment.

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container. In the event that medicines are brought into school that are not in the correct condition, they will be returned to the parent/carer/responsible adult and a suitable replacement requested. Further action may be necessary if this would adversely affect a child's health and well-being in school – eg the child being sent home. Termly letters will be sent out to all parents/carers to remind them to check the expiration date of medicines kept in school. It is parents' responsibility to ensure their child/ren's medicines are in date.

Children who are able to use their own inhalers themselves are encouraged to keep them in their tray. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances

where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner.

Where an individual child is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

We will only administer non-prescribed medicines on request from the parent if they are in clearly identifiable packaging and only on a short term basis. (Where the school has concerns they will seek further guidance from their link School Nurse.)

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Head teacher.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication ie. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

Storage

All medication other than emergency medication will be stored safely in a box in the staffroom. See 'Instructions of Pupil Medicine in School' Appendix D.

Where medicines need to be refrigerated, they will be stored in the staff refrigerator and clearly labelled.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Some medication, such as for ADHD, needs to have further security and will be locked in the medical cabinet in "The Den".

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

Disposal

It is the responsibility of parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parents/carers will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through Winchester City Council who will remove them from site as arranged.

Medical accommodation

The library will be the first place to assess medical and first aid situations. Other rooms will be made available for further treatment or procedures depending on what are necessary and with due regard to the dignity of the child.

Record keeping

A record of what has been administered including how much, when and by whom, will be recorded on a 'Record of Prescribed Medicines' form which will be kept in the school office. The original form will be kept in school but a copy taken with a child in the case of emergency hospital visits. Any possible side effects of the medication will also be noted and reported to the parent/carers.

Emergency procedures

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency ie informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parent or guardian arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, record of prescribed medicines, care plan etc that the school holds).

Day trips/off site activities

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements

take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Unacceptable practice

Statutory Requirement: The governing body will ensure that the school's policy is explicit about what practice is not acceptable.

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, eg. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips eg. by requiring parents to accompany the child.

Liability and Indemnity

Statutory Requirement: The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk

Staff at the school are indemnified under the County Council self-insurance arrangements.

The County Council is self-insured and have extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for

administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

Complaints

Statutory Requirement: The governing body will ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Signature of Headteacher:	
Date:	20.6.25
Signature of Chair of Governors	
Date:	

Appendix A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

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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 B - MEDICATION TRACKING FORM – NB: Use a new Form for Each Pupil

NAME OF CHILD	MEDICATION	EXPIRY DATE	DATE RECEIVED IN SCHOOL	RECEIVED BY STAFF MEMBER (NAME)	RECEIVED BY STAFF MEMBER (SIGNATURE)	DATE RETURNED TO PARENT/ CARER OR MEDICATION FINISHED	RECEIVED BY PARENT/ CARER (NAME)	RECEIVED BY PARENT/ CARER (SIGNATURE)

Appendix C: Parental agreement for setting to administer medicine

The school/setting 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.

Name of school/setting	
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

Permission to administer emergency inhaler if required

Yes	No
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Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	Shilene Bhardwaj or Mary Munro

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 D: Instructions for Pupil Medicines in School

All medication MUST be signed in and out via the school office.

School staff sign the meds in, parents/carers have to sign them out.

In addition, parents must complete a “Parental agreement for setting to administer medicine” form. Copies must not be made and should be stored with the medicine until the course is finished.

These must be stored in a plastic wallet, with the child’s name on (long term meds will also have pupil photo), the form and the medication together.

Full names of medication must be written on the form.

Long Term Meds

These are things that pupils might need at any time, such as inhalers, eczema creams etc.

They are stored in the grey boxes in the staff room.

Short Term Meds

These are usually prescribed antibiotics etc which are required to treat a one-off condition.

They are stored in the fridge if required or in the office or with the class LSA.

Two adults to double check any medication before being administered.

Whenever medication is administered it must be recorded on the reverse of the “parental agreement...” form.

Once short term or long-term meds have been returned to parents and treatment is complete, the tracking form and parental agreement form are scanned and stored in:

SchoolPool/New Documents/Health and Safety/First Aid and Medicines Admin/Supporting Pupils with Medical Conditions/Forms 2016 Onwards/Current Pupils.

A new folder is created for each pupil.