

NEWCOMEN PRIMARY SCHOOL

'BELIEVE ACHIEVE SUCCEED'

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

Headteacher: _____ **Date:** _____

Review Date: September 2025

Newcomen Primary School is proud to be a School of Sanctuary



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Introduction

Newcomen Primary School prioritises ensuring that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows.

This policy has been developed in line with the Department for Education's statutory guidance 'Supporting pupils at school with medical conditions, Dec. 2015' (updated Aug.2017) under a statutory duty from section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014. The school will have regard to the statutory guidance issued. We take account of it; carefully consider it and we make all efforts to comply.

Some children with medical health conditions may be considered to be disabled under the definition set out in the Equality Act 2010; as such, the school and Governing Board must comply with their duties under the Act.

The Children and Families Act 2014 places a statutory duty on schools to support pupils with medical conditions, including bladder and bowel problems.

1 Key roles and responsibilities

A) The Local Authority (LA) is responsible for:

- Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- Providing support, advice / guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHCPs) are effectively delivered.
- Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

B) The Governing Board of Newcomen Primary School is responsible for:

- Ensuring arrangements are in place to support pupils with medical conditions. In doing so, it should ensure that such children can access and enjoy the same opportunities at school as any other child.
- Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- Ensuring that school leaders consult health and social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are properly understood and effectively supported.
- Ensure opportunities are available to all children irrespective of:
 - Race
 - Gender
 - Gender Identity
 - Disability
 - Faith
 - Belief
 - Sexual orientation
 - Age
 - Socio-economic background
- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life.
- Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
- Ensuring records are maintained of all medicines administered to pupils.

- Ensuring the policy sets out procedures in place for emergency situations.
- Ensuring the level of insurance in place reflects the level of risk.
- Handling complaints regarding this policy as outlined in the School's Complaints Policy.

C) The Headteacher is responsible for:

- Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- Ensuring staff awareness to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays, absences and emergencies.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Continuous two-way liaison with school health and school in the case of any child who has or develops an identified medical condition.
- Ensuring confidentiality and data protection.
- Ensuring appropriate accommodation for medical treatment/care within the school.
- Ensuring staff are aware of the defibrillator in the Medical Room and have appropriate training.

D) Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help.
- Knowing who is responsible for administering and storing controlled drugs within the school.
- Knowing the needs of pupils with medical conditions.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- Ensuring inhalers, adrenalin pens and blood glucose testers are held in an accessible location, following DfE guidance. These items are kept in a designated cupboard in each classroom.

E) School nurses are responsible for:

- Collaborating to develop an IHCP in anticipation of a child with a medical condition starting school.

- Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- Where relevant, supporting staff to implement an Individual Healthcare Plan and then participate in regular reviews of the IHCP. Giving advice and liaison on training needs.
- Liaising locally with lead clinicians on appropriate support.

F) Parents and carers are responsible for:

- Keeping the school informed about any new medical condition or changes to their child/children's health.
- Participating in the development and annual reviews of their child's IHCP.
- Completing a parent/carer consent form to administer medicine or treatment before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- Carrying out actions assigned to them in the IHCP with particular emphasis on being contactable at all times.

G) Pupils are responsible for:

- Providing information on how their medical condition affects them.
- Contributing to their IHCP.
- Complying with the IHCP and self-managing their medication or health needs, if judged competent to do so by a healthcare professional and agreed by parents/carers.

2 Training of staff

- Newly appointed teachers, supply or agency staff and support staff will receive as whole school staff development, training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction. This is also reviewed every September as staff training.
- School will keep a record of medical conditions supported, training undertaken and a list of staff qualified to undertake responsibilities under this policy. The certificates are available in the Medical Room.
- The Headteacher, Miss K. Pusztai and the SENDCO, Mrs C. Woods will identify staff training needs in an annual review of the medical conditions register, or if the need arises on mid-year admission.

3 Medical conditions register/list

- Schools admissions forms should request information on pre-existing medical conditions. Parents/carers must have an easy pathway to inform school at any point

in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHCP and also to share information for recording attendance.

- In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.
- A medical conditions list or register is kept on SIMS, updated by the Administration Team as parents/carers submit new information. Each class has an overview for the pupils in their care, within easy access.
- Supply staff and support staff should similarly have access on a need to know basis. Parents/carers should be assured data sharing principles are adhered to.
- For pupils on the medical conditions list, key stage transition point meetings should take place in advance of transferring, to enable parents/carers, school and health professionals to prepare IHCPs and train staff if appropriate.
- Our School Administration team are: Mrs J. Stonehouse, Mrs Warrior and Miss L. Gardner. They are responsible for the administering, management and record keeping of medicines and Controlled Drugs on a daily basis.

4 Individual Healthcare Plans

- Where necessary (the Headteacher will make the final decision) an IHP 'B' will be developed in collaboration with the pupil, parents/carers, Headteacher, Special Educational Needs and Disability Coordinator (SENDCO) and medical professionals. Appendix 1 shows this process.
- IHCPs are stored securely. They can be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality.
- IHCPs will be reviewed at least annually or when a child's general medical circumstances change, whichever is sooner.
- Where a pupil has an Education Health and Care Plan (EHCP), the IHCP will be linked to it or become part of it; this is the responsibility of the SENDCO.
- The level of detail within IHCPs will depend upon the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.
- If a child has a more complex medical condition or requires more specific support, a detailed IHP 'B' is needed; this is the responsibility of the SENDCO to liaise with appropriate medical professionals, parents/carers and pupil in devising an IHCP that best supports the child's needs.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the local authority or alternative educational provider and school is needed to ensure that the IHCP identifies the support the child needs to reintegrate.

5 Education Health Needs (EHN) referrals

- All pupils of compulsory school age who, because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education, are provided for under the local authority's duty to arrange educational provision for such pupils.
- In order to provide the most appropriate provision for the condition, the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.

6 Medicines

A) Managing / Administering medicines

- Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a Medicine Authorisation form to give parent/carer consent, available from the School Office.
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances, where a pupil is prescribed medication by a healthcare professional without their parents'/carers' knowledge. Every effort will be made to encourage the pupil to involve their parents/carers while respecting their right to confidentiality.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines **MUST** be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump), dispensed by a pharmacist with dosage instructions. Medicines which do not meet these criteria will not be administered.
- Newcomen Primary School cannot be held responsible for side effects that occur when medication is taken correctly.
- Should a child refuse medication or spit it out, it will not be re-administered and parents will be informed.

B) Record keeping when Administering Medicines

- A new consent form is required when a new medicine is prescribed or a dose/frequency of a current medication is changed.
- New Medicine Authorisation consent forms are obtained from the School Office.
- All consent forms must correspond with the child's medications and stated dosage which have been brought into school.
- When school staff administer medication, a record of date, time, dose, any reactions and signature is recorded in the Medicine Administration files kept in the School Office. School staff members administering medicine are first-aid trained.

Controlled drugs are checked by an independent member of staff when the drugs are administered to the children.

- Reasons for non-administration of regular medication should also be recorded and parents/carers must be informed the same day.
- The recommended retention for these records is the date of birth of the child given/taking the medication plus 25 years. This is for litigation purposes should the child wish to pursue after his/her 18th birthday.

C) Storing of Medicines

- Medications will be securely stored in the Medical Room or a locked container in the Medical Room fridge if required.
- Any medications left over at the end of the course will be returned to the child's parents/carers.
- Written records will be kept of any medication administered to children. This is stored in the Medicine Administration files in the School Office.
- Pupils will never be prevented from accessing their medication.

7 Emergency Procedure

- Trained first aiders are responsible for carrying out emergency procedures in the event of an emergency. If anyone, other than a member of the office staff calls an ambulance, then the school office needs to be informed so the child's IHCP can be copied for the ambulance crew.
- If an emergency occurs and a child needs to be transported to hospital then, in the absence of a parent/carer, a member of staff must accompany the child in the ambulance and stay until the parent arrives. Staff should never take children to the hospital in their own car; it is safer to call an ambulance. Healthcare professionals are responsible for any decisions on medical treatment when parents/carers are not available.
- The IHP 'B' should include instructions on how to manage the child in an emergency where appropriate.

8 Day trips, residential visits and sporting activities

- Clear arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.
- To comply with best practice, risk assessments should be undertaken in line with Health and Safety executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents/carers, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP 'B' requirements for the school day.

9 Controlled drugs

The Head Teacher must be informed if controlled drugs are being stored on school premises.

- Controlled drugs, such as Ritalin, Rectal Diazepam, Midazolam, are controlled by the Misuse of Drugs Act. Therefore, it is imperative that controlled drugs are strictly managed between the school and parents/carers.
- The amount of medication handed over to the school should always be recorded.
- Controlled drugs should be stored in designated cupboard and only specific, named staff allowed access to it. Each time the drug is administered, it must be recorded, including if the child has refused to take it.
- The person administering the drug will receive appropriate training from the school nurse or an alternative appropriate health professional, prior to administering any medicines, if necessary.
- The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.
- As with all medicines, any unused medication should be recorded as being returned back to the parents/carers when no longer required. If this is not possible, it should be returned to the dispensing pharmacist. It should not be thrown away.

10 Avoiding unacceptable practice

Each case will be judged individually but in general the following is not considered acceptable.

The following behaviour is unacceptable in Newcomen Primary School:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents/carers or ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school.
- Sending the pupil to the Medical Room or School Office alone or with an unsuitable escort if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

11 Insurance

- Teachers who undertake responsibilities within this policy will be assured by the Headteacher that are covered by the LA/School's insurance.

- Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Head.

12 Complaints

- Any concerns should be raised with the School in the first instance.
- The details of how to make a formal complaint can be found in the School Complaints Policy.

13 Definitions

- 'Parent(s)' is a wide reference not only to a pupil's birth parents but also to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.
- 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. Being 'unwell' and common childhood diseases are not covered.
- 'Medication' is defined as any prescribed or over the counter treatment.
- 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- A 'staff member' is defined as any member of staff employed at Newcomen Primary School.

Supporting Pupils with Medical Conditions Flowchart for developing Individual Healthcare Plans

1. Parent/carer or healthcare professional informs school that child has a medical condition or is due to return from long-term absence, or that needs have changed.
2. SENDCO co-ordinates a meeting to discuss child's medical needs and identifies a member of school staff who will provide support to the pupil.
3. A meeting is held to discuss and agree on the need for an IHCP. Attendees should include key school staff, child, parent and relevant healthcare professionals and other medical/health clinician as appropriate (or to consider evidence provided by them).
4. Develop an IHCP in partnership with parents/carers and healthcare professionals.
5. School staff training needs to be identified.
6. Healthcare professional commissions or delivers training.
7. Completed IHCPs are implemented and circulated to all relevant staff.
8. IHCPs reviewed annually or when/if conditions changes. Parent/carer/healthcare professional/member of school staff to initiate.