



Thameside Primary School:
Supporting pupils at School with Medical Conditions Policy

Approved by Governors: May 2024

Review date: May 2026

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Policy reviewed by:	Charlotte Harkins
Key Changes:	<p>Link made to BfFC policy for Children with Medical Conditions who can't Attend School.</p> <p>The rest of this policy remains fit for purpose.</p> <p>Review date 2026 - This guidance will be kept under review and updated as necessary but formally reviewed in two years 2026 rather than annually.</p>

1. Aims and objectives

This policy has been drawn up in accordance with the DfE guidance 'Supporting Pupils at School with Medical Conditions' (December 2015) which can be read [here](#). It embeds Section 100 of The Children and Families Act 2014 which requires schools and Governing Bodies to ensure that arrangements are in place to support pupils with medical conditions including their physical and mental health.

This policy is readily accessible to parents and school staff on the school's website and will be kept under review and updated as necessary by the Inclusion Manager and School Business Manager to keep up to date with statutory and non-statutory guidance and legislation.

Purpose of policy:

The purpose of this policy is to ensure arrangements are in place to support pupils at school with medical conditions, in light of updated guidance drafted by the Department of Education for governing bodies of maintained schools. This policy outlines the procedures and protocols Thameside Primary School will follow to support pupils with short or long-term and/or complex medical conditions, whilst safeguarding staff by providing clear and accurate guidance for all staff to adhere to.

Aims:

- To ensure arrangements are made for children with medical conditions to receive proper care and support whilst meeting our legal responsibilities.
- To provide guidance to all teaching and non-teaching staff members, ensuring staff are fully supported in carrying out their role to support pupils with medical conditions, including the procedure in an emergency.
- To identify the areas of responsibility and roles to all parties involved in the arrangements made to support pupils at school with medical conditions, including pupils, parents, staff, school nurses, Headteachers, Governing Bodies etc; and
- To ensure procedures are followed to limit the impact of pupils' educational attainment, social and emotional wellbeing that can be associated with medical conditions, both on site and during off site trips.

The governing body will ensure that policies, plans and procedures and systems are properly and effectively implemented. The Governor with responsibility for Health and Safety will satisfy his/herself of:

- The statutory guidance for 'Supporting pupils with Medical Conditions'
- Be familiar with school procedures and.
- Complete an annual audit (and report back to FGB) on school procedures and implementation in the school.

School's promise for supporting pupils:

Thameside Primary School is an inclusive school that aims to support and welcome pupils with medical conditions. It understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may wish to enroll in the future.

Parents/carers of pupils with medical conditions should feel secure in the care their children receive at our school. This school aims to provide all pupils with all medical conditions the same opportunities as others at school.

The school will ensure all staff:

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- Understand their duty of care and responsibilities to children and young people when supporting them with their medical needs.
- Feel confident in knowing what to do in an emergency.
- Understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- Understand the importance of medication being taken as prescribed.
- Understand the common medical conditions that affect children at this school.
- Receive training on the impact medical conditions can have on pupils.

Induction Training

All staff should receive Induction Training upon joining the school. This training will include:

- what the school's policy is on the administration of medicines
- where it can be found
- how to respond in an emergency

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. If a member of staff would prefer not to be involved in administering medication, the school will identify someone else that is willing to have this responsibility. Although administering medicines is not part of teachers' professional duties, they will be expected to take account of the needs of pupils with medical conditions that they teach.

At Thameside Primary we ensure all teaching and support staff receive induction on any child in their class or that they work closely with who requires medical support to ensure the child's medical needs are fully met. Staff must not give prescription medicines or undertake health care procedures without appropriate training (including amendments to the IHCP). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. The Healthcare Professional, including the school nurse, will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

As well as individual training, the school will make arrangements for whole school awareness training and induction arrangements for existing and new members of staff when it is important and relevant to do so. This will include preventative and emergency measures for specific pupils so that staff can recognise and act quickly when a problem occurs.

2. Stakeholders involved in the writing of this policy

This school has previously consulted on the development of this medical condition policy with a wide range of key stakeholders within both the school and health settings. These key stakeholders include pupils with medical conditions, parents, school nurse(s), school staff, local healthcare professionals and school governors.

The views of pupils with various medical conditions were actively sought and considered central to the consultation process.

The school's policy has been reviewed to be in line with the Model Reading Borough Council Policy Document issued to schools in September 22.

3. Communication plan

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

a. Pupils are informed and regularly reminded about the medical conditions policy:

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- via the school's pupil representative body (school council)
 - via the school newsletter at several intervals in the school year
 - in personal, social, citizenship and health education (PSCHE) classes and
 - on classroom noticeboards
- b. Parents are informed and regularly reminded about the medical conditions policy:
- by including the policy statement in the new parent handbook, school website and signposting access to the policy
 - at the start of the school year when communication is sent out about Healthcare Plans (including medical alerts, allergy alerts and purple medication forms)
 - via the school newsletter at several intervals in the school year
 - when their child is enrolled as a new pupil
- c. School staff are informed and regularly reminded about the medical conditions policy:
- via induction, and regular staff briefings & team meetings
 - training sessions on administering medication in schools to identified individuals and those responsible for administering medication
 - whole school medical alerts/ announcements in regard to the well-being of children in our care
 - through the key principles of the policy being displayed in several prominent staff areas at this school
- f. Our governors are also kept informed when the policy is formally reviewed or amended.

4. Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Collaborative working between school staff, healthcare professionals, Local authorities, parents, and pupils will be critical to ensure that the needs of pupils with medical conditions are met effectively. Some of the most important roles and responsibilities at Thameside Primary School are listed below, however this is not an exhaustive list:

- a. Governing bodies should ensure that:
- arrangements are in place to ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life including education, school trips and physical education.
 - the focus is on the needs of each individual child and how their medical condition impacts their school life
 - any members of school staff who provide support to pupils with medical conditions are able to access the relevant information, instruction and training
 - school leaders consult health and social care professionals, pupils and parents during the process to ensure that the needs of children with medical conditions are properly understood and effectively supported.
 - they ensure that the arrangements implemented are sufficient to meet the statutory responsibilities and ensure that the arrangements, and paperwork is properly and effectively implemented there is a clear procedure on how complaints concerning the support provided to pupils with medical conditions may be made and will be handled.
- b. Advice on the role of Headteachers (some of this role is delegated to the role of Assistant Head for Inclusion to oversee and implement).
Headteacher and Assistant head of Inclusion will:
- ensure that a 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.

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- ensure that all staff that need to know, are aware of the child's condition.
 - 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. This may involve recruiting a member of staff for this purpose.
 - have overall responsibility for the development of individual health care plans and their regular review should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
 - ensure transitional arrangements are in place between schools and the process is followed up once the pupils has joined the school.
 - make every effort to ensure that arrangements are in place with two weeks of a pupil commencing at the setting.
 - ensure that it informs the school nursing service of any child who has a medical condition that may require their support whilst at school, if they are not already aware.
- c. Advice on the role of 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 are not 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.
 - should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
 - should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- d. Advice on the role of parents. Parents:
- should provide the school with sufficient and up-to-date information about their child's medical needs.
 - may in some cases be the first to notify the school that their child has a medical condition.
 - are key partners and should be involved in the development and review of their child's individual health care plan and may be involved in its drafting.
 - should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- e. Advice on the role of pupils:
- Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils will, if able to, 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 health care plan. Other pupils will often be sensitive to the needs of those with medical conditions. It must be noted that other pupils may be sensitive to the needs of those with medical conditions.
- f. Advice on the role of local authorities:
- Local authorities and clinical commissioning groups (CCGs) are responsible for making joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). Local authorities should provide support, advice and guidance, including training to school staff to ensure that individual care plans are delivered effectively. The Local Authority will set out arrangements when it is clear that a child will be away from school for 15 days because of medical needs, whether this be consecutive or cumulative across the year.
- g. Advice on the role of clinical commissioning groups (CCGs):
- They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 and must make joint commissioning arrangements for education, health and care provision for children

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and young people with SEN or disabilities (as described above for local authorities).

Since 2013 Local Authorities have been responsible for commissioning public health services for school-aged children including school nursing. CCGs should be aware that this does not include clinical support for children in schools who have long term conditions and disabilities, which remains a CCG commissioning responsibility. Children in special schools in particular may need care which falls outside the remit of local authority commissioned school nurses, such as gastrostomy and tracheostomy care, or postural support. CCGs should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school.

h. Advice on providers of health services:

Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

i. Advice on the role of Ofsted:

Ofsted's new common inspection framework came into effect on 1 September 2015, aimed at promoting greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgments will be informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.

The child's role in managing their own medical needs

Governing bodies should ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual health care plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual health care plan. Parents will be informed immediately so that alternative options can be considered.

5. Emergencies for serious medical conditions

All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school. All staff at Thameside Primary School are aware of the most common serious medical conditions at this school.

Staff at Thameside Primary School understand their duty of care to pupils in the event of an emergency. In an emergency school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.

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All staff who work with groups of pupils at this school receive training and know what to do in an emergency for the pupils in their care with medical conditions. Training is refreshed for all staff at least once a year and any issues arising are logged in the staff meeting minutes.

Action for staff to take in an emergency for the common serious conditions at this school is displayed in prominent locations for all staff including classrooms, kitchens and the staff room.

6. Individual Health Care Plans (IHCPs)

This school uses Individual Healthcare Plans and / or Alert Notices to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help. For children with severe enough allergies to require an adrenaline auto injector, the school will follow the guidance from the Department of Health on their use in school ([found here.](#)) The Assistant Head of Inclusion is Thameside's lead professional responsible for ensuring pupils' medical needs are supported in school and responsible for the oversight of pupils requiring or with an IHCP.

IHCP's can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Not all children will require an IHCP and the school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be appropriate. Where an opinion differs on whether an IHCP is required, the Headteacher will have the final verdict. Plans should not be a burden on the school but will capture the key information and actions that are required to support the child effectively at school. The level of detail, and who should be involved, will depend on 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.

Where a child has Special Educational Needs (SEN) but does not have a statement or an Education, Health and Care (EHC) plan, their special educational needs should be mentioned in their IHCP.

For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

IHCP's, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership and in collaborative working between the school, parents, and a relevant healthcare professional, eg school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

Those involved should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. The governing body should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the child has a SEN statement, or an EHC plan, the IHCP should be linked to or become part of that statement or plan.

When deciding what information should be recorded on IHCP's, the Inclusion lead should consider the following:

- 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, counselling sessions
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. 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 head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments.
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
- what to do in an emergency, including whom 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 IHCP and;
- procedures in place so that a copy of the pupil's Individual Healthcare Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.

7. Emergency use Inhalers & injector adrenaline pens

Thameside Primary has two salbutamol inhalers for use in an emergency by pupils who keep inhalers in school in the event of their own inhalers are unavailable, broken or otherwise unusable. These inhalers are kept in the school office (along with a spacer) and one can be taken on trips as required. Parents whose children keep inhalers in school are asked for signed permission for pupils to use this inhaler if required. All children can use this if recommended by emergency medical professionals. We also have two emergency adrenaline auto injector pens kept in the school office in case a pupil's own should fail. Staff can also be instructed by 999 operators to give this to any pupil if their life is at serious risk.

Parents are reminded to provide two injector pens for their child, one to remain in the office and the other to be placed in an individual green medical bag held in the child's classroom. The green bags are accessible to the child or staff member in event of an emergency. Green medical bags are labelled, and pens should have the child's photo taped to the box to ensure it is administered to the correct child.

8. General emergency procedures

All staff understand and are trained in the school's general emergency procedures All staff know what action to take in the event of a medical emergency. This includes:

- how to contact emergency services and what information to give
- who to contact within the school.

Training is refreshed for all staff at least once a year. In the case of particular conditions, staff should ideally be trained in a pupil's care within 2 weeks of the pupil starting school.

Action to take in a general medical emergency is displayed in prominent locations for staff. These include classrooms, the staff room, food preparation areas and sporting facilities. In all circumstance the office should be notified immediately to take further necessary actions to alert parents or medical services.

If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows.

Generally, staff should not take pupils to hospital in their own car, unless the parent is present and consented to travel in the car. This school has clear guidance from the local authority on when (and if) this is appropriate.

The school has an automated external defibrillator (AED) on site, which is stored in the school office and can be used as part of the chain of survival (figure 1). This is a small electronic device that analyses a person's heart looking for irregular heart rhythms known as sudden cardiac arrest. The AED corrects these irregular heart rhythms by delivering a lifesaving shock of electricity. The AED uses voice prompts to guide users through its use and can therefore be used by any member of staff (although First Aid trained staff have received more training on their use). Please see [here](#) for more information. The office is responsible for checking the AED is in working order and pads are in date.



Figure 1: The chain of survival

Reproduced courtesy of Laerdal Medical

9. Administering medicine

The school has clear guidance on the administration of medication at school.

- No child under 16 should be given prescription or non-prescriptive medicines without their parent's written consent- except in exceptional circumstances where the medicine has been prescribed to a child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking

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maximum dosages and when the previous dose was taken. Parents should be notified when the last dose has been given.

- The school will only accept prescribed medicines if these are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
- When no longer required, medicines will be returned to the parent to arrange safe disposal.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so and the school and the parents agree this can happen but passing it to another child for use is an offence. If the child is not deemed competent, the school will securely secure the medication in a non-portable container and only office or named staff will have access. Controlled drugs are easily accessible in an emergency.

Administration – emergency medication

All pupils at this school with medical conditions have easy access to their emergency medication, which is usually stored in a named green Thameside bag at the front of their classroom, or next to the fire escape route door.

All pupils are encouraged to access and administer their own emergency medication, when their parents and health specialists determine, they can start taking responsibility for their condition. This is also the arrangement on any off-site or residential visits if agreed by the parent with the school.

Pupils who do not carry and administer their own emergency medication know where their medication is stored and how to access it.

All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under the supervision of a named member of staff at this school. This would usually be the child's class teacher.

Pupils who do not carry and administer their own emergency medication understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their medication safely.

Administration – general

There are several members of staff at this school who have been specifically contracted to administer medication. Many other members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written consent of the pupil's parent.

Training is given to all staff members who agree to administer medication to pupils, where specific training is needed. The local authority provides full indemnity.

All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.

In some circumstances medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult.

Parents at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.

All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support

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necessary, including any additional medication or equipment needed. This is also the case for overnight events at school, such as the Year 4 camp. If a trained member of staff, who is usually responsible for administering medication, is not available this school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

If a pupil misuses medication, either their own or another pupil's, their parents are informed as soon as possible. These pupils are subject to the school's usual disciplinary procedures.

A medication error is when the administration deviates from the instructions of the medical professional and parent. Medication errors typically occur when schools have more than one pupil with the same name. Some examples of medication errors include:

- administration of a medication to the wrong pupil,
- administration of the wrong medication to a pupil
- administration of the wrong dosage of medication to a pupil,
- administration of the medication via the wrong route,
- administration of the medication at the wrong time

Each medication error must be reported to the Head teacher and an Incident Report Form will be completed online www.reading.gov.uk/accidentreporting to the Corporate H&S team.

Each school should have procedures in place to avoid any errors. At Thameside we use clear plastic bags and name the bag with the child's name and current class registration. We limit medication to 3 trained staff in the office who are familiar with children requiring medication as to avoid giving to the incorrect child. We will ask the child to give their first and second name and DOB (if older enough to do so). We record the date, time and the quantity of the medication given on an individual form which is stored in a medical folder in alphabetical order by surname.

10. Storage of medication & Green Medical bags

Thameside Primary School has clear guidance on the storage of medication at school.

All medicines should be stored safely. Children should know where their medicines are kept. Where relevant, pupils should know who holds the key to the storage facility

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be easily accessible to those required to administer them either in the child's classroom in a green accessible bag and/or in the school office. This is particularly important to consider when outside of the school premises e.g. on school trips. Teachers should check regularly to ensure green bags contain adrenalin pens and inhalers for pupils who need them.

Pupils at this school are reminded to carry their emergency medication with them including in the event of a fire drill. Teachers and support staff are also reminded of the procedures and practice them in termly drills. Overall it is the responsibility of the class teacher or person in charge of the class in the event of an evacuation drill, to take with them, the Green medical bags situated in their classrooms.

Pupils, whose healthcare professionals and parents advise the school that their child is not yet able or old enough to self-manage and carry their own emergency medication, know exactly where to access their emergency medication or staff that can help them if required.

Refrigerated Medicines

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Medicines which require refrigeration will be stored in a specified medication fridge that must remain locked. When in the refrigerator, the medication must be maintained at a temperature between 2-8 OC. A maximum/minimum thermometer is used to ensure this, and records kept on each working day.

Safe storage – general/ non-emergency medication

All non-emergency medication is kept in a secure cupboard in the office beneath the till in a cool dry place. It is accessible only by 3 office staff all of whom are first aid trained. Pupils with medical conditions know where their medication is stored and are reminded to come to or collected to come to the office have their medication. Staff ensure that medication is only accessible to those for whom it is prescribe.

Parents will be asked to complete a medical consent form when handing over medication to the office. A form detailing the medication to be given is issued by the office staff and stored in a named clear plastic food wallet with the medication (or in the fridge).

A pupil 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. Thameside will otherwise keep controlled drugs that have been prescribed for a pupil securely stored and only certain identified staff should have access. A record (stored in a in a file) is kept of any doses used and the amount of the controlled drug held.

Three times a year the identified member of staff checks the expiry dates for all medication stored at school.

The identified member of staff, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labeled with the pupil's name, the name and dose of the medication and the frequency of dose. This includes all medication that pupils carry themselves. All medication supplied should have these instructions written in English.

Medication is stored in accordance with instructions, paying particular note to temperature.

Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.

All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays. It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

Safe disposal

Parents at this school are asked to collect out-of-date medication. If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

A named member of staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year and is always documented.

Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP, pediatrician or diabetic nurse on prescription. All sharps' boxes in this school are stored in a locked cupboard or box unless alternative safe and secure arrangements are put in place on a case-by-case basis.

If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent.

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Collection and disposal of sharps boxes is arranged with the local authority's environmental services or through the diabetic nurses.

11. Record keeping

Thameside Primary School has clear guidance about record keeping and consent forms, for example, are stored in line with GDPR guidelines and are destroyed once a pupil leaves the school.

Enrolment forms

Parents at this school are asked if their child has any health conditions or health issues on the enrolment form, which is filled out when new pupils start school in September. Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.

Drawing up Individual Healthcare Plans

This school uses an Individual Healthcare Plan (**See appendices, Template A: individual healthcare plan**) to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication, and other treatments. Further documentation can be attached to the Healthcare Plan if required. The admissions administrator will work closely with the Inclusion lead to identify children that require an IHCP at the earliest stage when a child is enrolled.

A Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long-term medical condition. This is sent at the start of the school year, at enrolment and when a diagnosis is first communicated to the school if this comes later during the school term.

The parents, healthcare professional and pupil with a medical condition, are asked to fill out the pupil's Healthcare Plan together. Parents then return these completed forms to the school.

This school ensures that a relevant member of school staff is also present, if required to help draw up a Healthcare Plan for pupils with complex healthcare or educational needs.

A centralised register of pupils with medical needs is maintained. The Inclusion lead has responsibility for the register at this school and keeping it up to date. The Inclusion Lead follows up with the parents any further details on a pupil's Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

Parents at this school are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.

Staff at this school use opportunities such as teacher–parent interviews and home–school diaries to check that information held by the school on a pupil's condition is accurate and up to date. Every pupil with a Healthcare Plan at this school has their plan discussed and reviewed at least once a year.

Parents and pupils at this school are provided with a copy of the pupil's current agreed Healthcare Plan. Apart from the central copy, specified members of staff (agreed by the pupil and parents) securely hold copies of pupils' Healthcare Plans. These copies are updated at the same time as the central copy and all members of staff who work with groups of pupils have access to the Healthcare Plans of pupils in their care.

When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of pupils in their care.

The school will seek permission from parents to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside

Supporting Pupils at School with Medical Conditions

the normal school day. This permission is included on the Healthcare Plan. It will also seek permission from the pupil and parents before sharing any medical information with any other party, such as when a pupil takes part in a work experience placement.

This school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. For any medication, the school will keep on **Template E: a record of medicine administered to an individual child (see appendices)**. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded, and parents are informed as soon as possible. This shall remain available for inspection at any time for the period the child is attending the school.

The school holds a central training register of specific staff that have received specific training and all those who have been trained in First Aid. All staff attending receive a certificate confirming the type of training they have had. All school staff who volunteer or who are contracted to administer specific medication are provided with training by a healthcare professional. The school keeps a register of staff who have had the relevant training.

12. Consent to administer medicines

All parents of pupils with a medical condition who may require medication in an emergency are asked to provide consent on the Healthcare Plan for staff to administer medication.

Parents will also be asked to give written consent to the use of the school's emergency Salbutamol inhaler or adrenaline pen in the event the child's own are unavailable or unusable although we expect this to be a rare event.

If a pupil requires non-emergency regular prescribed or non-prescribed medication at school, parents are asked to provide consent on a **Parental agreement for setting to administer medicine form (Template B in appendices)**. The school/setting will not give a child medicine unless a parent completes and signs this form. The form gives permission to the school to administer medication on a regular/daily basis, if required. The same form is given to parents to complete and return to the office for pupils taking short courses of medication for example, antibiotics or occasional need to have allergy relief such as piriteze.

Non prescribed medicine (Calpol Paracetamol or Ibuprofen)

If a child has a headache or would benefit from receiving Calpol, the school will seek written consent via a permission form in addition to verbal consent by phone before administering non-prescription medication on any specific occasion.

13. Trips or Residential visits

Parents are sent a trip/residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours.

The school is in the process of trialing requesting consent electronically from parents via the Evolve system. If successful, the school will aim to request consent in this way for all future trips/residential visits.

This will not replace the need for other medical forms to be completed at enrollment or as part of the school administering medication on a regular basis in school.

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All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's Healthcare Plan. Adults will be identified to ensure they remain responsible for a child taking their medication for the duration of the trip.

All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.

aa. The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away.

14. Inclusive environment

The 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.

Physical environment

The school is committed to providing a physical environment that is accessible to pupils with medical conditions. Pupils with medical conditions are included in the consultation process to ensure the physical environment at this school is accessible. This school's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this sometimes means changing activities or locations.

Social interactions

The school ensures the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.

The school ensures the needs of pupils with medical conditions are adequately considered to ensure they have full access to extended school activities such as wraparound care, school discos, breakfast club, school productions, after school clubs and residential visits.

All staff at this school are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.

Staff use opportunities such as personal, social, citizenship and health education (PSCHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

Exercise and physical activity

The school understands the importance of all pupils taking part in sports, games and activities. The school will ensure all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils and understand that pupils should not be forced to take part in an activity if they feel unwell.

Teachers and sports coaches are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities and are aware of the potential triggers for pupils' medical conditions when exercising and how to minimise these triggers.

The school will also ensure all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and competitive team sports on and off site.

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Education and learning

The school will ensure that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided. If a pupil is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers at this school understand that this may be due to their medical condition.

Teachers at this school are aware of the potential for pupils with medical conditions to have special educational needs (SEND). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the Assistant Head for Inclusion or SEND coordinators. The school's SEND coordinators will consult with the pupil, parents and the pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is properly considered.

The school ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum and that pupils also learn about what to do in the event of a medical emergency.

15. Risk Assessments

Risk assessments are carried out by this school prior to any out-of-school visit and medical conditions are considered during this process. Factors this school considers include how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

The school understands that there may be additional medication, equipment or other factors to consider when planning residential visits. This school considers additional medication and facilities that are normally available at school. In some cases, staff are provided with additional training for remote activities, for example in administering emergency diabetes medication, which would not usually be required within a town setting.

Risk assessments are carried out before pupils start any work experience or off-site educational placement. It is this school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the pupil. Permission is sought from the pupil and their parents before any medical information is shared with an employer or other education provider.

16. Common triggers

The school is aware of the common triggers that can make medical conditions worse or can bring on an emergency. Wherever possible the school will actively work towards eliminating or reducing these health and safety risks. For example, we are a nut free school and actively promote to parents and staff to ensure no nut products are brought on to site.

This school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits. School staff have been given training on medical conditions. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions.

The school has a list of common triggers for the common medical conditions at this school. The school has written a trigger reduction schedule and will communicate readily to school staff and remind them on these health and safety risks. The school uses Healthcare Plans to identify individual pupils who are sensitive to particular triggers. The school has a detailed action plan to ensure these individual pupils remain safe during all lessons and activities throughout the school day.

The school reviews medical emergencies and incidents to see how they could have been avoided.

Appropriate changes to this school's policy and procedures are implemented after each review.

17. Review procedure

The medical conditions policy is regularly reviewed evaluated and updated. Updates are produced every 2 years, or sooner if new government guidance is published.

This school's medical condition policy is reviewed, evaluated and updated every 2 years in line with the school's policy review timeline.

In evaluating the policy, this school seeks feedback on the effectiveness and acceptability of the medical conditions policy with the governing body.

18. Other related policies, legislation and guidance

[BfFc Policy: Supporting Pupils with Medical Needs Who Cannot Attend School](#)

Health & Safety at Work Act 1974

Misuse of Drugs Act 1971

Medicines Act 1968

The Special Educational Needs and Disability Code of Practice

Section 19 of the Education Act 1996

Part 3 C&F Act 204 – Section 100 – Duty to support pupils with medical conditions.

Supporting Codes of Practice – Section 5.11 – Early Years / Section 6.11 Medical Conditions

19. Further advice and resources

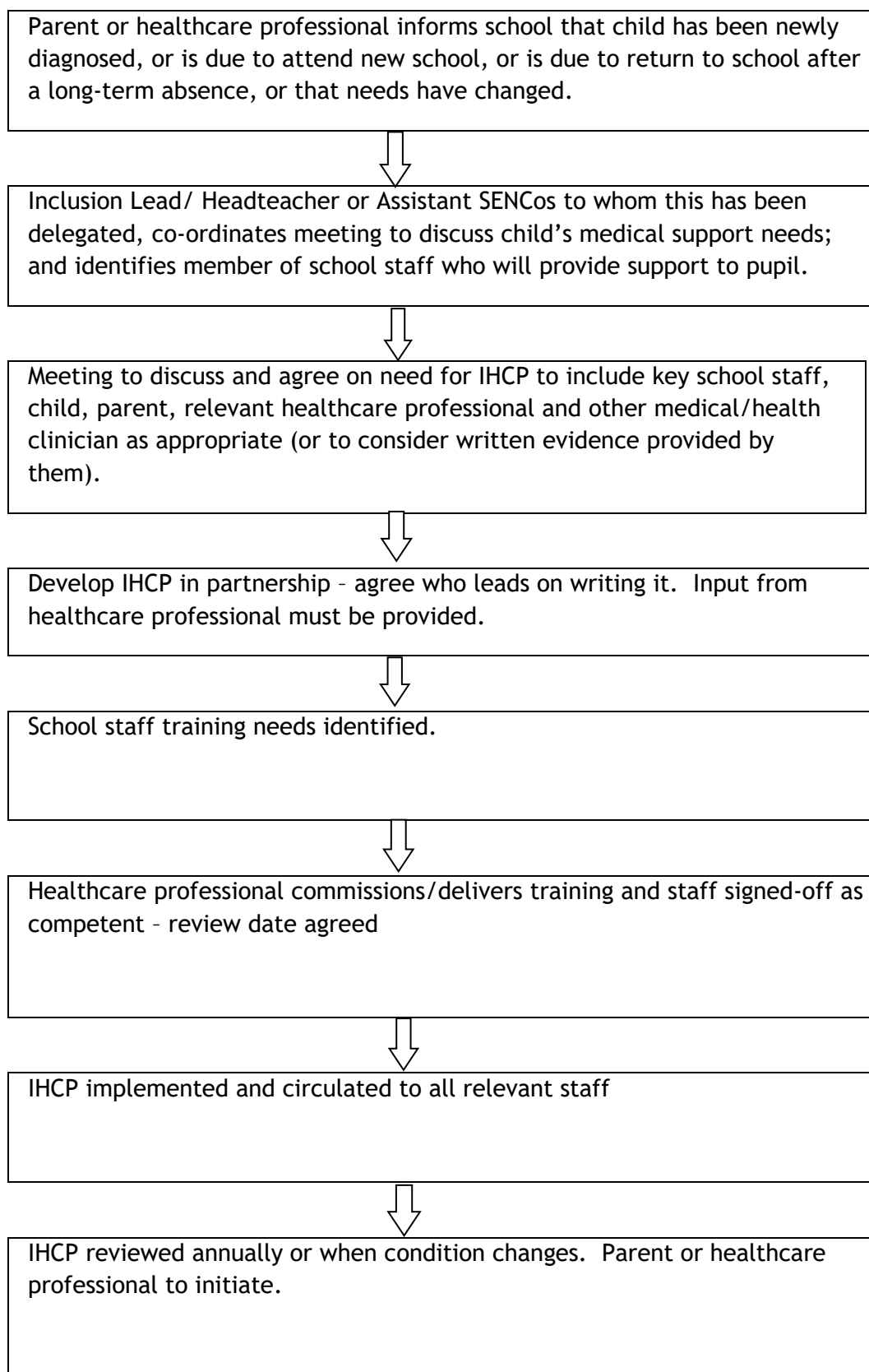
<p><i>The Anaphylaxis Campaign</i> <i>PO Box 275</i> <i>Farnborough</i> <i>Hampshire GU14 6SX</i> Phone 01252 546100 Fax 01252 377140 info@anaphylaxis.org.uk www.anaphylaxis.org.uk</p>	<p><i>Long-Term Conditions Alliance</i> <i>202 Hatton Square</i> <i>16 Baldwins Gardens</i> <i>London EC1N 7RJ</i> Phone 020 7813 3637 Fax 020 7813 3640 info@ltca.org.uk www.ltca.org.uk</p>
<p><i>Asthma UK</i> <i>Summit House</i> <i>70 Wilson Street</i> <i>London EC2A 2DB</i> Phone 020 7786 4900 Fax 020 7256 6075 info@asthma.org.uk www.asthma.org.uk</p>	<p><i>Department for Children, Schools and Families</i> <i>Sanctuary Buildings</i> <i>Great Smith Street</i> <i>London SW1P 3BT</i> Phone 0870 000 2288 Textphone/Minicom 01928 794274 Fax 01928 794248 info@dcsf.gsi.gov.uk</p>

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	www.dcsf.gov.uk
<p>Diabetes UK Macleod House 10 Parkway London NW1 7AA Phone 020 7424 1000 Fax 020 7424 1001 info@diabetes.org.uk www.diabetes.org.uk</p>	<p>Council for Disabled Children National Children's Bureau 8 Wakley Street London EC1V 7QE Phone 020 7843 1900 Fax 020 7843 6313 cdc@ncb.org.uk www.ncb.org.uk/cdc</p>
<p>Epilepsy Action New Anstey House Gate Way Drive Yeadon Leeds LS19 7XY Phone 0113 210 8800 Fax 0113 391 0300 epilepsy@epilepsy.org.uk www.epilepsy.org.uk</p>	<p>National Children's Bureau National Children's Bureau 8 Wakley Street London EC1V 7QE Phone 020 7843 6000 Fax 020 7278 9512 www.ncb.org.uk</p>

May 2024

ANNEX A: MODEL PROCESS FOR DEVELOPING IHCP's



Template 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

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

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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*)

Detail who was involved on the development of this plan

Staff training needed/undertaken - who, what, when

Provide details of all whom this for has / will be sent to

Template B: 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.

Date for review to be initiated by	
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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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: _____

Template C

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

[Insert school name]

Child showing symptoms of asthma / having asthma attack

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 they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent for my child to receive salbutamol form an emergency inhaler held by the school for such emergencies.

Signed: Date:

Name (print).....

Child's name:

Class:

Parent/ Guardian address and contact details:

.....
.....
.....

Telephone:

E-mail:

SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:

Class:

Date:

Dear.....,

[Delete as appropriate]

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

A member of staff helped them to use their asthma inhaler.

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. .

[Delete as appropriate]

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

Yours sincerely,

Template E: record of medicine administered to an individual child

Name of school/setting

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature: _____

Signature of parent/Guardian: _____

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

E: Record of medicine administered to an individual child (Continued)

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials
 Date
 Time given

Template F: staff training record - administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Date: _____

Suggested review date: _____

Template G: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number - **0118 9375551**

2. your name

3. your location as follows -

Thameside Primary School, Harley Road, Caversham, Reading RG4 8DB

4. state what the postcode is - please note that postcodes for satellite navigation systems may differ from the postal code

5. provide the exact location of the patient within the school setting

6. provide the name of the child and a brief description of their symptoms

7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

8. put a completed copy of this form by the phone

9. Consider emergency vehicle access - e.g. rear access across the field

Template H: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely