



# MEDICAL POLICY

## **Compliance statement**

Every policy is reviewed at regular intervals and where applicable, as stipulated by law.

Each policy is also available in additional formats including Braille and in additional languages upon request, within reasonable timescales as stipulated by the school.

Reviewer/s:	Fiona Langford-Jackson/Danielle Ashley
Last reviewed on:	December 2024
Next review due by:	December 2026
Approved by:	Full Governing Board

## **Introduction**

Our Federation is an inclusive community that aims to support and welcome pupils with medical conditions. We understand the responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future. We aim to provide all children with all medical conditions the same opportunities as others at school.

We will help to ensure they can: Be healthy, stay safe, enjoy & achieve, and make a positive contribution. We aim to include all pupils with medical conditions in all school activities.

We ensure all staff understand their duty of care to children and young people in the event of an emergency. All staff are confident in knowing what to do in an emergency.

The school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

Pupils with medical conditions are encouraged to take control of their condition. Pupils feel confident in the support they receive from the school to help them do this.

## **1. Aims**

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- The governing board will implement this policy by:
  - Making sure sufficient staff are suitably trained
  - Making staff aware of pupils' conditions, where appropriate
  - Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

## **2. Legislation and statutory responsibilities**

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

## **3. Roles and responsibilities**

### **3.1 The governing board**

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received

suitable training and are competent before they are responsible for supporting children with medical conditions.

### **3.2 The Executive Headteacher**

The Executive Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

### **3.3 Staff**

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **3.4 Parents/carers**

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

### **3.5 Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical

support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

### **3.6 School nurses and other healthcare professionals**

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

### **4. Equal opportunities**

Our Federation is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The schools will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

### **5. Being notified that a child has a medical condition**

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

### **6. Individual healthcare plans (IHPs)**

The Executive Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Marzena Johnson.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Executive Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Executive Headteacher and/or Medical Lead will consider the following when deciding what information to record on IHPs:

- 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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil's condition and the support required
- Arrangements for written permission from parents/carers and the headteacher 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact and contingency arrangements

## **7. Managing medicines**

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents/carers' written consent

**The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.**

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed. The Federation 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, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

### **7.1 Controlled drugs**

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in a school office and only named staff have access. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

### **7.2 Pupils managing their own needs**

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

### **7.3 Unacceptable practice**

Schools' staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment

- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

## **8. Emergency procedures**

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

## **9. Training**

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Medical Lead and Executive Headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
- Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

#### **10. Record keeping**

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place that all staff are aware of.

#### **11. Liability and indemnity**

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

#### **12. Complaints**

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with Ms Johnson, Medical Lead in the first instance. If the Ms Johnson cannot resolve the matter, they will direct parents/carers to the Executive Headteacher.

#### **13. Monitoring arrangements**

This policy will be reviewed and approved by the governing board every two years.

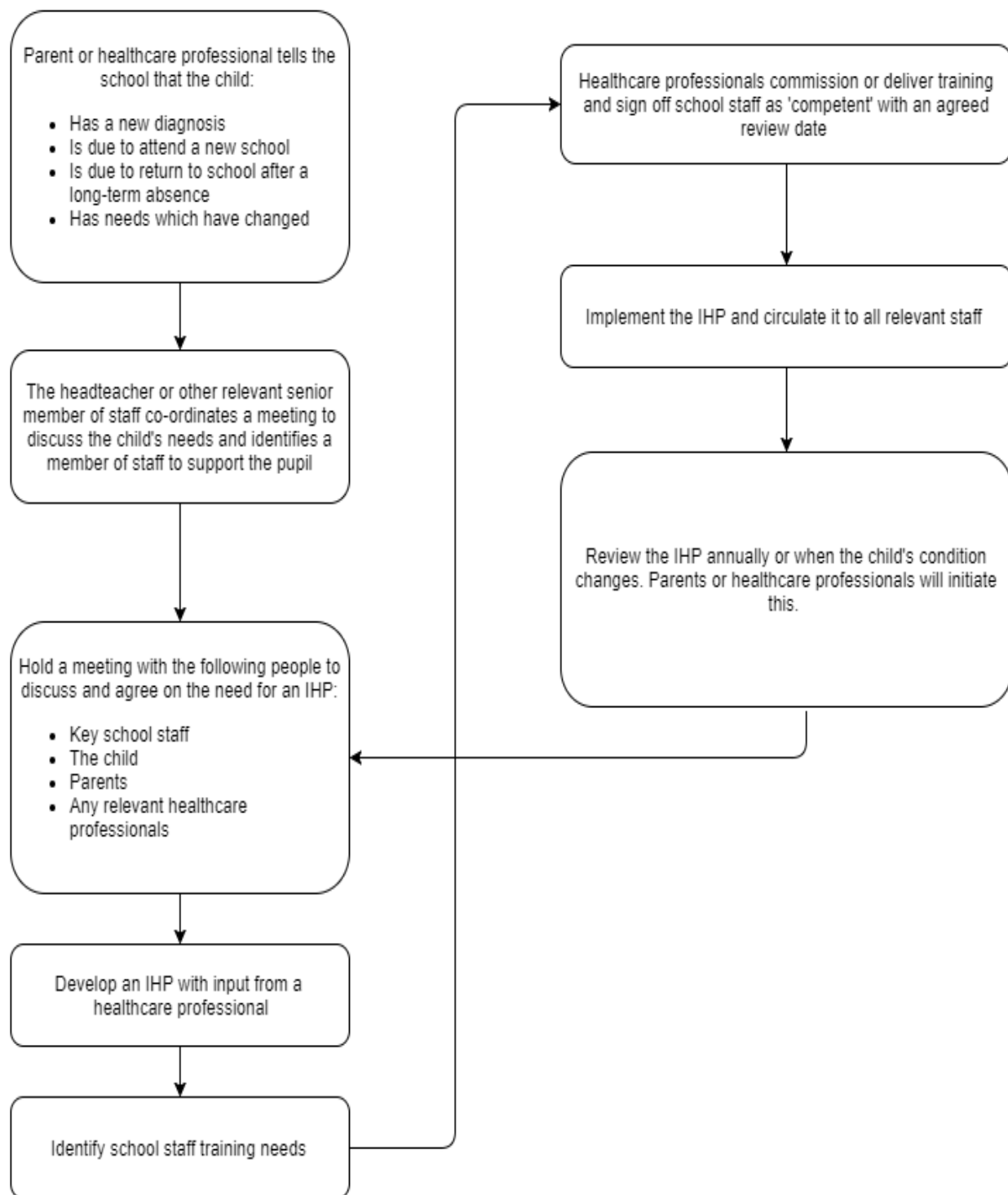
#### **14. Links to other policies**

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy



## Appendix 1: Being notified a child has a medical condition



## Appendix 2 EMERGENCY INFORMATION FOR STAFF

### ANAPHYLAXIS

Anaphylaxis awareness for staff

Symptoms of allergic reactions:

Ear/Nose/Throat - Symptoms:

Runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, postnasal drip, loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears.

Eye - Symptoms:

Watery, itchy, prickly, red, swollen eyes. Allergic 'shiners' (dark areas under the eyes due to blocked sinuses).

Airway - Symptoms:

Wheezy breathing, difficulty in breathing and or coughing (especially at night-time).

Digestion:

Swollen lips, tongue, itchy tongue, stomach-ache, feeling sick, vomiting, constipation and/or diarrhoea.

Skin:

Urticaria - wheals or hives-bumpy, itchy raised areas and or rashes.

Eczema -cracked, dry, weepy, or broken skin. Red cheeks.

Angioedema - painful swelling of the deep layers of the skin.

#### ***Symptoms of Severe Reaction/ Anaphylaxis:***

These could include any of the above together with:

- Difficulty in swallowing or speaking.
- Difficulty in breathing -severe asthma
- Swelling of the throat and mouth
- Hives anywhere on the body or generalized flushing of the skin
- Abdominal cramps, nausea, and vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Alterations in heart rate (fast Pulse)
- Sense of Impending doom (anxiety/panic)
- Collapse and unconsciousness

#### **TREATMENT ANAPHYLAXIS:**

Ring Office and ask for first aider to come to the child with EpiPen for that child. Ask them to ring for an ambulance and parents.

If student is conscious keep them in an upright position to aid breathing. If unconscious, then place in recovery position.

Trained member of staff to administer EpiPen as per training. Record time of

giving.

If no improvement within 5 minutes, then 2<sup>nd</sup> EpiPen to be administered.  
Keep used EpiPen's and give to paramedics when they arrive.

## **ASTHMA**

Asthma awareness for school staff

What to do in an asthma attack

- Keep calm.
- Encourage the child or young person to sit up and slightly forward. In the junior school contact the office immediately for the child's inhaler. In the infant school the inhaler will be kept in the classroom.
- \*If a child has particularly severe attacks or they are regular the junior school staff will arrange to have an inhaler in the classroom.
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.
- Organise a first aider to come to the student. Ring the office if a first aider is not in the vicinity at the time of the attack.

### **If there is no immediate improvement**

- Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

### **Call 999 or a doctor urgently if:**

- The child or young person's symptoms do not improve in 5–10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.
- You are in doubt.

Adhere to the child's individual care plan until the ambulance or doctor arrives.

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

Common signs of an asthma attack are:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Sometimes younger children express feeling
- Tight in the chest as a tummy ache.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school.

- When the pupil feels better, they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in an asthma attack

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.

## **EPILEPSY**

Epilepsy awareness for school staff

### **COMPLEX PARTIAL SEIZURES - Common symptoms**

- The person is not aware of their surroundings or of what they are doing
- Plucking at their clothes
- Smacking their lips
- Swallowing repeatedly
- Wandering around

**Ask for a first aider to come to the student or ring the office for a first aider  
Call 999 for an ambulance if...**

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention

**Do...**

- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring

**Do not...**

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round
- Explain anything that they may have missed

## **TONIC CLONIC SEIZURES - Common symptoms:**

- The person goes stiff,
- Loss of consciousness
- Falls to the floor

### **Do...**

- Protect the person from injury (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card/identity jewellery
- Aid breathing by gently placing the person in the recovery position when the seizure has finished
- Stay with them until recovery is complete
- Be calmly reassuring

### **Do not...**

- Restrain the person's movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

### **Call 999 for an ambulance if...**

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- One seizure follows another without the person regaining consciousness between seizures
- The person is injured
- You believe the person needs urgent medical treatment

## **DIABETES**

Diabetes awareness and treatment for staff

What is it?

Abnormal fluctuations in blood sugar can lead to someone with diabetes becoming unwell and, if untreated, losing consciousness.

There are two conditions associated with diabetes - hyperglycaemia (high blood sugar) and hypoglycaemia (low blood sugar).

Hypoglycaemia is the more common emergency which affects brain function and can lead to unconsciousness if untreated.

Signs and symptoms:

Hypoglycaemia:

- Hunger
- Feeling 'weak' and confused
- Sweating
- Dry, pale skin
- Shallow breathing

- Blood level is below 4mmols/L

Hyperglycaemia:

- Lack of concentration
- Thirst
- Vomiting
- Fruity/sweet breath
- Rapid, weak pulse

#### **First aid aims**

Hypoglycaemia:

- Raise blood sugar level as quickly as possible
- Get casualty to hospital, if necessary

Hyperglycaemia:

- Get casualty to hospital as soon as possible

#### **Treatment**

Hypoglycaemia:

- Sit casualty down
- If conscious, give them a sugary drink, or other sugary food such as Jelly Babies or 3 dextrose tablets (ages 5 – 10 )
- If there is an improvement, offer more to eat or drink. Help the casualty to find their glucose testing kit to check their level. Advise them to rest and see their doctor as soon as possible.
- If consciousness is impaired, do not give them anything to eat or drink. Dial 999 for an ambulance

Hyperglycaemia:

Check levels and give correction dose of insulin

Should high levels remain and/or vomiting call 999 immediately

Further actions

If the casualty loses consciousness

- Open airway and check breathing
- Place them in recovery position
- Prepare to give resuscitation