



Supporting Pupils with Medical Conditions at School Policy

Date: October 2023²
Review Due: October 2024³

Reviewed Annually

Aim

To ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Policy Implementation

In order to ensure that this policy is effective in meeting our aims the following safeguards are in place:

- Saxon Way staff will maintain a record of medical/first aid training and ensure that all training is updated on a regular basis.
- A medical conditions register is maintained. Photographs of all children with known medical conditions are displayed in the medical room. Transition sheets are completed when children are moving between teachers and transfer times arranged for sharing of all relevant information.
- There will always be a minimum of three medically trained staff to ensure cover arrangements are in place at all times should one staff member not be available.
- A thorough risk assessment procedure is in place in which all pupils with medical needs are explicitly noted and arrangements to meet their needs detailed.
- All pupils who present with any long-term medical conditions (longer than 1 week) will be given an individual healthcare plan. This will be written and agreed with parents within 24 hours of the child returning to school.
- An annual briefing on the policy will form part of staff training and new staff induction.

Procedure to be followed when notification is received that a pupil has a Medical Condition

If the child is recovering from a short-term illness that requires medication we will follow our medications protocol (see attached).

If the child has a longer-term condition (more than 1 week) we will:

- Draw up a healthcare plan with parents and relevant healthcare professionals (where appropriate) within 24 hours of child being admitted or re-admitted. Where possible this should be done prior to admission. Every effort will be made to ensure that the necessary arrangements are put in place within 2 weeks. Where a child is leaving

the school, we will contact the new school to advise them of the child's needs.

Individual Healthcare Plans

Our SENDCo has the role of ensuring that all healthcare plans are drawn up appropriately and in a timely manner. She also takes responsibility for ensuring that all the relevant staff are informed including lunch time and break time staff and that class-based records are updated.

For all children who have a Special Educational Need this will be recorded on their health care plan.

All healthcare plans will be reviewed at least annually but more frequently if necessary depending on the nature of the child's condition. A plan will be automatically reviewed following any advised change in the child's condition.

All individual healthcare plans will be developed with the child's best interests in mind. In devising the plan, the school will assess and manage any risks to the child's education, health and social well-being. We will aim to deliver all necessary care and support with the minimum of disruption. The format for the IHCP is attached.

Roles and Responsibilities

- Governing Body
 - To ensure the policy is appropriate and effectively implemented
 - To have oversight of staff medical training and range of medical conditions
- Head teacher
 - To devise and implement an appropriate policy
- SENDCo
 - To ensure that all medical conditions are recorded and IHCP implemented as necessary
 - To ensure regular liaison with school nursing staff
 - To ensure all medication is securely stored and safely administered including asthma medication
 - To ensure all staff are appropriately briefed
- Safeguarding Lead
 - To ensure that all staff receive the appropriate and necessary medical training

- Teaching Staff
 - To ensure that all activities are assessed to identify potential risks in terms of pupil's medical conditions
 - To ensure all classroom records are maintained
 - To ensure all asthma medication is appropriately stored and is accessible during any outdoor activities/PE
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- Parents and Pupils
 - To advise school of medical conditions and symptoms. To provide all necessary medication and to be a partner in ensuring an appropriate health care plan is devised

Record Keeping

Clear records are kept detailing the date, time, name of child and medication administered. Please also refer to attached:

- Health Care Plan
 - Generic
 - Broken Arm
 - Broken Leg
- Parental Agreement to Administer Medicine
 - General
 - Asthma
- School Asthma Card
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Unacceptable Practice

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCP
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise children for their attendance record if their absences are related to their medical conditions 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, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or create unnecessary barriers

to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Complaints

Any complaints about how the school has dealt with a child's medical condition should be made in the first instance in writing to the head teacher. If this does not result in satisfaction parents/carers may complain via the school's formal complaints policy.

Medication Protocol

Medicine brought into school

- Parents must fill in a medicine form and sign.
- Antibiotics should be named with Pharmacy label.
- If possible, any other medication should be named with pharmacy label.

Staff receiving medicines

- Check medicine instructions, and form filled in by parents.
- Medicine to be stored securely in fridge or locked cupboard in medical room.
- Take photograph of child whose medicine it is and attach to medicine bottle.

Administering medicine

- No medication to be administered during the lunch hour.
- Person administering medication MUST check with at least 1 other adult, correct child (full name). Especially for children in Foundation Stage and Key Stage 1.
- At medical room person administering medicine, should ask the child to give their full name (rather than you asking "is your name.....")
- Check medication for correct name, dosage and photograph.
- When administered fill in book and sign.
- Any non-prescription medication for on-going medical problems may be administered, administered, administered, after phoning home and checking, in case the child has been given medication at home.

Health Care Plan

Name	
Class	
Medical Diagnosis/Concern	
My Symptoms	
Action to be Taken	
Administering Medication	
Parents Signature	
Date	

Health Care Plan

Name	
Class	
Medical Diagnosis/Concern	

My Symptoms	
Action to be Taken	
Administering Medication/Epipen	
Had Epipen before?	Yes/No
Parents Signature	
Date	

Health Care Plan for a Pupil with a Medical Condition/Injury

Name:
Date of Birth:
Class:
Medical Condition:
Broken Arm
Date plan drawn up:
Family Contact 1

Name:
 Phone No:
 Relationship:
Family Contact 2

Name:
 Phone No:
 Relationship:

Describe medical condition and give details of pupil's individual symptoms:

- Broken arm
- Arm in a cast and sling
- Possible symptoms – pain, circulation, lack of movement

Daily care requirements (e.g. before sport/at lunchtime):

- Stay in playtime with a buddy
- Keep arm in the sling
- No PE at this time
- Sit on a chair at a table to be comfortable and to avoid weight bearing on arm when standing
- Buddy to carry lunch tray
- Leave the classroom first with a buddy (to help with doors) to ensure he/she isn't tripped

Describe what constitutes an emergency for the pupil, and the action to be taken if this occurs:

- Severe pain in the arm
- Numbness, lack of mobility or discolouration of the fingers
- Action – call mother with any concerns and 111/999 in the event of an emergency requiring immediate response

Follow up care/medication:

- Pain relief (analgesia) to be administered if required
- Parent to bring medication to school and this will be stored in the medical room and administered as per medical form
- Contact Book to be completed by parent and school staff to inform of last medication time. A phone call will be made home if no note is left in the journal and medication is required during the school day.

Copy of Care Plan to:
School Office
Inclusion Team
Class Teacher
Parent

Health Care Plan for a Pupil with a Medical Condition/Injury

Name:

Date of Birth:

Class:

Medical Condition: Broken leg/ankle

Date Plan Drawn Up:

Family Contact 1

Name:

Phone No:

Relationship:

Family Contact 2

Name:

Phone No:

Relationship:

Describe medical condition and give details of pupil's individual symptoms:

- Broken Leg/Ankle
- Leg in a cast/splint/support boot
- Possible symptoms – pain, circulation, lack of movement

Daily care requirements (e.g. before sport/at lunchtime):

- Stay in playtime with a buddy
- Crutches easily accessible
- No PE at this time
- Sit on a chair at a table to be comfortable and to avoid weight bearing on leg when standing, elevate where necessary
- Buddy to carry lunch tray
- Leave the classroom first with a buddy (to help with doors) to ensure he/she isn't tripped
- Ensure where possible, no obstacles in way
- Adult to ensure exit from building is safe during fire evacuation

Describe what constitutes an emergency for the pupil, and the action to be taken if this occurs:

- Severe pain in the leg
- Numbness, lack of mobility or discolouration of the toes
- Action – call family contact with any concerns and 111/999 in the event of an emergency requiring immediate response

Follow up care/medication:

- Pain relief (analgesia) to be administered if required
- Parent to bring medication to school and this will be stored in the medical room and administered as per medical form
- Contact Book to be completed by parent and school staff to inform of last medication time. A phone call will be made home if no note is left in the journal and medication is required during the school day.

Copy of Care Plan to:

School Office

Inclusions Team

Class Teacher

Parent

Parental agreement for school to administer medicine

Parental Agreement for School to Administer Medicine

Does your child tell you when he/she needs medicine?

☐ Yes ☐ No

Does your child need help taking his/her asthma medicine?

☐ Yes ☐ No

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

What are your child's triggers (things that make their asthma worse)?

NO MEDICATION WILL BE ADMINISTERED BETWEEN 12-2pm

Name of School

Saxon Way Primary School

Does your child need to take any medicines before exercise or play? ☐ Yes ☐ No

Date

If yes, please describe below

Child's Name

Medicine _____ How much and when taken _____

Class

Does your child need to take any other asthma medicines while in the school's care? ☐ Yes ☐ No

If yes, please describe below

Nature of illness

Medicine _____ How much and when taken _____

Name and strength of medicine

Dates card checked by doctor or nurse

What time last dose last given

Date _____ Name _____ Job title _____ Signature _____

How much to give (i.e. dose to be given)

Time to be given

What to do in an asthma attack

1 Make sure the child takes one to two puffs of their reliever in-Expiry Date: (usually blue) preferably through a spacer

2 Sit the child up and encourage them to take slow steady

Number breathers/bottles given to School

3 If no immediate improvement, make sure the child takes two puffs of reliever inhaler. (one puff at a time) every two minutes. They can take up to ten puffs

Note: Medicines must be in the original container as dispensed by the pharmacist. If the child does not feel better after taking their inhaler as above, or if you are worried at any time, call 999 for an ambulance. If an ambulance does not arrive within ten minutes repeat step 3.

Asthma UK Adviceline Ask an asthma nurse specialist
0800 121 62 55 asthma.org.uk/adviceline
9am-5pm, Monday-Friday

Parent's signature

Print Name

Asthma UK Summit House, 70 Wilson Street, London EC2A 2DB
T 020 7786 4900 F 020 7256 6075

asthma.org.uk



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HP2461317

Date _____

School Asthma Card

To be filled in by the parent/carer

Child's name _____

Date of birth _____

Address _____

Parent/carer's name _____

Telephone – home _____

Telephone – work _____

Telephone – mobile _____

Doctor/nurse's name _____

Doctor/nurse's telephone _____

This card is for your child's school. Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year. Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

Does your child tell you when he/she needs medicine? _____

☐ Yes ☐ No

Does your child need help taking his/her asthma medicine?

☐ Yes ☐ No

What are your child's triggers (things that make their asthma worse)?

Does your child need to take any medicines before exercise or play? ☐ Yes ☐ No

If yes, please describe below

Medicine	How much and when taken

Does your child need to take any other asthma medicines while in the school's care? ☐ Yes ☐ No

If yes, please describe below

Medicine	How much and when taken

Reliever treatment when needed

For wheeze, cough, shortness of breath or sudden tightness in the chest, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature

What signs can indicate that your child is having an attack?

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Parent/carer's signature _____

Date _____

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Dates card checked by doctor or nurse

Date	Name	Job title	Signature

What to do in an asthma attack

- 1 Make sure the child takes one to two puffs of their reliever inhaler, (usually blue) preferably through a spacer
- 2 Sit the child up and encourage them to take slow steady breaths
- 3 If no immediate improvement, make sure the child takes two puffs of reliever inhaler, (one puff at a time) every two minutes. They can take up to ten puffs
- 4 If the child does not feel better after taking their inhaler as above, or if you are worried at any time, call 999 for an ambulance. If an ambulance does not arrive within ten minutes repeat step 3.

Asthma UK Adviceline Ask an asthma nurse specialist
 0800 121 62 55 asthma.org.uk/adviceline
 9am–5pm, Monday–Friday

Asthma UK Summit House, 70 Wilson Street, London EC2A 2DB
 T 020 7786 4900 F 020 7256 6075

asthma.org.uk

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