

Kingsbury Green Primary
School

Supporting Pupils with a Medical Condition

DATE: October 2020

REVIEW DATE: October 2024



	Name of School	Kingsbury Green Primary School
	Policy Name	Supporting Pupils with a Medical Condition
	Review Date	September 2020
	Date of next Review	Autumn 2024
	Statutory / Non Statutory	Statutory
	Who reviewed this policy?	SBM/School Welfare Officer/SENDCO's

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents 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 pupil's condition, 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)

The named persons with responsibility for implementing this policy is the School Welfare Officer and the SENDCO (Maria Connell, Dorota Wlosek, Joanne Millet)

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's statutory guidance: [Supporting pupils at school with medical conditions](#).

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 headteacher

The 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
- 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 Welfare Officer
- 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 one 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. For pupils with medical conditions, all relevant staff eg year team staff, LA's, Club Leaders, 'as & when LA's) should be aware of what constitutes an emergency for that pupil i.e. know the emergency symptoms and procedures, and respond accordingly (as outlined in the IHP)

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff know they must contact the School Welfare Officer or a member of SLT when a pupil with a medical condition needs help. Year Managers are responsible for ensuring cover agency staff are made aware of any medical needs.

School Welfare Officer

- Will ensure day to day and ongoing support for pupils with medical and health needs, including those with IHP's children who are unwell during the school day and children with dietary needs
- Is responsible for liaising with parents and carers in regard of short and longer term illnesses and conditions, from a health and school attendance perspective
- Is responsible for ensuring that the school record 'Medical, Health and Dietary Needs for Pupils' is updated as new information is provided, and the document is re-dated throughout. Where new information is added, the relevant information is communicated to relevant staff including SLT / LA's / BFC / ASC as appropriate, via school email, and to designated areas in the building (main office, EYFS office, kitchen, First Aid room).
- Is responsible for updating the 'Need to Know' photo sheet (see Appendix 3) for children with life threatening conditions
- Is responsible for training / arranging training for support staff in Emergency First Aid / Paediatric First Aid / 3 day at Work First Aid
- Is responsible for alerting the school community to all matters regarding community health and well being

For pupils with IHPs, the Lead Welfare Officer is responsible for:

- Ensuring that all relevant staff eg year team staff, LA's, Club Leaders, 'as & when' LSAs, are fully briefed with regard to pupils who have IHP i.e. know what constitutes an emergency for that pupil (emergency symptoms / procedures) and how to respond accordingly, as outlined in the care plan
- Annually reviewing the IHP with parents (in September) and following up any mid-year changes raised with relevant health professionals
- Following health professional's guidance on any updates / implementation of new health care plans during the school year
- Monitoring the implementation of IHPs and drawing upon health care professionals as and when the need for further advice / training is required
- Ensuring that, for school visits, holidays etc the relevant school adults are fully briefed with regard to pupils who have IHPs, and that copies of the IHP are distributed to those staff involved plus the group leader
- Ensuring an IHP is in place within a two week time frame, where pupils are new to school or existing pupils have new conditions are in the process of diagnosis the school
- Liaising with relevant healthcare professionals e.g. school nurse, specialist or community nurse or paediatrician, to draw up, in partnership with relevant school staff, parents and child, 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 and how they might work with other statutory services. Partners should agree who takes the lead in drawing up the plan but the school is responsible for ensuring it is finalised and implemented
- Assisting the pupil's transition to a new school by advising as and when appropriate
- See *Appendix 1 for Model process for developing Individual Health Plans (IHPs)*

On a day to day basis this also includes:

- a) For pupils who have an ECHP, liaising with the SENCO to ensure the following:
 - cover arrangements are in place in the case of absence of the LSA / adults carrying out medical procedures and that these adults are aware of any alerting 'triggers, signs and symptoms' linked to the medical conditions
 - staff turnover is planned for with regard to these pupils
 - suitable training is in place and refreshed appropriately as advised by health care professionals eg medical, hoisting, moving & handling
 - IHPs should include information on SEN if the pupil does not have an ECHP and IHP information should form part of an EHCP
- b) For pupils who have an IHP but do not have an ECHP, liaising with the Headteacher with regard to any issues arising eg Epipens, asthma, Epilepsy

3.4 Parents

Parents 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

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.

Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

4. Equal opportunities

Our school 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 school 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 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

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the School Welfare Officer with assistance from SENDCO's where relevant

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 when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents 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 statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or 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 governing board and the headteacher, School Welfare Officer and SENDCO's, 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 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/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

7.1 Procedures for the administration of medication

- The Welfare Officer is responsible for the administration of medication, once the parental consent form has been completed, and for keeping a record of this. They will only be required to do so if they have had appropriate training.
- The Welfare Officer is responsible for keeping a record of all the medication held on the premises and keeping the record up to date.
- Teachers should not administer medication unless they volunteer to and / or when they accompany children on a day visit or residential visit. In such a case teachers should only volunteer if they have been suitably trained, or if the administration of the medication requires no special training.
- Although it is the parents' responsibility to complete the appropriate forms for the administering of long-term medication and to keep the school informed of any changes, the school will always

support parents to complete forms. However, no medication will be accepted in school without a signed consent form.

- It is the Head Teacher's responsibility to ensure that staff who administer medication are suitably trained.
- All teachers and relevant support staff will be made aware of children with ongoing medical conditions and those requiring medication.

When administering medication, KGPS practice is as follows:

- Refer to written instructions received by the school from a GP or Chemist
- Check the prescribed dose
- Check expiry date
- Check the prescribed frequency of the medicine
- Measure out the prescribed dose and check the child's name again (for liquid medicines parents should provide measuring spoons)
- Enter details on Medical Tracker of when the child has been given the medicine (what has been given, when it was given, dosage and any side effects to be noted).
- If there are any uncertainties do not give the medicine but check with the child's parents or doctor.
- Medication for long term/ongoing treatment e.g. asthma, is checked monthly. The school will inform a parent when the medication is approaching its 'use by date' or is running out. This is recorded on Medical Tracker.
- Lead Welfare Officer monitors EYFS medication records monthly and records this on the Medicine Cabinet Check List.

7.2 Storage of medication

- Medicines are stored in the container supplied and must be clearly labelled with the name of the child, instructions for usage and expiry date.
- Some medicines may need to be kept in the fridge e.g. liquid antibiotics, insulin. In line with LA guidance (Sept 2012), these medicines must be placed in a suitable separate container for each child, with the container clearly labelled with name of child, class and name of medicine.
- All medicines must be in a secure place e.g. with the children concerned and all staff aware of how to access this
- Asthma medication is readily available to children and must not be locked away.
- Any unused or out of date medication should be returned to the parent/guardian or to the local pharmacy, accompanied by a letter from the school.

7.3 Employees' Medicines

- Staff may need to bring medicine into school. They have clear personal responsibility to ensure their medicines are not accessible to children. A locked cabinet is available in the Medical Room.

7.4 Life threatening conditions (including Epi Pens)

- Any children diagnosed as requiring an Epi Pen in the EYFS will have two Epi Pens. One will be kept in the EYFS First Aid room and the other will be kept in the main school First Aid room.
- Any children diagnosed as requiring an Epi Pen in Key Stage 1 and Key Stage 2 will have them stored in the First Aid room in the main school.
- Photo / information sheet containing all the 'Need to Know' children i.e. those with Anaphylactic / severe allergies / severe asthma / Epilepsy needs is available in the school office, First Aid Room and the school kitchen,

7.5 Staff Protection

- All staff must wear protective gloves (available in medical room and every First Aid box) where contact with blood or other body fluids is unavoidable
- Any material (cotton wool, bandages) coming into contact with blood or other body fluids should

be disposed of in the special bin (yellow bag) in the medical room.

7.6 Sporting Activities

- Most children with medical conditions can participate in the P.E. curriculum. Some children may need to take precautionary measures before or during exercise and will be allowed immediate access to their medication to support this.

7.7 Before & After School / Enrichment Clubs

- Application forms for these clubs contain information regarding medical needs.
- Staff who oversee these clubs are briefed on pupil needs and know where keys to medication are kept.
- Qualified First Aid staff are available on the premises to deal with incidents requiring medical attention.
- The Duty SLT member oversees this.

7.8 School Visits / off site activities

- All school visits require a designated person to be responsible for the First Aid arrangements. It is not a requirement for this person to have a First Aid qualification although the school endeavours to do so, taking into account the size of the group, the nature of the activity the likely injuries and how effective first aid would be, as well as the distance of the nearest hospital.
- EYFS school visits are compliant with the HSE guidance that at least one person who has a current paediatric certificate must accompany children on outings.
- A suitably stocked First Aid kit and appropriate medications for individual pupils are supplied for all off site visits.
- Risk assessments are carried out prior to all off site visits, according to the Educational Visits Policy (see Appendix 4 for risk assessment pro-forma). Group and individual health care needs are identified on the group risk assessment and appropriate provision is made for implementing IHPs, as well as staff health care needs
- Group risk assessments must include the names of pupils with medical needs and an indicator of the medical need eg asthma, low immune system, diabetes, Epipen (including those who have their own IHP / individual risk assessment) and also the names of staff with medical needs (these risk assessments are labelled as 'confidential')

7.9 School Transport

The local authority is responsible for transporting pupils with IHPs / disabled pupils to and from school. Liaison with them is strong regarding individual children's needs.

7.10 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 not have it in their possession- it must be kept by the School Welfare Officer with all other controlled drugs that are kept in a secure cupboard in the Medical Room 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.

7.11 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 and it will be reflected in their IHPs.

Pupils will not be allowed to carry their own medicines. 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 so that an alternative option can be considered, if necessary.

7.12 Unacceptable practice

School 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
- 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, 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 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 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 arrives, or accompany the pupil to hospital by ambulance.

The school has an emergency evacuation plan which includes provision for children with medical needs / disabilities

If a child was to be administered or take the wrong medication or react to prescribed medication the routine First Aid/ first response procedures are implemented

This includes calling the emergency services

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 School Welfare Officer and SENDCO's. 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. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which 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. This is determined by Brent who act as the school's employer. The school ensures liability Insurance certificates are displayed where appropriate.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the School Welfare Officer or SENDCO in the first instance. If the School Welfare Officer or SENDCO cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 4 years.

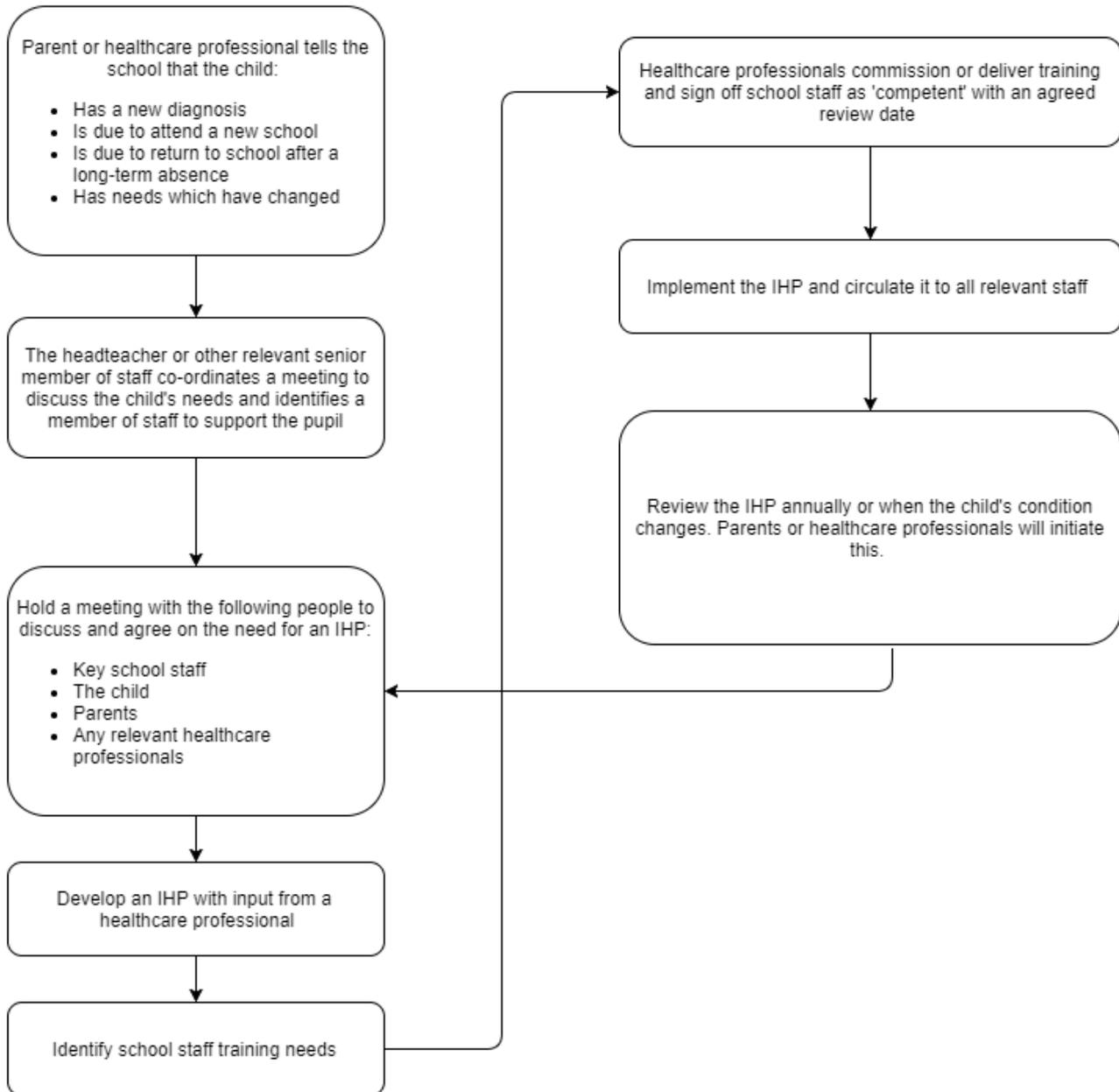
14. Links to other policies

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

Medication form – parental consent

- This form is now online

THE SCHOOL WILL NOT GIVE YOUR CHILD MEDICATION UNLESS YOU COMPLETE AND SIGN THIS FORM.

THE HEADTEACHER HAS AGREED THAT SCHOOL STAFF CAN ADMINISTER THE MEDICATION

SURNAME OF PUPIL:	FORENAME OF PUPIL:
ADDRESS:	CLASS:
CONDITION / ILLNESS:	
NAME OF MEDICATION – AS STATED ON CONTAINED:	HOW LONG WILL YOUR CHILD REQUIRE THIS MEDCIATION?
DATE DISPENSED:	TIME OF MEDICATON:
DOSAGE OF MEDICATION:	SELF ADMINISTRATION:
ANY ALLERGIES:	STORAGE:
CONTACT DETAILS:	TELEPHONE NO:
RELATIONSHIP TO PUPIL:	ADDRESS:
DATE:	SIGNATURE:

I understand that I must deliver the medicine personally to the First Aid room and I understand that the school does this to support my child's attendance and well-being. It is not a service the school must provide.

Appendix 3

'Need to know' children eg of format

Photo

Pupil Name: Class: Medical condition: Symptoms: Medication & Storage:
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Threat Level:	
Activity:	
Threat Level:	
Activity:	
Threat Level:	

Name of Group leader (GL):		Contact Number of Group Leader	
Signature of group leader:		Other Contact Numbers in Group	
School contact number	020 8204 6423	Phase AHT/ DH full name:	
		Phase AHT/ DH contact number:	
Does the venue for visit have an Emergency Evacuation Plan in place?	Yes No	Does the venue for the visit have a Lockdown Policy/Procedure in place?	Yes No
Head Teacher Name	Reena Shah	HT Signed Authorisation Date:	

Medical & Other concerns

Please ensure you know where inhalers and EpiPens are – especially for PE, Games and other out of class activities.

NAME OF CHILD	DESCRIPTION

Children falling within the definition of disabled at KGPS

(Please note - parents may not be aware that their child may fall under this definition **or** they may not want this term used about their child).

Primary Disability

Children who have a family member with a disability that school are aware of (useful for accommodating family visits to school etc.):



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