

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY AND PROCEDURE

1. Policy

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with all medical needs, whether they be long term or short term.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

This policy will be implemented by:

- Making sure sufficient staff are suitably trained;
- Making staff aware of pupil's 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).

The Executive Headteacher will nominate a member of staff to assume the role of Medical Coordinator, who will implement this policy in conjunction with the Schools Business Manager (SBM).

The Ashington Learning Partnership (ALP) 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 ALP will consider what reasonable adjustments need to be made to enable these pupils to participate fully.

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.

2. Being notified that a child has a medical condition

When the ALP is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an Individual Healthcare Plan (IHP).

The ALP 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.

3. 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 the Business Manager and Medical Coordinators.

Plans will be reviewed at least annually, or earlier (weekly, fortnightly) 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;
- by when;
- by whom.

Not all pupils with a medical condition 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 Executive 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 pediatrician, 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 Plan (EHCP).

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The following will be considered 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 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.

4. Managing medicines

Prescription medicines will only be administered at school:

- when medication cannot be given outside of school hours;
- when it would be detrimental to the pupil's health or school attendance not to do so; **and**
- where we have parents' written consent .

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 will always be informed.

The school 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 ALP 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 to arrange for safe disposal when no longer required.

5. Emergency Salbutamol Inhalers in Schools

Schools are now permitted to keep a supply of salbutamol inhalers on site for use in an emergency. This is a sensible contingency arrangement in the event that children lose, forget or break their inhalers.

The emergency salbutamol inhaler should only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler;
- who have been prescribed a reliever inhaler;
- for whom written parental consent for use of the emergency inhaler has been given.

Information on the use of the emergency inhaler should be recorded in a child's Individual Healthcare Plan.

Schools are not required to hold an inhaler as this is a discretionary power enabling them to do so if they wish. All four sites within the ALP choose to keep an emergency inhaler as it could prevent an unnecessary and traumatic trip to hospital and, potentially, save the child's life. The ALP' protocol is as follows:

- The Medical Coordinators are responsible for maintaining the emergency inhaler kits, ensuring they are present and in working order. They are primed when first used (by spraying two puffs) then regularly checked for blockages which could occur when not used for a period of time.

- Kits are safely stored in a central location where staff have access at all times, but out of the reach and sight of children that is:
 - the medical room and P.E. department at Bothal Upper;
 - the school office at the Bothal Lower;
 - the main office at Central Upper;
 - the main office at Central Lower.

- Inhalers will be stored below 30°C (86°F) and protected from extremes in temperature and direct sunlight (not close to radiators).
- The emergency inhaler and spacer are kept separate from the child's own inhaler.
- After use, the inhaler canister is removed and the plastic housing, cap and both halves of the spacer (do not take the valve apart) are washed with a mild detergent left to air dry at room temperature. Once completely dry the mouthpiece and valve are wiped with a cleansing wipe and the inhaler and spacer are returned to the designated storage place.
- If there is any risk of contamination i.e. the inhaler has been used without the spacer it will not be reused and will be appropriately disposed of by being returned to a pharmacy.
- Replacement inhalers are obtained when the expiry date approaches and replacement spacers are ordered as and when required.
- Salbutamol inhalers and spacers are never locked away.
- A register of pupils is kept for pupils who have been diagnosed with asthma or prescribed a reliever inhaler. This also confirms that parental consent has been obtained for use of the emergency inhaler and a copy is kept with the emergency inhaler.
- Written parental consent for use of the emergency inhaler is included as part of a child's Individual Healthcare Plan.
- A record of when and where an asthma attack/breathing problems took place, how much medication was given and by whom as well as informing parents/carers that their child has used the emergency inhaler is given in writing so the parent/carer can pass the information onto the child's GP if necessary.

The Medical Coordinator / Business Manager will monitor the protocol to ensure compliance with it.

6. Supply of inhalers

Schools can buy inhalers and spacers from a pharmaceutical supplier, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed. Schools can buy inhalers in small quantities provided it is done on an occasional basis and is not for profit.

A supplier will need a request signed by the Executive Headteacher on appropriately headed paper stating:

- the name of the school for which the product is required;
- the purpose for which that product is required, and
- the total quantity required.

Schools have discussed with the community pharmacist the different plastic spacers that are available and what is most appropriate for the age group in the school. The ALP is aware that pharmacies cannot provide inhalers and spacers for free and will, therefore, charge for them.

An emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers;
- a register of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- a record of when the inhaler has been used;
- a copy of the school protocol on the use of the emergency salbutamol inhaler.

The Department of Health suggests a stock of five spacers would be adequate for a typical school.

7. Non-prescribed medication

GPs in Northumberland will no longer be routinely prescribing medication which is otherwise available over the counter in a pharmacy, although there will be exceptions to this in specific cases.

Any treatment of minor conditions where the child is still able to attend school should, in the main, be undertaken at home by the parent or carer. Schools are not expected to administer medication such as cough medicines, cold remedies, hay fever eye drops, etc. We should not ask parents to obtain a prescription to allow these products to be administered within school.

Where over the counter medication is administered to a pupil. The following must be ensured:

- an 'Administration of Medication to Pupils – Agreement between Parents and School' form is completed and includes any information given to the parent by the GP or Pharmacist, including dosage.
- The medication is in the original packaging from the manufacturer which includes the name of the medicine and recommended dosage range (ensure this includes the dosage range for the age of the child).
- The expiry date is checked to ensure the medication is still in date.
- The dosage on the parental agreement form matches that on the packaging/information leaflet provided with the medication and the parent is contacted if there is a discrepancy.

Non-prescription medication should be used on a time-limited basis. If it appears that the child is frequently receiving this medicine, it may be appropriate to recommend that an appointment with the GP is needed to discuss the continued need for the medicine.

Paracetamol can be issued, provided the practice is strictly controlled by adopting the same standards as for other medication. A formal agreement should be made between the school and the parents. The Executive Headteacher has authorised specific members of staff to dispense the medication. In order to monitor and prevent the danger of any individuals overdosing on the medication the

nominated member of staff should keep a record of when it was issued, giving the time and the dose administered.

The paracetamol must be kept securely under lock and key and dispensed with care since over-dosage is dangerous. Paracetamol must not be kept in first-aid boxes.

In the main, children should only be given paracetamol in exceptional circumstances, such as if a child has a raised temperature.

On no account should aspirin or preparations that contain aspirin be given to pupils unless a doctor has prescribed such medication.

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.

Any controlled drugs will be kept in a secure cupboard in the 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.

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 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 so that an alternative option can be considered, if necessary.

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.

13. 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. A copy of the child's data collection sheet will be provided.

14. 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, as appropriate.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Medical Coordinator. 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.

15. Record keeping

Written records are kept of all medicine administered to pupils. Parents will be informed if their child has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of, this is Google drive.

16. Liability and indemnity

Members of staff administering medication in accordance with appropriate training or the details supplied by the parent may rest assured that they are indemnified under the conditions of the existing insurance policies. In such circumstances, any liabilities rest with the insured party.

17. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Medical Coordinator/SENDCo/AHOS the first instance. If they cannot resolve the matter, they will direct parents to the school's complaints procedure.

18. 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 Bodies 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](#).

11. Links to other documents:

- Accessibility Plans
- ALP Complaints Procedures
- ALP Equality Statement
- ALP Accident, First Aid & Violent Incident Reporting & Recording Procedures
- ALP Health and Safety, Risk & Premises Management Policy & Procedures
- ALP Safeguarding Child Protection Policy
- ALP SEN Policy

12. Appendices

Appendix 1 – Storage location of medicines and equipment

Appendix 2 - Emergency Action: Asthma – First Aid

Appendix 3 - Emergency Action: Epilepsy - First Aid for all Seizures

Appendix 4 - Emergency Action: Epilepsy - First Aid for Children known to have Epilepsy and Prescribed Rectal Diazepam

Storage location of medicines and equipment

Primary School – lower site	
Medication Coordinator	Erica Forsyth
Medication Stored	Inhalers in class. Locked cupboard in main office
Spare Inhalers Stored <i>(must not be locked away)</i>	1 in cupboard in main office, 1 in main hall
Paracetamol Stored Securely at	Locked cupboard in main office
Names of staff volunteering to prescribe spare inhaler	

Bothal Primary School – upper site	
Medication Coordinator	Erica Forsyth
Medication Stored	Locked cupboard in medical room
Spare Inhalers Stored <i>(must not be locked away)</i>	1 in PE block, 2 in office
Paracetamol Stored Securely at	Locked cupboard in medical room
Names of staff volunteering to prescribe spare inhaler	

Central Primary School – lower site	
Medication Coordinator	Christine Scott
Medication Stored	Prescribed Inhalers kept in classroom. All other medication stored in locked cupboard or in fridge (if required) in main office.
Spare Inhalers Stored <i>(must not be locked away)</i>	Cupboard in main office.
Paracetamol Stored Securely at	Locked cupboard in main office.
Names of staff volunteering to prescribe spare inhaler	

Central Primary School – upper site	
Medication Coordinator	Christine Scott
Medication Stored	Prescribed Inhalers kept in classroom. All other medication stored in locked cabinet or in fridge (if required) in main office.
Spare Inhalers Stored <i>(must not be locked away)</i>	Cabinet in main office
Paracetamol Stored Securely at	Locked cupboard in main office.
Names of staff volunteering to prescribe spare inhaler	

**Emergency Action:
Asthma – First Aid****Ensure that the reliever medicine is taken promptly**

A reliever inhaler (usually blue) should quickly open up narrowed air passages; try to make sure it is inhaled correctly. Preventative medicine is of no use during an attack; it should be used only if the child is due to take it.

Stay calm and reassure the child:

Attacks can be frightening and it is important to stay calm and do things quietly and efficiently:

- listen carefully to what the child is saying and what he or she wants (the child has probably been through it before).
- try tactfully to take the child's mind off the attack.
- do not put arms around the child's shoulder as this is restrictive.

Help the child to breathe:

- encourage the child to try and breathe slowly and breathe out for longer (in an attack people tend to take quick shallow breaths).
- allow the child to take his or her favoured position. Most people find it easier to sit fairly upright or lean forwards slightly. They may want to rest their hands on their knees to support their chest. They must not lie flat on their backs.
- loosen clothing around the neck and offer the child a drink of warm water as the mouth becomes dry with rapid breathing.

If any of the following apply, call a doctor urgently:

- the reliever has no effect after five to ten minutes.
- the child is distressed or unable to talk.
- the child is getting exhausted.
- there are any doubts at all about the child's condition.

If a doctor is not immediately available call an ambulance.

Repeat doses of reliever as required (every few minutes, if necessary, until it takes effect).

Do not be afraid of causing a fuss. Doctors prefer to be called early so that they can alter the medication.

After the attack:

- minor attacks should not interrupt a child's concentration and involvement in school activities; normal activity should be encouraged as soon as the attack is over.

Emergency Action: Epilepsy - First Aid for all Seizures

- Ensure that the child is out of harm's way. Move the child only if there is danger from sharp or hot objects or electrical appliances. Observe these simple rules and let the seizure run its course.
- Check the time the child starts to fit.
- Cushion the Principal with something soft (a folded jacket would do) but do not try to restrain convulsive movements.
- Do not try to put anything at all between the teeth.
- Do not give anything to drink.
- Loosen tight clothing around the neck, remembering that this could frighten a semi-conscious child and should be done with care.
- Arrange for other children to be escorted from the area, if possible.
- Call for an ambulance if:
 - a seizure shows no sign of stopping after a few minutes
 - a series of seizures take place without the individual properly regaining consciousness
- As soon as possible, turn the child onto his/her side in the semi-prone (recovery/unconscious) position, to aid breathing and general recovery. Wipe away saliva from around the mouth.
- Be reassuring and supportive during the confused period which often follows this type of seizure. If rest is required, arrangements should be made for this purpose.
- If there has been incontinence, cover the child with a blanket to prevent embarrassment. Arrange to keep spare clothes at school if this is a regular occurrence.

If a child is known to have epilepsy:

- It is not usually necessary for the child to be sent home following a seizure, but each child is different. If the Principal feels that the period of disorientation is prolonged, it might be wise to contact the parents. Ideally, a decision will be taken in consultation with the parents when the child's condition is first discussed, and a Healthcare Plan drawn up.
- If the child is not known to have had a previous seizure medical attention should be sought.
- If the child is known to have diabetes this seizure may be due to low blood sugar (a hypoglycaemic attack) in which case an ambulance should be summoned immediately.

Emergency Action: Epilepsy - First Aid for Children known to have Epilepsy and Prescribed Rectal Diazepam

- Ensure that the child is out of harm's way. Move the child only if there is danger from sharp or hot objects or electrical appliances. Observe these simple rules and let the seizure run its course.
- Check the time the child starts to fit.
- Cushion the head with something soft (a folded jacket would do) but do not try to restrain convulsive movements.
- Do not try to put anything at all between the teeth.
- Do not give anything to drink.
- Loosen tight clothing around the neck, remembering that this could frighten a semi-conscious child and should be done with care.
- Arrange for other children to be escorted from the area, if possible.
- Rectal diazepam must only be given to a child with a prescription that a Consultant Paediatrician has endorsed and updated annually.
- Rectal diazepam must only be administered in an emergency by an appropriately trained member of staff in the presence of at least one other member of staff.
- Rectal diazepam must only be administered if a trained First Aider is on site.
- If the child has been convulsing for five minutes and there is no suggestion of the convulsion abating, the first dose of rectal diazepam should be given. The medication should indicate the name of child, the date of birth, date of expiry, contents and the dosage to be administered.
- If after a further five minutes
 - (a) a seizure shows no sign of stopping or;
 - (b) a series of seizures takes place without the individual properly regaining consciousness, then call an ambulance.
- As soon as possible, turn the child onto his/her side in the semi-prone (recovery/unconscious) position to aid breathing and general recovery. Wipe away saliva from around the mouth.
- Be reassuring and supportive during the confused period which often follows this type of seizure. Many children sleep afterwards and if rest is required, arrangements could be made for this purpose.
- If there has been incontinence, cover the child with a blanket to prevent embarrassment. Arrange to keep spare clothes at school if this is a regular occurrence.
- A child should be taken home after a fit if he/she feels ill.

Document Record

Version	Reason for Amendments/Update/Review	Date of Adoption by Governing Body	Document Reviewed Date	Author/Reviewed by
1.0	New policy and procedure	2018		Business Manager
1.1	Changes to reflect new guidance on non prescribed medicines		March 2020	Business Manager
1.2	Minor changes to formatting		September 2023	Business Manager(HR and Operations)