



Supporting Pupils with Medical Conditions Policy

Harbinger Primary School

Reviewed on: December 2023

Next review date: December 2024

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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 person with responsibility for making sure that this policy is implemented is the Headteacher

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 ensuring the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- 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.

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.

The First Aid Lead will 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

The First Aid Lead will reach out to others, such as parents and healthcare professionals, for advice and guidance on how to support our pupils

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 school nurse 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.

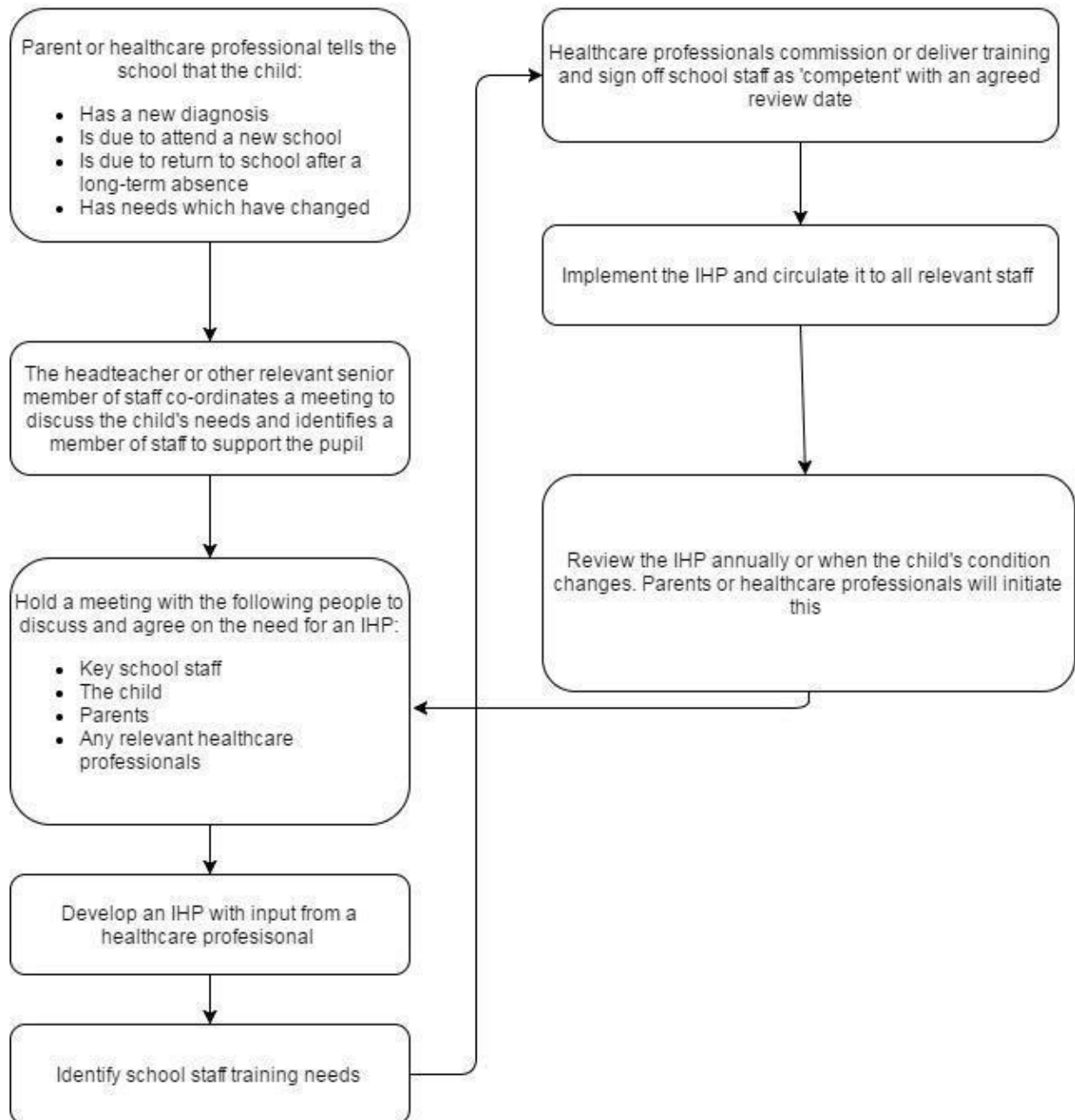
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

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.



6. Individual healthcare plans

Although the Headteacher has overall responsibility for ensuring the development of IHPs for pupils with medical conditions, this has been delegated to the First Aid Lead and deputy Headteacher. They will seek out the input of others as required.

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, either the Headteacher or deputy 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 First Aid Lead, deputy headteacher and Headteacher, School Nurse and parents, as appropriate, 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 Lead First Aider acting on behalf of 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

Prescription medicines will 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' written consent

The Department for Education has confirmed that a prescription is not required for non-prescription 'over-the-counter' medications (e.g. Calpol) and non-prescription medication can be administered where parents have given written consent.

The only exceptions to this are where the medicine has been prescribed to the pupil without the knowledge of the parents or in situations where a parent has given their written consent to the administering of an emergency asthma or allergy related medication.

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 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 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.

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 the First Aid 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.

7.2 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 and it will be reflected in their IHPs. In such situations pupils will be expected to ensure that the member of staff updating the medication book is present when they are administering their medicine.

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.

7.3 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.

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 Head Teacher or deputy 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 recognize 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.

A copy of an Administration of Medication Form is attached in Appendix 1.

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.

The school's Employers Liability Insurance Policy is facilitated by LBTH and is currently with Protector Insurance, policy number 529067.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the deputy Headteacher in the first instance and then the Headteacher in the second instance. If the matter remains unresolved, 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 three years.

14. Links to other policies



This policy links to the following policies:

- Accessibility Policy
- Complaints Procedure
- Equality information and objectives
- First Aid
- Health and Safety Policy
- Intimate Care Policy
- Risk Assessment Policy
- Safeguarding
- SEN and Inclusion Policy

15. Guidance on Infection Control

Posters produced by the Health Protection Agency on Guidance on Infection Control in Schools & Childcare Settings are sited throughout the school. A copy is attached in Appendix 2.

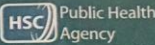
Appendix 1: Administration of Medication Form

 <p>Harbinger Primary School Cahir Street Isle of Dog London E14 3QP Tel: 020 7987 1924 Fax: 020 7538 8966 Email: admin@harbinger.towerhamlets.sch.uk Web: www.harbingerschool.co.uk</p>	 <p>Harbinger Primary School Cahir Street Isle of Dog London E14 3QP Tel: 020 7987 1924 Fax: 020 7538 8966 Email: admin@harbinger.towerhamlets.sch.uk Web: www.harbingerschool.co.uk</p>
<p>FORM 3A</p> <p>Parental agreement for school/ setting to administer medicine.</p> <p>The school/setting will not give your child medicine unless you complete and sign this form and the school or setting has a policy that staff can administer medicine.</p> <p>Name Of School/Setting</p> <p>Name of Child</p> <p>Date of Birth</p> <p>Group/Class/Form</p> <p>Medical condition or illness</p> <p>Medicine</p> <p>Name/type of medicine (as described on the container)</p> <p>Date dispensed</p> <p>Expiry date</p> <p>Agreed review date to be initiated by (name of member of staff)</p> <p>Dosage and method</p>	<p>Contact Details</p> <p>Name</p> <p>Daytime telephone no</p> <p>Relationship to child</p> <p>Address</p> <p>I understand that I must deliver the medicine personally to (agreed member of staff)</p> <p>.....</p> <p>I accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school /setting of any changes in writing.</p> <p>Date</p> <p>Signature's</p>

Appendix 2: Guidance on infection control in schools and other childcare settings

Guidance on infection control in schools and other childcare settings

Prevent the spread of infections by ensuring routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment. Please contact the Public Health Agency **Health Protection Duty Room (Duty Room)** on **0300 555 0119** or infectioncontrol@hscni.gov.uk



March 2017

Visit www.publichealth.hscni.net or www.gov.uk/government/organisations/public-health-england if you would like any further advice or information, including the latest guidance. Children with rashes should be considered infectious and assessed by their doctor.

Infection	Recommended period to be kept away from school/nursery or childcare*	Comments
Rashes and skin infections		
Adenovirus foot	None	Achieve foot is not a serious condition. Treated as a stye.
Chickenpox**	Until all vesicles have crusted over	Not in vulnerable children and female staff - pregnancy
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
Common warts (verruca)	Four days from onset of rash (as per 'Green Book')	Preventable by vaccination (JPR 4 & 2 boost) See 'Finger nail' - pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances.
Impetigo	Until lesions are covered and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infection period.
Measles†	Four days from onset of rash	Preventable by vaccination (JPR 4 & 2). See 'Measles - children and female staff - pregnancy'.
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required.
Scabies (infestation)	None	None.
Singles	Child can return after first treatment	Household and close contacts require treatment.
Scarlet fever†	Child can return 24 hours after commencing appropriate antibiotic treatment	Child is more than one day has scarlet fever contact the Duty Room. See 'Scarlet fever - children and female staff' - pregnancy.
Steatocystoma (flesh cyst or pilonidal cyst)	None once rash has developed	See 'Vulnerable children and female staff - pregnancy'.
Strep throat (group A streptococcus or pyoderma)	Exclude only if rash is itchy and cannot be covered	Can cause rheumatic fever in those who are not immune. It is more than one day has scarlet fever contact the Duty Room. See 'Scarlet fever - children and female staff' - pregnancy.
Shingles	Exclude only if rash is itchy and cannot be covered	Can cause rheumatic fever in those who are not immune. It is more than one day has scarlet fever contact the Duty Room. See 'Scarlet fever - children and female staff' - pregnancy.
Warts and warts on the hand	None	Removal should be considered in swimming pools, gymnasiums and changing rooms.
Diarrhoea and vomiting illness		
Rotavirus	Recommended period to be kept away from school/nursery or childcare: 48 hours from last episode of diarrhoea or vomiting if not covered by a vaccine	Further exclusion is required for young children under five and those who have full capacity in allowing to hygiene practice. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who only require microbiological clearance.
Shigella (Shigellosis)††	Further exclusion may be required for some children until they are no longer infectious	Please consult the Duty Room for further advice.
Staphylococcus aureus (Staphylococcal enterocolitis)	Exclude for 48 hours from the last episode of diarrhoea	Calculation has been designed to calculate for two weeks after the last diarrhoea has settled.
Respiratory infections		
Flu (influenza)	Until recovered	See 'Influenza - children'.
Parvovirus B19†††	Always consult the Duty Room	Requires prolonged absence contact for spread.
Rubella††††	48 hours from commencing antibiotic treatment, or 21 days from onset of rash if no antibiotic treatment	Preventable by vaccination. After infection, non-infectious coughing may persist for many weeks. The infection coughing may persist for many weeks. The Duty Room will consider any contact tracing necessary.
Other infections		
Coronavirus	Recommended period to be kept away from school/nursery or childcare: none	
Diphtheria**	Exclusion is essential. Always consult with the Duty Room	If an outbreak occurs, consult the Duty Room. Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary.
Scarlet fever†	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen.
Herpes simplex†	Exclude until seven days after onset of painless or seven days after symptom onset if no antibiotic treatment	The duty room will advise on any vaccination or other contact measures that are needed for close contacts of a single case of herpes simplex and for suspected outbreaks.
Measles††††	None	Measles B and C and MCV are live attenuated viruses that are not infectious through casual contact for duration of body fluid spill. See 'Good hygiene practice'.
Meningococcal meningitis†††††	Until recovered	Some forms of meningococcal disease are preventable by vaccination. There is no vaccine to exclude siblings or other close contacts of a case. In the case of an outbreak, it is for necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will consider any contact tracing necessary.
Streptococcus†	Until recovered	See 'Scarlet fever - children and female staff' - pregnancy.
Scarlet fever†	None	See 'Scarlet fever - children and female staff' - pregnancy.
Strep throat (group A streptococcus)	None	See 'Scarlet fever - children and female staff' - pregnancy.
Tuberculosis	None	See 'Tuberculosis - children and female staff' - pregnancy.
Whooping cough††††	None	See 'Whooping cough - children and female staff' - pregnancy.
Mumps††	Exclude until five days after onset of swelling	Preventable by vaccination (JPR 4 & 2 boost)
Scarlet fever†	None	Treatment is recommended for the child and household contacts.
Strep throat†	None	There are many causes, but most cases are due to viruses and do not need antibiotic.

* denotes a notifiable disease. It is a statutory requirement that GP or HSCNI report notifiable diseases to the Director of Public Health via the Duty Room.

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Good hygiene practice

Handwashing: One of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory illness. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all sores and abrasions with watertight bandaging.

Clothing and laundry: Do not share towels. Children and adults should be encouraged to cover their mouths and nose with a tissue that they use for coughing or sneezing. Spraying should be discouraged.

Personal protective equipment (PPE): Disposable non powdered nitrile or latex gloves (if washed gloves and disposable gloves appear may be worn where there is a risk of spreading or contamination with bloodborne virus like hepatitis and not dengue). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning and disinfecting: Use appropriate disinfectants. Children and adults should be encouraged to cover their mouths and nose with a tissue that they use for coughing or sneezing. Spraying should be discouraged.

Cleaning of the environment: Including toys and equipment, should be frequent. However, follow national guidance for example use correct cleaning equipment. When Cleaning of furniture: Use a 100ppm bleach solution to clean toys and equipment. Use a 200ppm bleach solution to clean toys and equipment. Use a 400ppm bleach solution to clean toys and equipment. Use a 600ppm bleach solution to clean toys and equipment. Use an 800ppm bleach solution to clean toys and equipment. Use a 1000ppm bleach solution to clean toys and equipment. Use a 1200ppm bleach solution to clean toys and equipment. Use a 1400ppm bleach solution to clean toys and equipment. Use a 1600ppm bleach solution to clean toys and equipment. Use a 1800ppm bleach solution to clean toys and equipment. Use a 2000ppm bleach solution to clean toys and equipment.

Cleaning of food and food handling equipment: All surfaces of food items, dishes, cutlery and eye discharge should be cleaned up immediately. Always use PPE when cleaning surfaces. Clean using a product that contains bleach a disinfectant and a detergent. Use as per manufacturer's directions and always in a sufficient quantity for use on the affected surface. There are steps for cleaning up blood and body fluid spillages - non disposable paper towels and facial tissues as described below. A spillage kit should be available for blood spills.

Laundry: Should be done in a separate designated facility. Soiled linen should be removed separately at the house, wash the linen with care, then dry it when handling soiled items. Children's soiled clothing should be kept to go home, never stored in bags.

Shops and cafes: Always separate domestic and clinical waste, in accordance with local policy. Used syringes/needles, gloves, aprons and soiled linens should be placed in correct clinical waste bins to appropriate bins. All clinical waste must be removed by registered waste contractors. All clinical waste bins should be for their use - do not put anything in a dedicated waste area while waiting collection.

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