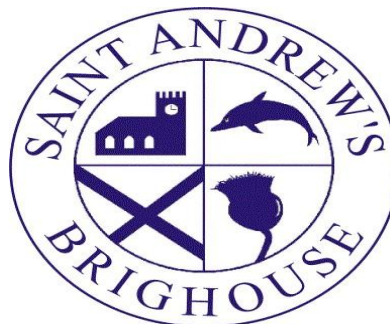


St Andrew's CE (VA) Junior & Infant Schools **Supporting Pupils with Medical Conditions (Joint)**



| | | | |
|----------------------------|----------------|---|---|
| Title | | Supporting pupils with Medical Conditions (Joint) | |
| Version | | 1.7 | |
| Date | | May 2025 | |
| Author | | St. Andrew’s CE (VA) Junior School | |
| Approved by headteacher | | June 2025 | |
| Approved by governing body | | July 2025 | |
| Next review date | | July 2026 | |
| Modification history | | | |
| Version | Date | Description | Revision author |
| 1.0 | November 2016 | Changes to IHC self-administration | Amanda Jocelyn |
| 1.1 | May 2018 | | Amanda Jocelyn |
| 1.2 | September 2019 | Changes following LA advice and new Care Plan formats | Amanda Jocelyn/ Elaine Stollery |
| 1.3 | January 2021 | Reviewed | Amanda Jocelyn/ Tracey Talbot |
| 1.4 | January 2022 | Reviewed | LRiley & T Talbot (Juniors) N Shaw (infants) |
| 1.5 | January 2023 | Reviewed (no revisions) | L Riley and T Talbot (Juniors) |
| 1.6 | January 2024 | Reviewed (no revisions) | L Clarke and P Gunter (Juniors) |
| 1.7 | May 2025 | Reviewed (Exec Head name change) | L Clarke and P Gunter (Juniors) N Shaw (Infants) |



Policy for Supporting Pupils with Medical Conditions in School

Responsible Person: Mrs A Jocelyn and Mrs J Swallow

1 Introduction

This policy should be read in conjunction with the **Administering Medicines policy** and the **Inclusion policy**.

This policy is written in regard to 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.

2 Aims

- 2.1** To ensure pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.
- 2.2** To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.

3 Procedure

The person named above is responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- sufficient staff are suitably trained
- all relevant staff are made aware of a child's condition
- cover arrangements in case of staff absence/turnover is always available
- supply teachers are briefed
- risk assessments for visits and activities out of the normal timetable are carried out
- individual Care plans are monitored (at least annually)
- transitional arrangements between schools are carried out
- if a child's needs change, the above measures are adjusted accordingly

- Where children are joining at the start of a new academic year, these arrangements should be in place for the start of term. Where a child joins midterm or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.
- Any pupil with a medical condition requiring medication or support in school will have a Care Plan in place (see Appendix 1) which details the support that child needs. A separate care plan will be completed for each medical condition. The Care Plan is drawn up in consultation with the parents and Care professionals (if appropriate).
- Children with asthma will have an Asthma Care Plan (see Appendix 2)
- Not all medical conditions will require a Care Plan. Where a Care Plan is inappropriate or disproportionate, the child's medical condition and any implications for the child will be recorded on the child's individual school record.

4 Care Plans

- The following information should be considered when writing a Care plan:
- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs □
the level of support needed including in emergencies
- who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff or self-administered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision).
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate
- confidentiality
- what to do if a child refuses to take medicine or carry out a necessary procedure
- what to do in an emergency, who to contact and contingency arrangements

5 Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

The Governing Body

- must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented
- must ensure sufficient staff receive suitable training and are competent to support children with medical conditions
- must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk

The Head Teacher

- should ensure all staff are aware of this policy and understand their role in its implementation
- should ensure all staff who need to know are informed of a child's condition
- should ensure sufficient numbers of staff are trained to implement the policy and deliver care plans, including in emergency and contingency situations, and they are appropriately insured
- is responsible for the development of care plans and ensuring that all relevant staff are aware of the care plans.
- should contact the school nursing service in the case of any child with a significant medical condition who has not been brought to the attention of the school nursing team.

School Staff

- any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions
- any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

School Nurses

May support staff on implementing a child's care plan and provide advice and liaison

Other healthcare professionals

- should notify the school when a child has been identified as having a medical condition that will require support at school
- may provide advice on developing Care plans

- specialist local teams may be able to provide support for particular conditions (eg. Asthma, diabetes)

Pupils

Should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their care plan

Parents

- must provide the school with sufficient and up-to-date information about their child's medical needs
- are the key partners and should be involved in the development and review of their child's care plan
- will be contacted annually to discuss and update their child's care plan
- should carry out any action they have agreed to as part of the care plan implementation

6 Record keeping

All medical information is kept confidential and is only shared for safeguarding purposes. Certain information from a child's Care Plan may be put on a noticeboard in the staffroom, in the First Aid room and in a secure place in the classroom to ensure members of staff have access to the information in case of an emergency.

7. Notes

The school does not have to accept a child identified as having a medical condition at times when it would be detrimental to the health of that child or others to do so.

8 The following practise is considered not acceptable:

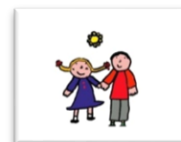
- preventing children from easily accessing their medication and administering it when and where necessary
- assuming children with the same condition require the same treatment
- ignoring the views of the child, their parents; ignoring medical advice or opinion
- sending children with medical conditions home frequently or prevent them from staying for normal school activities (unless specified in IHP)
- penalising children for their attendance record if their absences are related to their medical condition that is recognised under this policy
- preventing children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively

- to require parents to attend school to administer medication or provide medical support to their child, including toileting issues (no parent should have to give up working because the school is failing to support their child's medical needs)
- preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips (such as requiring parents to accompany the child)

9 Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Appendix 1: Care Plan for Infant School



St Andrew's CE (VA) Infant School HEALTH CARE PLAN (Insert Academic Year Here)

| | | |
|--|--------------------------|--|
| | NAME: | |
| | Medical diagnosis | |
| | DOB: | |
| | Class: | |
| | Address: | |

| Family Contact information: | | Phone: | Mobile: | Work : |
|------------------------------------|--|---------------|----------------|---------------|
| MUM | | | | |
| DAD | | | | |
| OTHER | | | | |

| | | |
|-------------------------|--|---------------|
| Hospital Contact | | Phone: |
| FAMILY GP | | |

| Signs, symptoms and triggers: | Treatment: |
|--------------------------------------|-------------------|
| | |

| Additional Notes: |
|--------------------------|
| |

| Declaration |
|---|
| This care plan was drawn up by I agree to the above Care plan. |

I agree that St Andrew's Church of England (VA) Infant School will not be held responsible as long as the above stated procedures have been followed.

| | |
|------------------------|--------------|
| Parent: | Date: |
| Head of School: | Date |

Appendix 2: Care plan Junior School

ST ANDREW'S CE (VA) JUNIOR SCHOOL

PUPIL/ STAFF CARE PLAN

FOR PUPIL/ STAFF WITH MEDICAL NEEDS (OTHER THAN ASTHMA)

NAME:

DOB:

(Photo here)

Date of Plan:

Compiled by:

Review Date:

Reviewed by:

Next review date:

Condition:

Symptoms: (please include details of any triggers)

Actions/ agreed procedures: (Please include details here of who we should contact if your child refuses to take their medication)

Emergency procedures:

Signed

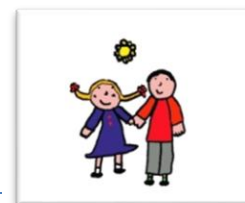
Date

Name.....

Relationship to child.....

Appendix 3: Asthma Care Plan Infant School

St Andrew's CE (VA) Infant School **HEALTH CARE PLAN** (Insert Academic Year
Here)



| | | |
|--|--------------------------|--|
| | NAME: | |
| | MEDICAL DIAGNOSIS | |
| | DOB: | |
| | Class: | |
| | Address: | |

| FAMILY CONTACT INFORMATION: | | Phone: | Mobile: | Work : |
|------------------------------------|--|--------|---------|--------|
| MUM | | | | |
| DAD | | | | |
| OTHER | | | | |

| | | |
|-------------------------|--|--------|
| HOSPITAL CONTACT | | Phone: |
| FAMILY GP | | Phone: |

| The possible signs of an asthma attack are : | Action to be taken |
|---|--|
| <ul style="list-style-type: none"> Persistent cough when at rest Wheezing sound coming from the chest(when at rest) Difficulty in breathing(excessive inhalation) Nasal flaring Unable to talk or complete sentences. Some children go very quiet. May say their chest 'feels tight'- possibly say tummy ache | <ul style="list-style-type: none"> Keep calm and reassure the child Sit the child down Use the child's own inhaler/spacer- if not available, use the emergency inhaler/spacer Supervise the child taking 2 puffs of salbutamol via the spacer Most children will feel better and resume activities but ... If no immediate improvement, continue to give 2 puffs every 2 minutes to a maximum of 10 puffs(at this stage child may experience shaking, this is not |

| | |
|--|--|
| | <p>unusual) Contact parents to inform them of situation.</p> <ul style="list-style-type: none"> • If child does not feel better and you are worried at any time before reaching 10 puffs call 999. • If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way |
|--|--|

Call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

Additional Notes : My child's asthma trigger is

| |
|--|
| |
|--|

In an extreme emergency if your child's inhaler has run out, please sign below to give permission for us to use a spare blue ventolin (salbutamol sulphate) inhaler and administer using your child's spacer.

Signature-----

Declaration

This care plan was drawn up by

We agree to the above Care plan.

We agree that St Andrew's Church of England (VA) Infant School will not be held responsible as long as the above stated procedures have been followed.

| | |
|------------------------|--------------|
| Parent: | Date: |
| Head of School: | Date |

Appendix 4: Asthma Care Plan Junior School

ST ANDREW'S CE (VA) JUNIOR SCHOOL PUPIL/ STAFF ASTHMA CARE PLAN

Name:

Date of birth:.....

Emergency contact:

Emergency contact number:

Doctor's phone number:

What are the signs that you/ your child may be having an asthma attack?

.

Are there any key words that you/ your child may use to express their asthma symptoms?

What is the name of your/ your child's reliever medicine?

What dosage should be given?

Do you/ your child need help in taking their inhaler? (please circle) **Yes** **No**

What are your/ your child's known asthma triggers?

Do you/ your child need to take their reliever medicine before exercise? (please circle) **No**
Yes

If YES, Warm up properly and take 2 puffs (1 at a time) of the reliever inhaler 15 minutes before any exercise unless otherwise indicated below:

I will ensure that I/ my child has a working, in-date inhaler clearly labelled with my/their name that will be left at school.

I give my consent for school staff to administer/ assist me/ my child with my/ their own reliever inhaler as required.

In the event of me/ my child displaying symptoms of asthma, and if my/ their inhaler is not available or is unusable, I consent for me/ my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed.....

Date.....

Print Name.....Relationship to
child.....

