

# Central Schools Trust



INCORPORATING BALSALL COMMON PRIMARY SCHOOL  
AND DAMSON WOOD NURSERY AND INFANT SCHOOL



*flourishing together*

## Support for Pupils with Medical Conditions at School

### Document Control

Date of Policy	Policy Version	Approving Body	Approval Date	Review Period
September 2022	1.2	MAT Board	4 October 2022	Autumn Term 2023
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### **What legislation is this guidance issued under?**

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

### **Key responsibilities**

Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.

- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

### **1. CST is an inclusive community that supports and welcomes pupils with medical conditions**

Schools within CST are welcoming and supportive of pupils with medical conditions. Children with medical conditions are given the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in a CST school because arrangements for their medical condition have not been made.

This school will listen to the views of pupils and parents.

Pupils and parents feel confident in the care they receive from schools within the trust and the level of that care meets their needs.

Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.

All staff understand their duty of care to children and young people and know what to do in the event of an emergency.

Staff understand that all children with the same medical condition will not have the same needs. Where a child needs specific care, training and support for the child will be provided by those who feel confident to do so.

CST recognises that duties in the Children and Families Act and the Equality Act relate to children with disability or medical conditions.

### **2 CST's Medical Conditions Policy is drawn up in consultation with a wide range of local key stakeholders and health settings**

Stakeholders include:

**Parents, governors, all school staff and Dragons and Woodies Childcare staff**

### **3 The Medical Conditions Policy is supported by a communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation**

Pupils, parents, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.

### **4 All staff understand and are trained in what to do in an emergency for children with medical conditions**

All staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.

All staff receive training in what to do in an emergency and this is refreshed at least once a year.

The schools within CST will, in partnership with parents and health care professionals, give careful consideration to whether an individual healthcare plan (IHP) is appropriate or proportionate. The development of a plan will be led by:

**Abbey Vallatou and Linda Shimmell (Balsall Common Primary School)**  
**Zoe Jeffs (Damson Wood Nursery and Infant School)**

A pupil's individual healthcare plan will explain what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

### **5 All staff understand and are trained in general emergency procedures**

All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least yearly.

If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives.

### **6 Guidance on providing care and support and administering medication at school**

Staff understand the importance of medication being taken and care received as detailed in the pupil's IHP.

Staff administer the medication and meet the care needs of individual children.

Schools will ensure, to the best of their ability, that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. The appropriate level of insurance and liability cover is in place.

Medication (prescription or non-prescription) will not be given to a child under 16 without a parent's written consent, except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent, while respecting their confidentiality.

When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given. Parents will be informed. A pupil under the age of 16 will not be given aspirin unless prescribed by a doctor.

Parents may be invited, but should not feel obliged, to attend school to administer medication, or provide medical support to their child, including with toileting issues.

Parents at this school understand that they should let the school know immediately if their child's needs change.

If a pupil misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's managing substance related incidents/behaviour/disciplinary procedures are followed.

## **7 Guidance on the storage of medication and equipment at school.**

All staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away. Pupils may carry their emergency medication with them if they wish/this is appropriate for their age.

Emergency medication/equipment is stored: [in the school office.](#)

Pupils can carry controlled drugs if they are competent, otherwise the school will keep controlled drugs stored securely, but accessibly, with only named staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training and when permission, in writing, has been received from the parents.

Medication is stored safely and pupils with medical conditions know where they are stored and that an adult can access them when required. Medication will usually be stored: [in the school office](#)

Medication that is in date, labelled and in its original container, will be stored in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.

Parents are asked to collect all long-term medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term. Once a course of short-term medication is completed, it should be collected by parents to dispose of appropriately.

## **8 Guidance about record keeping**

Parents at this school are asked if their child has any medical conditions **prior to admission to each school.**

Where appropriate and proportionate, CST uses an IHP (Individual Health Care Plan) to record the support an individual pupil needs medically. The IHP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.

There is a centralised register of IHPs, and an identified member of staff has the responsibility for this register.

IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.

The pupil (where appropriate), parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.

Pupil confidentiality is protected.

Permission from parents is sought before sharing any medical information with any other party.

Meetings with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services take place prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.

Accurate records of all medication administered, including the dose, time, date and supervising staff, are kept.

Staff providing support to a pupil have received suitable training and on-going support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence (where appropriate), and an up-to-date record of all training undertaken is kept.

## **9 Environment**

CST is committed to providing a physical environment accessible to pupils with medical conditions. Pupils are consulted, where appropriate, to ensure this accessibility. There is also a commitment to ensuring that there is an accessible physical environment for out-of-school activities.

Pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits. All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's Behaviour Management Policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.

It is important that all pupils are able to take part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.

All relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these triggers.

Pupils have the appropriate medication/equipment/food with them during physical activity or can access them quickly.

Pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child. Appropriate adjustments and extra support are provided when required.

Frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. Satt will not penalise pupils for their attendance if their absences relate to their medical condition.

Pupils with medical conditions who are finding it difficult to keep up educationally will be referred to the SENCO, who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.

All pupils learn what to do in an emergency.

A risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

## **10 Triggers**

CST is committed to identifying and reducing triggers both at school and on out-of-school visits.

Staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. It has a list of the triggers for pupils with medical conditions, has a trigger reduction schedule and is actively working towards

reducing/eliminating these health and safety risks e.g. if a pupil has a severe specific allergy, staff may consider asking staff/parents of other children not to bring in the specific ingredient to school.

The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.

All medical emergencies and incidents are reviewed regularly to check how they could have been avoided.

### **11 Maintaining and Implementing an effective Medical Conditions Policy.**

Schools within the trust work in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

The roles and responsibilities for all relevant parties are (outline briefly specific responsibilities):

- Headteacher
- Governors
- Teachers and other staff
- Trained designated staff
- SENCO
- School nurse

### **12 Policy Review**

In evaluating the policy, feedback is sought from key stakeholders including pupils, parents, school healthcare professionals, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services, governors and the school employer. The views of pupils with medical conditions are central to the evaluation process.

This policy is based on the SMBC Medicines in School Policy.