

# LOVE, LEARN, GROW

*Seeking to flourish in the fullest way possible.*  
*(John 10:10)*



## SUPPORTING CHILDREN WITH MEDICAL CONDITIONS AND MANAGING MEDICINES POLICY

|                                  |                               |
|----------------------------------|-------------------------------|
| Status                           | Statutory                     |
| Responsible Person               | John Shawcross / Tracy Haslam |
| Review Date                      | Sep 2027                      |
| Responsible Governors' Committee | CSI                           |
| Ratified Date                    | Sep 2026                      |

St Matthew’s CE Primary School is committed to supporting pupils at school with medical conditions to ensure that they have full access to education, including trips and physical education. They should enjoy the same opportunities as any other pupil and play a full and active role in school life, remain healthy and achieve their academic potential.

**1 Key Points**

The Governing Body will ensure that arrangements are in place to support pupils at school with medical conditions.

1.2 The Governing Body will ensure that the school’s Leadership team consult health and social care professionals, pupils and parents/carers to ensure that the needs of pupils with medical conditions are effectively supported.

**2 Policy Implementation – Governing Body**

2.1 The Governing Body will ensure that arrangements are in place to support pupils with medical conditions. In doing so they will ensure that these pupils can access and enjoy the same opportunities at school as any other pupil

2.2 In making arrangements, the Governing Body will take into account any medical conditions that require support at school which will affect quality of life and may be life-threatening. The focus will be on the need of each individual pupil and how their medical condition impacts on their school life.

2.3 The Governing Body will ensure that arrangements will be made in such a way to give confidence to parents/carers and pupils in the school’s ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a pupil’s ability to learn, as well as increase their confidence and promote self-care.

2.5 The Governing Body will ensure that staff are properly trained to provide the support that pupils need.

2.6 The Governing Body will ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and will ensure that policies, plans, procedures and systems are properly and effectively implemented.

2.7 The Governing Body will ensure that the policy for supporting pupils with medical conditions is reviewed regularly and is readily accessible to parents, carers and school staff

**3 Policy Implementation – Headteacher**

The Headteacher has the overall responsibility for the implementation of the Policy. The Headteacher will

- Ensure sufficient staff are suitably trained
- Ensure that all relevant staff are made aware of a pupil’s condition
- Make appropriate cover arrangements in case of staff absence
- Ensure that supply teachers and support staff are briefed

- Ensure that any pupils with medical conditions are included in the risk assessments for school visits and other school activities outside the normal school timetable. Refer to the “Enhancing the Curriculum through Trips and Visitors” Policy
- Monitor individual healthcare plans.

#### **4 Procedure to be followed when notification is received that a pupil has a medical condition**

4.1 The school will follow the procedure set out in Appendix A.

4.2 When a pupil joins the school, part of the transition arrangements will include obtaining medical information from an existing setting before the pupil starts and following the procedure set out in Appendix A

4.3 When a pupil leaves the school, part of the transition process will involve advising the new setting of existing arrangements and healthcare professionals involved.

#### **5 Individual Healthcare plan**

An Individual Healthcare plan as part of the “Supporting Pupils at School with Medical Conditions should not be confused with an Education, Health and Care Plan for which reference should be made to the Special Educational Needs and Disability ( SEND) code of practice.

5.1 Should a pupil’s medical condition necessitate an Individual Healthcare Plan, the Headteacher will be responsible for the development of the plan. A flow chart for identifying and agreeing the support a pupil needs and developing an individual healthcare plan is provided at Appendix A.

5.2 An individual healthcare plan ( and review) may be initiated, in consultation with the parent or carer, by a member of the school staff or a healthcare professional involved in providing care to the pupil. A plan will be drawn up in partnership between the school, parents or carers, and a relevant healthcare professional. Refer to Template A

5.3 A plan will be reviewed at least annually or earlier if evidence is presented that the pupil’s needs have changed.

5.4 A plan will be developed with the pupil’s best interests in mind and ensure that the school assesses and manages risks to the pupil’s education, health and social wellbeing, and minimises disruption.

5.5 When deciding what information should be recorded on individual healthcare plans, consideration will be given to the following

- a. The medical condition, its triggers, signs, symptoms and treatments
- b. 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 eg crowded corridors, travel time between lessons;
- c. 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

d. The level of support needed ( some pupils will be able to take responsibility for their own health needs), including emergencies. If a pupil is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring

e. 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

f. Who in the school needs to be aware of the pupil's condition and the support required.

g. Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.

h 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 eg risk assessments

i. Where confidentiality issues are raised by the parent/carer/pupil, the designated individuals to be entrusted with information about the pupil's condition

j. What to do in an emergency, including whom to contact, and contingency arrangements. Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

## **Roles and Responsibilities**

### **Governing Body**

6.1 The Governing Body will make arrangements to support pupils with medical conditions in school, including making sure that the policy is implemented

6.2 The Governing Body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

### **Headteacher**

6.3 The Headteacher will ensure the policy is developed and effectively implemented with partners, ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.

6.4 The Headteacher has overall responsibility for the development of Individual Healthcare Plans.

6.5 The Headteacher will liaise with the school nursing service or other appropriate healthcare professional for any pupil who has a medical condition that may require support at school.

### **School Staff**

6.6 Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.

6.7 School staff will receive sufficient and suitable training, where appropriate, to achieve the necessary level of competency before they take on responsibility to support pupils with medical conditions.

## **School Nurses**

6.8 The school has access to the school nursing service and the service will liaise and provide advice to the school.

6.9 School nurses can liaise with lead clinicians on appropriate support for a child

Other healthcare professionals, including GP and paediatricians.

6.10 Healthcare professionals should notify the school nurse when a pupil has been identified as having a medical condition that will require support in school and may provide advice on developing healthcare plans.

## **Pupils**

6.11 Where appropriate, pupils will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. This will include arrangements for pupils who are competent to manage their own health needs and medicines

## **Parents and Carers**

6.12 Parents and Carers should provide the school with sufficient and up-to-date information about their child's medical needs.

6.13 Parents and Carers are key partners and will be involved in the development and review of their child's individual healthcare plan.

6.14 Parents and Carers should carry out any action they have agreed to as part of its implementation.

## **Local Authority**

6.15 The Local Authority must have regard to statutory guidance on the education of children unable to attend school because of health needs

# **7 Staff training and support**

7.1 The Governing Body will ensure that staff are supported in carrying out their role to support pupils with medical conditions.

7.2 Advice will be taken from the school nursing service on appropriate training to meet the needs of the pupils in school with medical conditions. This will be reviewed at least annually, or sooner as needs change alongside the development and review of an individual healthcare plan.

7.3 Staff will not undertake healthcare procedures without appropriate training. Staff will administer medicine following the written instructions on the medication container dispensed by the pharmacist.

7.4 Healthcare professionals will confirm the proficiency of staff in a medical procedure.

# **8 Managing medicines on school premises**

8.1 Medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so

**8.2 Medicines prescribed by the doctor or dentist:** Where possible parents/carers should be given medication to pupils at home. If medicines need to be taken during the school day parents/carers MUST complete a request form (Template B) and undertake to deliver and collect medicines.

Non-prescribed medicines [homely remedies] e.g. calpol and sun cream can be given in order to treat a minor ailment promptly.

This may be at the direct request of a parent / carer who brings the remedy to school. This may also be as the result of a Paediatric or First Aid at work First Aider deeming it necessary to treat an ailment. Prior to any remedy being administered, where possible, written permission will be sought. Where this is not possible then every effort will be made to seek verbal parent/carer permission. In the event that a parent / carer cannot be contacted then permission must be sought from the First Aid at Work qualified members of staff or alternatively the member of staff holding the 'administration of medicines Level 2 before any homely remedy is administered.

Non-prescription medicines will always be given in accordance to the manufacturer's guidelines. If there is a dosage range the smallest appropriate dose should be given.

Reasons for administration of paracetamol (liquid form) could be, but not restricted to, headaches, toothaches and period pains.

8.3 Where medicines have to be administered in school parents/carers may come into school at lunch time to do this if they so wish. Staff do not generally accept responsibility of administering antibiotics unless prescribed 4 times per day. Where possible for medication to be prescribed in dose frequencies to enable it to be taken outside school hours parents/carers are encouraged to ask the prescribing doctor or dentist about this.

8.4 Parents/Carers should not ask pupils to bring medicines into school or administer themselves during the day.

8.5 Medicines for all pupils are stored safely in a clearly labelled place in the school office. or fridge, as appropriate. Asthma inhalers are readily available to pupils should they need them.

8.6 Medicines must be in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

8.7 The school will ensure that arrangements are made to take any necessary medication on school trips. Refer to the "Enhancing the Curriculum through Trips and Visitors" Policy

8.8 Written details from the parents/carers are kept in the school office.

8.9 A record of medicines given is kept in the school office ( Template C)

## **Pupils with Asthma**

9.1 The school recognises the individual needs of pupils with asthma. Information on these pupils is regularly updated and all staff are made aware of the pupils concerned.

9.2 Inhalers are clearly labelled and stored in the stockroom of each class. Pupils can access these any time they need and are encourage to administer themselves where appropriate.

9.3 A record of their use is documented on the 'Medicine Administered Record' sheet. Records are monitored termly or sooner if needed by Tracy Haslam.

9.4 Where pupils need regular doses of inhaler (usually preventative) parents/carers need to complete a blue "medicines form" Appendix B2).

9.5 It is the parent's/carer's responsibility to inform the school if any changes need to be made to this.

9.6 It is the parent's/carer's responsibility to check that the inhalers in school are in date and to replace empty ones when requested by the school.

9.7 Many pupils need a 'spacer' to make the inhaler more effective. If a pupil uses one of these at home, the parents/carer should provide one for school.

9.8 School will work with each pupil to ensure the inhaler is taken properly. Where this is not the case, parents/carers will be informed.

9.9 Should a child's inhaler be in accessible for any reason then an emergency inhaler is stored in the school office. This can only be administered to children who have a prescribed inhaler or under instruction from the emergency services ( paramedics).

## **10 Emergency Procedures**

10.1 The school has a critical Incident plan which sets out what should happen in an emergency situation

## **11 Day trips, residential visits and sporting activities**

11.1 Pupil based risk assessments ensure that pupils with medical needs can access activities fully

11.2 Risk assessments for school visits and other school activities outside the normal timetable are carried out to ensure that pupils with medical conditions can participate fully. Refer to the "Enhancing the Curriculum through Trips and Visitors" Policy

This policy is based on the guidance document issued by the Department for Education, “Supporting pupils at school with medical conditions” dated September 2014 and should be read in conjunction with the Statutory Framework for the Early Years Foundation Stage, Equality Policy and the Special Educational Needs and Disability (SEND) code of practice.

Appendix A: Individual Healthcare Plan

|                                                     |                                               |  |  |  |
|-----------------------------------------------------|-----------------------------------------------|--|--|--|
| Name of school                                      | St Matthew’s CE Primary School – Little Lever |  |  |  |
| Child’s name                                        |                                               |  |  |  |
| Class                                               |                                               |  |  |  |
| Date of birth                                       |                                               |  |  |  |
| Child’s address                                     |                                               |  |  |  |
| Medical diagnosis or condition                      |                                               |  |  |  |
| Date                                                |                                               |  |  |  |
| Review date                                         |                                               |  |  |  |
| Family Contact Information                          |                                               |  |  |  |
| Name                                                |                                               |  |  |  |
| Phone no. (work)                                    |                                               |  |  |  |
| (home)                                              |                                               |  |  |  |
| (mobile)                                            |                                               |  |  |  |
| Name                                                |                                               |  |  |  |
| Relationship to child                               |                                               |  |  |  |
| Phone no. (work)                                    |                                               |  |  |  |
| (home)                                              |                                               |  |  |  |
| (mobile)                                            |                                               |  |  |  |
| Clinic/Hospital Contact                             |                                               |  |  |  |
| Name                                                |                                               |  |  |  |
| Phone no.                                           |                                               |  |  |  |
| G.P.                                                |                                               |  |  |  |
| Name                                                |                                               |  |  |  |
| Phone no.                                           |                                               |  |  |  |
|                                                     |                                               |  |  |  |
| Who is responsible for providing support in school? |                                               |  |  |  |

Describe medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil’s educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (state if different for off-site activities)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to \_\_\_\_\_

# Appendix B: Parental agreement for school to administer medicine (Bottled medicine)

The school will not give your child medicine unless you complete and sign this form

|                                                                              |               |  |  |  |
|------------------------------------------------------------------------------|---------------|--|--|--|
| Date                                                                         |               |  |  |  |
| Name of child                                                                |               |  |  |  |
| Class                                                                        |               |  |  |  |
| Medical condition or illness                                                 |               |  |  |  |
| Medicine                                                                     |               |  |  |  |
| Name/type of medicine (as described on the container)                        |               |  |  |  |
| Expiry date                                                                  |               |  |  |  |
| Dosage and method                                                            |               |  |  |  |
| Timing                                                                       |               |  |  |  |
| Special precautions/other instructions                                       |               |  |  |  |
| Are there any side effects that the school/setting needs to know about?      |               |  |  |  |
| Are there any side effects that the school/setting needs to know about?      | No            |  |  |  |
| Are there any side effects that the school/setting needs to know about?      |               |  |  |  |
| NB: Medicines must be in the original container as dispensed by the pharmacy |               |  |  |  |
| Contact Details                                                              |               |  |  |  |
| Name                                                                         |               |  |  |  |
| Daytime telephone no.                                                        |               |  |  |  |
| Relationship to child                                                        |               |  |  |  |
| I understand that I must deliver the medicine personally to and collect from | School Office |  |  |  |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)\_\_\_\_\_ Date\_\_\_\_\_

Annex B2: Parental agreement for school to administer Inhalers or Eczema Cream

The school will not give your child an inhaler or eczema cream unless you complete and sign this form.

|                                                                              |               |  |  |  |
|------------------------------------------------------------------------------|---------------|--|--|--|
| Date                                                                         |               |  |  |  |
| Name of child                                                                |               |  |  |  |
| Class                                                                        |               |  |  |  |
| Medical condition or illness                                                 |               |  |  |  |
| Medicine                                                                     |               |  |  |  |
| Name/type of medicine (as described on the container)                        |               |  |  |  |
| Expiry date                                                                  |               |  |  |  |
| Dosage and method                                                            |               |  |  |  |
| Timing                                                                       |               |  |  |  |
| Special precautions/other instructions                                       |               |  |  |  |
| Are there any side effects that the school/setting needs to know about?      |               |  |  |  |
| Self-administration – y/n                                                    |               |  |  |  |
| Procedures to take in an emergency                                           |               |  |  |  |
| NB: Medicines must be in the original container as dispensed by the pharmacy |               |  |  |  |
| Contact Details                                                              |               |  |  |  |
| Name                                                                         |               |  |  |  |
| Daytime telephone no.                                                        |               |  |  |  |
| Relationship to child                                                        |               |  |  |  |
| I understand that I must deliver the medicine personally to and collect from | School Office |  |  |  |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering an inhaler/ eczema cream in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)\_\_\_\_\_

Date\_\_\_\_\_



**Template D: Staff training record – Administration of medicines**

|                            |                           |  |  |  |
|----------------------------|---------------------------|--|--|--|
| Name of school/setting     | ST MATTHEW’S LITTLE LEVER |  |  |  |
| Name                       |                           |  |  |  |
| Type of training received  |                           |  |  |  |
| Date of training completed |                           |  |  |  |
| Training provided by       |                           |  |  |  |
| Profession and title       |                           |  |  |  |

I confirm that \_\_\_\_\_ has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated \_\_\_\_\_

Trainer’s signature \_\_\_\_\_

Date\_\_\_\_\_

I confirm that I have received the training detailed above.

Staff signature \_\_\_\_\_

Date\_\_\_\_\_

Suggested review date \_\_\_\_\_

**Template E: Contacting Emergency Services**

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- 1. Your telephone number **01204 333692**
- 2. Your name
- 3. Your location as follows: **St Matthew’s CE Primary School, Norris Street, Little Lever, Bolton**
- 4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code **BL3 1BQ**
- 5. Provide the exact location of the patient within the school setting
- 6. Provide the name of the child and a brief description of their symptoms
- 7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
- 8. Put a completed copy of this form by the phone

## Template F: Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child’s medical condition. I enclose a copy of the school’s policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child’s case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child’s medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child’s individual health care plan has been scheduled for **xx/xx/xx**. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve **[the following people]**. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Headteacher

# Appendix A Process for Developing Individual Healthcare Plans



