



## Muswell Hill Primary School

### Supporting Pupils with Medical Conditions Policy

**Approved by:**

Muswell Hill  
Governing Body

**Date:** November 2019

**Next review due by:**

Reviewed November 2020, COVID-19 Addendum added, next  
review **November 2021**

## Contents

1. Aims.....	3
2. Legislation and statutory responsibilities .....	3
3. Roles and responsibilities.....	3
4. Equal opportunities.....	5
5. Being notified that a child has a medical condition.....	5
6. Individual healthcare plans .....	5
7. Managing medicines .....	6
8. Emergency procedures .....	8
9. Training .....	8
10. Record keeping .....	9
11. Liability and indemnity.....	9
12. Complaints .....	9
13. Monitoring arrangements.....	9
14. Links to other policies .....	9
Appendix 1 .....	10
Appendix 2 COVID-19 Addendum.....	11

---

## 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 pupils' 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 named person with responsibility for implementing this policy is **Suzy Fortheringham**.**

## 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 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](#).

## 3. Roles and responsibilities

### 3.1 The governing body

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body 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 the development of IHPs

- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- 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
- 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 members of 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 consider the needs of pupils with medical conditions who 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.

### **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 well placed to provide information about how their condition affects them (obviously this is age dependent). Pupils should be involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs as appropriate. They are also expected to comply with their IHPs.

### **3.6 School nurses and other healthcare professionals**

Our LA school nursing service may notify the school when a pupil has been identified as having a medical condition that will require support in school. This may be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, may liaise with the LA school nurses 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.

The school follows the guidance from the Department of Education on ensuring a good education for children who cannot attend school because of health needs which can be accessed here:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/269469/health\\_needs\\_guidance\\_-\\_revised\\_may\\_2013\\_final.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/269469/health_needs_guidance_-_revised_may_2013_final.pdf)

#### **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.

Please see Appendix 1.

#### **6. Individual healthcare plans**

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Suzy Fotheringham.

Plans will be reviewed 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, the 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 may 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 may 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 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 SATs, use of rest periods or additional support in catching up with lessons, access to sensory play area
- 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 headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours (if appropriate)
- 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 and non-prescription medicines will only 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.

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 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 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 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, and as such are unlikely to be prescribed for primary age children. However, if these were to be prescribed they would be kept in a secure cupboard in the school office and only named staff would have access.

Controlled drugs would nonetheless be easily accessible in an emergency and a record of any doses used and the amount held would be kept.

### **7.2 Pupils managing their own needs (age appropriately)**

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 of appropriate age may be allowed to carry their own medicines and relevant devices when 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 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 if required.

All relevant 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. Training will be recorded on our Hansam system.

## **10. Record keeping**

The governing body 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.

## **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.

Haringey Council fully indemnifies its staff against claims for alleged negligence providing they are acting within the scope of their employment. For the purposes of indemnity, the administration of medicines falls within the definition and hence staff can be reassured about the protection of their employer provides.

## **12. Complaints**

Parents with a complaint or concern about how their child's medical condition is being managed in school should discuss these directly with the Welfare Assistant (Sarah Gray) or Suzy Fotheringham in the first instance. If the matter cannot be resolved they will direct parents to the school's complaints procedure.

## **13. Monitoring arrangements**

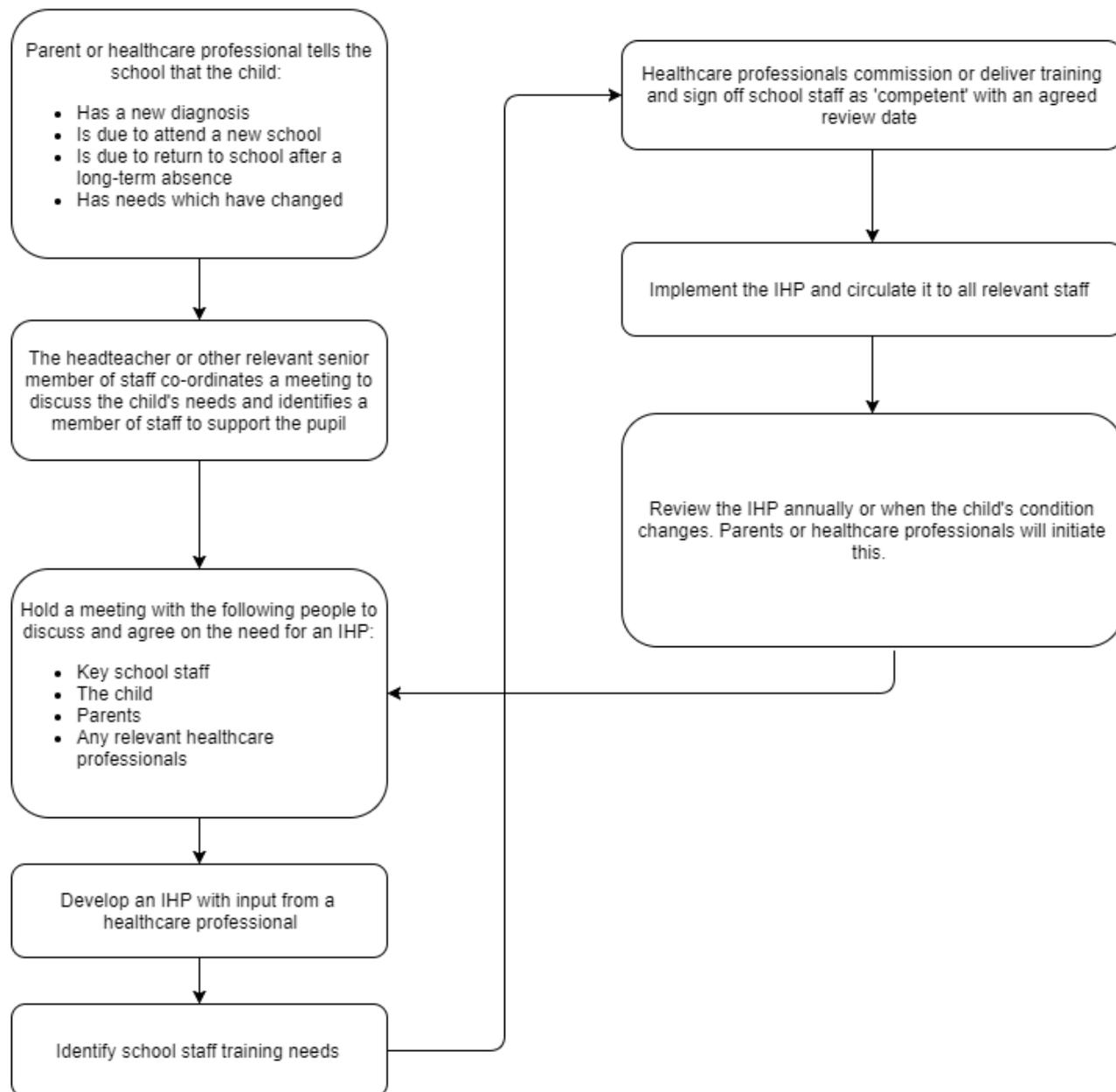
This policy will be reviewed and approved by the governing body on an annual basis.

## **14. Links to other policies**

This policy links to the following policies/DfEguidelines:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

## Appendix 1: Being notified a child has a medical condition



## **Appendix 2**

### **Addendum: Muswell Hill Primary School Medical Policy with regard to COVID-19**

This addendum is in addition to the **Supporting pupils with medical conditions policy** to give specific guidance on procedures with regard to the wider school phased re-opening from 8<sup>th</sup> June 2020 during the COVID-19 Pandemic. This guidance is taken from latest Government publication on 4<sup>th</sup> June 2020 [Staying alert and safe](#) as well as Government guidance on [Safe working in education, childcare, children's social care settings, including the use of personal protective equipment \(PPE\)](#) and [Coronavirus \(COVID-19\) implementing protective measures in education and childcare settings](#). See also Muswell Hill Primary School, Risk Assessments which incorporate effective infection protection and control. June 7<sup>th</sup> 2020

#### **Guidance for First Aid administration**

The government has published guidance for first responders during the COVID-19 Pandemic. In the current climate, it is important for school first aiders to be aware of the risks to themselves and others. Where it is not possible to maintain a 2 metre or more distance away from an individual when providing first aid, the following PPE (Personal Protective Equipment) will be available:

- Disposable gloves
- Disposable plastic apron
- Eye protection (e.g. visor or goggles) if there is a risk of droplets
- Resuscitation face shield if the decision is made to perform mouth to mouth CPR – as per your First Aid training.

First aiders should clean their hands thoroughly with soap and water or alcohol sanitiser before putting on and after removing PPE. Staff will be instructed in the correct way to wear and remove PPE.

**In addition to the First Aid room, there will be a room designated for any child showing symptoms of COVID-19 (Outdoor PPA room).**

#### **Resuscitation**

If first aiders are required to perform cardiopulmonary resuscitation (CPR), a risk-based approach should be taken and appropriate precautions for infection control should be in place. If mouth to mouth resuscitation is performed, first aiders must monitor themselves for symptoms of possible COVID-19 over the following 14 days. Should they develop symptoms, first aiders must follow the advice on what to do on the NHS website.

#### **Children and staff displaying symptoms of COVID-19**

When a child, young person or staff member develops symptoms compatible with coronavirus (COVID-19), they should be sent home and advised to self-isolate for **10 days** and arrange to have a test to see if they have COVID-19. They can do this by visiting [NHS.UK](#) to arrange or contact NHS 119 via telephone if they do not have internet access. Their fellow household members should self-isolate for 14 days. **All staff and students will be advised to have a test if they display symptoms of coronavirus (COVID-19) – the school has spare test kits that may be given out in exceptional circumstances (see government guidance on what constitutes exceptional circumstances), they will be asked to inform the school of the results.** The school keeps a written record of any cases and suspected cases.

**If a child or staff member tests positive all staff and parents of children working in the same bubble/class are to be informed and they and their family members will have to self-isolate for 14 days.**

Where the child, young person or staff member tests negative, they can return to their setting and the fellow household members can end their self-isolation. **The only exception to return following a negative test result is where an individual is separately identified as a close contact of a confirmed case, when they will need to self-isolate for 14 days from the date of that contact.**

### **Procedures to follow in school if a child displays symptoms of COVID-19**

- Full PPE must be worn by the First Aider
- Parents informed and ask to collect as soon as possible and get their child tested
- Child moved to the COVID-19 First Aid Room – **PPA room** accessed from the outside.
- While awaiting collection, **the door and windows should be opened** and the First Aider should remain at a 2 metre distance (if they need to use the toilet – **use the nearest Year 6 toilet with access from outside**. It should then be cleaned and disinfected before being used by anyone else).
- Parents to inform school of test results
- All staff, parents of children within the same **bubble/class** to be contacted immediately **if the result of the test is positive** (same day)
- **In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.**

If a member of staff has helped someone with symptoms, they do not need to go home unless they develop symptoms themselves or the child subsequently tests positive (**guidance published by the government <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools> will be followed**). They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people. See the [COVID-19: cleaning of non-healthcare settings guidance](#).

### **Staff visiting families in their homes**

Staff considering the need for a home visit should follow the [children's social care services guidance](#) and make a judgement about visiting which balances considerations of the:

- Risks to children and young people
- Risks to families
- Risks to the workforce
- National guidance on social distancing and hygiene
- Statutory responsibilities, including safeguarding

Prior to undertaking a visit, an attempt should be made to ascertain whether any member of the household is suffering from symptoms of coronavirus. An initial [risk assessment](#), where possible, should take place by telephone. Where households report no coronavirus symptoms, no PPE is required, but staff can choose to wear it if they wish. A distance of 2 metres should be maintained where possible. Where this is not possible, you should undertake a [risk assessment](#). Good basic hygiene should be followed, such as handwashing or use of sanitiser before and after the visit, and not touching your face during the visit.

Where it is not possible to ascertain whether any member of the household is suffering from symptoms of coronavirus prior to face to face contact, steps should be taken where practical, to mitigate risk. These steps include but are not restricted to:

- knocking on the front door or ringing the doorbell and then stepping back to a distance of 2 metres in adherence to social distancing guidelines
- taking PPE as a precautionary measure.

**PPE should be worn by staff caring for a child if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs) on home visits and in school.**

### **Shielded and clinically vulnerable**

Children (or of a family member they live with) who fall into the [clinically extremely vulnerable categories](#) should continue to be supported at home. [Clinically vulnerable](#) (but not clinically extremely vulnerable) people are those considered to be at a higher risk of severe illness from coronavirus (COVID-19). A small minority of children will fall into this category, and parents should follow medical advice if their child is in this category.

Children, young people and students whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way