

# SUPPORTING CHILDREN WITH MEDICAL CONDITIONS



Prepared for:

Parkview Primary School

Springwood Drive

Oakwood, Derby

## Policy review dates and changes

Review date	By whom	Summary of changes made	Date ratified by governors/trustees	Date implemented
July 2024	MJ/CM	Paragraph added about non-prescription medication (pg 3) & new administration of medicines and the asthma form as appendices	July 2024	July 2024
December 2024	MJ/CM	Under administrations of medicines details added - The following will be checked: Name of child, name of medicine, dosage, written instructions provided by prescriber and expiry date.  Names of paediatric first aid trainers updated.	December 2024	December 2024
December 2025	MJ	Names of paediatric First aiders updated Verbal consent for Calpol with Medical Tracker updated.	01.12.25	02.12.25

# Policy for Supporting Pupils with Medical Conditions

## Definition

Pupils' medical needs may be broadly summarised as being of two types:

- Short-term, affecting their participation in school activities which they are on a course of medication.
- Long-term, potentially limiting their access to education and requiring extra care and support

## School Ethos

Schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required.

Parkview School is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that pupils with medical conditions (long or short term) may need.

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Pupils with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act 'in loco parentis' and must ensure the safety of **all** pupils in their care. This duty also extends to teachers leading activities taking place off the school site. To this end, we reserve the right to refuse admittance to a child with an infectious condition, where there may be a risk posed to others or to the health of the child involved.

The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of sources, including the School Nurse, Health professionals and the child's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the child and others who may be affected (for example, other children in the same class).

## Our Aims

- To support pupils with medical conditions, so that they have full access to education, including physical education and educational visits
- To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication
- To comply fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs.
- To write, in association with healthcare professionals, Individual Healthcare Plans where necessary
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support
- To keep, monitor and review appropriate records

## Effective practice

While school staff will use their professional discretion in supporting individual pupils, practice will include:

- Ensuring children have access to their medication;
- Understanding that not every child with the same condition needs the same treatment;
- Taking the views of parents / carers and heeding;

- Ensuring children with medical conditions access the full curriculum, unless specified in their Individual Healthcare plan;
- Understanding that a child's attendance record may be adversely effected by a medical condition;
- Allowing eating, drinking or taking toilet breaks as necessary where this is part of effective management of a child's condition;
- Supporting parents by administering medicine, if this is essential to avoid interruption to their working day;
- Provide support for individual pupils with medical conditions in order to enable them to take part in School visits, where.

### **Entitlement**

Parkview Primary School provides full access to the curriculum for every child wherever possible. We believe that pupils with medical needs have equal entitlement and must receive necessary care and support so that they can take advantage of this. However, we also recognise that employees have rights in relation to supporting pupils with medical needs, as follows:

Employees may:

- Choose whether or not they wish to be involved,
- Receive appropriate training,
- Work to clear guidelines,
- Bring to the attention of Senior Leadership any concern or matter relating to the support of pupils with medical conditions.

### **Expectations**

It is expected that:

- Parents will inform school of any medical condition which affects their child.
- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container
- Parents will ensure that medicines to be given in school are in date and clearly labelled
- Parents will co-operate in training their children to self-administer medicine if this is appropriate, and that staff members will only be involved if this is not possible
- Medical professionals involved in the care of children with medical needs will fully inform staff beforehand of the child's condition, its management and implications for the school life of that individual
- Individual Healthcare plans will be written, monitored and reviewed regularly (in line with the time frame stipulated on the plan) and will include the views and wishes of the child and parent in addition to the advice of relevant medical professionals
- Parkview Primary School will ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their Individual Healthcare plan
- Where a child's condition requires staff to have a deeper knowledge, School staff will liaise as necessary with Healthcare professionals and services in order to access the most up-to-date advice about a pupil's medical needs and will seek support and training in the interests of the pupil
- Transitional arrangements between schools will be completed in such a way that Parkview Primary School will ensure full disclosure of relevant medical information, Healthcare plans and support needed in good time for the child's receiving school to adequately prepare

### **Insurance**

The Governing Body of Parkview Primary School ensures that an appropriate level of insurance is in place and reflects the level of risk presented by children with medical conditions.

### **Information**

Children with serious medical conditions will have their photo and brief description of condition, along with any other necessary information, in the staffroom and the Head's office. Information is also displayed on the inside of teacher's classroom cupboards, so it is accessible to all staff, including supply staff. Children with medical conditions which may require emergency attention, e.g. epilepsy, diabetes, will have their names and an Individual Healthcare Plan clearly accessible in their classroom, and all adults dealing with the child will have their attention drawn to this information. All other medical conditions will be noted on each child's records, and this information will be provided to class teachers at the start of the school year, or on the child's arrival into school if this is within the school year.

### In an emergency

Children will be accompanied to hospital by a member of staff if this is deemed appropriate. Staff cars should not be used to transport a child to hospital. Parents must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital.

### Administration of medicines

Only in exceptional circumstances will medicines be administered by staff during the school day, according to a child's Health Care Plan (inhalers, are usually self-administered, with the support of staff as necessary- **ASTHMA MEDICATION FORMS ARE AVAILABLE FROM THE SCHOOL OFFICE – ONE COPY WITH MEDICATION IN CLASSROOM, ONE KEPT IN CHILD'S FILE**).

**PARENTS MUST COMPLETE THE WRITTEN PERMISSION SLIP available from the school office before any medicine is administered.** Medicines to be given during the school day must be in their original container. Controlled drugs can also be administered, subject to all other conditions as described in the Policy.

See appendix 1 for medicine log.

The following will be checked:

- Name of child
- Name of medicine
- Dosage
- Written instructions provided by prescriber
- Expiry date

Essential medicines will be administered on Educational Visits, subject to the conditions above. A risk assessment may be needed before the visit takes place. Staff supervising the visit will be responsible for safe storage and administration of the medicine during the visit.

Any child refusing to take medicine in school will not be made to do so, and parents will be informed about the dose being missed, in line with the child's individual care plan. All doses administered will be recorded and kept with the medicine for parent's information.

All medicines will be stored safely. All medicines must be clearly labelled.

Controlled drugs or prescribed medicines will be kept in the locked cabinet located in the office. Where medicines need to be refrigerated these will be stored in the staff room refrigerator. Only the appropriate appointed person will access these medicines.

Epi-pens are to be kept in the child's classroom, which is their nearest point for ease of access.

Two staff will be present to administer medicines. Staff will record any doses of medicines given. The record will be kept with the medicine. Children self-administering asthma inhalers do not need to be recorded. However as good practice we would ask those children who self-administer to make a record in their own administration record.

Inhalers/spacers will be sent home at the end of each term to enable the inhaler dispenser/spacer to be cleaned and the use by date to be checked by the parent/carer. Inhalers/spacers will then be returned to school at the beginning of the next school term.

Inhalers/spacers are kept in the child's classroom. Children have access to these inhalers at all times, though must inform a member of staff that they are taking a dose. All inhalers/spacers are marked with the child's name. All children with an inhaler/spacer must take them on educational visits, however short in duration.

### **Non-Prescription Medication**

Wherever possible, the school will avoid administering non-prescription medicine. However, we may do so, if requested by the parent, if it will facilitate the child attending school and continuing their learning. This will usually be for a short period only and in exceptional circumstances, to apply a lotion or the administration of paracetamol for toothache or other pain. Such medicines will only be administered in school where it would be detrimental to a child's health if it were not administered during the day.

If we feel a child needs a dose of Calpol, we will ask for verbal consent from parents. A note will be added to Medical Tracker to notify parents upon completion.

### **Emergency inhalers/spacers in school**

From 1<sup>st</sup> October 2014, the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to keep a salbutamol inhaler for use in emergencies.

The emergency inhaler can only be used by children:

- for whom written parental consent for use of the emergency inhaler has been given **and**
  - who have been diagnosed with asthma and prescribed an inhaler **or**
  - who have been prescribed an inhaler as a reliever medication

These children will be recorded in a Medical Conditions Register.

The emergency inhalers and spacers will be clearly labelled and stored in the school office/first aid room with the Asthma Register, away from children's personal inhalers. The spacer will only be used once, then either disposed of or sent home with the child. The inhaler can be cleaned and reused.

Two members of staff will be responsible for maintaining the emergency inhaler kit.

See appendix 2 for asthma medication log.

### **Epi-pen (or equivalent)**

Any member of staff can administer an epi-pen in an emergency. An ambulance must be called immediately. Parents should be contacted after this call has been made.

### **Complaints**

Should parents be unhappy with any aspect of their child's care at Parkview Primary School, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be managed. If this does not resolve the problem or allay concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parents must make a formal complaint using the Complaints Procedure.

**Trained Staff in Paediatric First Aid:** Marie Jarvis, Lisa Jackaman, Leonie Gascoyne, Dianne Marshall, Elisha Bruce & Faye Webster

**Staff responsible for maintaining inhaler kit:** Each class teacher

<b>Record of medicine administered to an individual child (complete one for each medication)</b>			
<b>Name of child</b>		<b>Date of birth of child</b>	
<b>Group/class/form</b>		<b>Date medicine provided by parent</b>	
<b>Quantity received</b>		<b>Name of medicine</b>	
<b>Strength of medicine</b>		<b>Form of medicine</b>	
<b>Date dispensed from Pharmacy</b>		<b>Dose to be given</b>	
<b>Time to be given</b>		<b>Expiry date</b>	
<b>Quantity returned to parent</b>		<b>Signature of parent</b>	
<b>Signature 1 - Staff</b>		<b>Signature 2 - Staff</b>	
<b>Details of administration of medicine</b>			
<b>Date</b>			
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			
<b>Record of medicine administered to an individual child (continued)</b>			
<b>Date</b>			
<b>Time given</b>			
<b>Dose given</b>			
<b>Name of member of staff</b>			
<b>Staff initials</b>			

**ASTHMA RECORD 2025/2026**

<b>Child's Name</b>	
<b>Class</b>	
<b>Symptoms / severity</b>	
<b>Treatment</b>	
<b>Is an inhaler required in school?</b>	
<b>Expiry date of inhaler</b> Where a child uses an inhaler, a named inhaler should be provided for school use only. It is the parent / carer's responsibility to note the expiry date and replace as necessary.	
<b>Telephone Number of Parent / Carer</b>	
<b>Parent / Carer's signature</b>	
<b>Date</b>	
<b>As per our Supporting Children with Medical Conditions Policy I give permission for my child to access the School Emergency Inhaler if required – YES/NO</b>	
<b>Additional - I confirm my child no longer requires treatment for asthma - Signed:</b>	
<b>Dated:</b>	
<b>ONLY SIGN IF WE NO LONGER NEED TO PROVIDE SUPPORT TO YOUR CHILD</b>	

**ADDITIONAL COMMENTS**

