

 <p>Offley Endowed Primary School & Nursery</p>	<h1>Offley Endowed Primary School and Nursery</h1>	<p>Reviewed: Feb 2025 Next Review: Feb 2027</p>
<p>Policy Title:</p>	<h2>Medical Conditions Policy</h2>	<p>Users: Staff, Governors, Parents</p>

Offley Endowed Primary School and Nursery is an inclusive community that welcomes and supports pupils with medical conditions. The school aims to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy, and achieve their academic potential.

Section 100 of the Children and Families Act 2014 places a duty on the Governing body to make arrangements for supporting pupils with medical conditions, and the purpose of this policy is to make sure all staff understand how to fulfil their duty of care to children in compliance with this duty.

ROLES AND RESPONSIBILITIES

The Governing Body will

- Ensure that arrangements are in place to support pupils with medical conditions, so that these children can access and enjoy the same opportunities at school as any other child.

The Headteacher will

- Be responsible for overseeing the management and provision of support for children with medical conditions, including the development of individual healthcare plans, giving families confidence in the school's ability to provide effective support for their child.
- Make sure that all staff who need to know are aware of a child's condition.
- Providing sufficient numbers of staff with any required training to provide the support needed for the children in the school's care.
- Ensuring that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

Supporting a child with a medical condition during the school day is not the sole responsibility of one person. The school relies on partnership working between school staff, families, healthcare professionals, the local authority and other professionals working to support the care of any one child. In each case an individual health care plan will identify the needs of each child and how these different agencies will collaborate to support this.

Approved and Adopted by The Governing Body



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School 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.
- Will be offered sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Need to be prepared to respond accordingly when they become aware that a pupil with a medical condition needs help.

The Local Authority School Nurse

- Is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible this should have been done before the child starts at the school.
- May support staff on implementing a child's individual healthcare plan (IHC), providing advice and liaison with healthcare agencies.

Parents and Carers

- Should ensure that the school is aware of their child's medical condition and provide the school with sufficient and up-to-date information about the child's medical needs.
- Are often best placed to provide information about how their condition affects their child and should be fully involved in discussions about their medical support needs.
- Should play a key role in the development and review of the child's IHC and carry out any action they have agreed to as part of its implementation.
- Should remain contactable at all times.

Pupils

- Who are competent are encouraged to take responsibility for managing their own medicines and procedures. This competency is identified with parental agreement.
- Should be allowed to carry their own medicines and relevant devices, or be able to access their medicines for self-medication quickly and easily.
- May require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.
- If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow any procedure agreed in the IHC. Parents will be informed so that alternative options can be considered.



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MANAGING MEDICINES ON SCHOOL PREMISES

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Written records will be kept of all medicines administered to children.

Written consent from parents must be received before administering any medicine to a child at school. Where possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. If this is not possible, eg; due to childcare arrangements, the school will agree to administer medicine with written consent. Medicines will only be accepted for administration if they are:

- Prescribed
- In-date
- Labelled
- Provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The only exception to this is insulin which must be in date, but may be inside an insulin pen, or pump.

Non-prescription medicines will only be administered under the written advice of a named health professional.

School staff may administer a controlled drug for whom it has been prescribed, in accordance with the prescriber's instructions. Any side effects of the medication to be noted and the parents informed.

Asthma Inhalers

The school may take steps to hold an emergency asthma reliever inhaler. This does NOT replace a child's own inhaler and should only be used to relieve severe asthma symptoms in a child not previously known to be asthmatic. This inhaler may only be administered under the direction of a healthcare professional e.g. 999 call handler. Should the situation arise that it is administered due to a forgotten or lost inhaler, the parent of the child concerned will be expected to fund the purchase of a replacement.

Storage

All medicines should be stored safely. Children should know where their medicines are at all times, and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away.

Disposal

When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.



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DEVELOPING INDIVIDUAL HEALTHCARE PLANS

The procedure:

1. Parent or healthcare professional informs the school that a child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed.
2. Headteacher or SENDCO co-ordinates meeting to discuss child's medical support needs, and identifies member of school staff who will provide support to the pupil.
3. Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinicians as appropriate (or to consider other evidence/written reports provided by them).
4. Develop IHCP in partnership – agree who leads on writing it. Input from healthcare professional must be provided.
5. School staff training needs identified.
6. Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed.
7. IHCP implemented and circulated to all relevant staff.
8. IHCP reviewed annually or when condition changes. This may be initiated by the parent or healthcare professional. This review re-starts the above procedure from point 3.

RECORD KEEPING

Written records are kept of all medicines administered to children, these are held in the school office. Records include completed MED1 forms (signed by the parent/guardian), records of receipt of medicines, and records of dosages administered to individual children by which staff.

EMERGENCY PROCEDURES

A child's IHC will define what constitutes an emergency and explain what to do. As part of implementing the IHC, staff will be made aware of emergency symptoms and procedures. Other children will be encouraged to inform an adult immediately if they think another child needs help.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or will accompany a child taken to hospital by ambulance.

OFF-SITE VISITS

When planning any off-site visit, teachers will take into account a child's medical condition and ensure that they are able to participate according to their own abilities. Reasonable adjustments will be made to allow this to happen. Risk assessments are carried out for all off-site visits, these will include what adjustments need to be made and how this will be achieved. When carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted where appropriate.



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UNACCEPTABLE PRACTICE

Although staff will use their discretion and judge each case on its merits, with reference to the child's IHC, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently, or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments
- Prevent pupils for 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 child, 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 children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

COMMENTS, CONCERNS, COMPLAINTS

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may pursue the matter in line with the school's complaints procedure.

EQUALITIES STATEMENT

The school will do all it can to ensure that this policy does not discriminate, directly or indirectly. This will be done through regular monitoring and evaluation of school policies. On review we shall assess and consult relevant stakeholders on the likely impact of our policies on the promotion of all aspects of equality. This will include, but not necessarily be limited to, race, gender, sexual orientation, disability, ethnicity, religion, cultural beliefs and pregnancy / maternity. We will use an appropriate equality impact assessment to monitor the impact of our policies and the policy may be amended as a result of this.



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Appendix 1

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form, and it has been agreed by the Headteacher or Assistant Headteacher that school staff can administer the medication.

DETAILS OF PUPIL

Surname:

.....
.....

Forename(s):

.....
.....

Address:

.....
.....

Date of Birth: M/F: Class:

Condition or illness:

.....
.....

MEDICATION

Name/type of medicine:

.....
.....

(as described on the container)

For how long will your child take this medication:

.....

Date dispensed:

.....
.....

Full Directions for Use:

Dosage and method:

.....
.....

Timing:

.....
.....



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Special Precautions:

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Side effects:

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Self-administration:

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.....

Procedure to take in an Emergency:

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PARENT / GUARDIAN CONTACT DETAILS

Name: Daytime Telephone:

.....

Relationship to pupil:

.....
.....

Daytime address:

.....
.....

I understand that I must deliver the medicine personally to the Headteacher / Office Staff and accept that I am responsible for it being collected at the end of the school day.

Signature:

Date:

.....

Headteacher – Mr P Edwards
Joint Chairs of Governors – Kelly Smith / Geoff Philips



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APPENDIX 2: Medical Conditions Policy

RECORD OF MEDICATION GIVEN

Child's Name: Class:

Name of Medicine

Date	Time	Dose	Administered By	Witnessed By



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APPENDIX 3: Medical Conditions Policy

RECORD OF MEDICATION RECEIVED BY SCHOOL

- Check expiry dates
- Epipens and Asthma Inhalers need to last to end of school year
- All medications to be returned to families at the end of school year

Date	Medication	Dosage	Amount received	Handed in by	Received by	Handed back to



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APPENDIX 4: Medical Conditions Policy

SAMPLE INDIVIDUAL HEALTH CARE PLAN

Child's Name:

.....

Date of Birth:

Principal Diagnosis:

.....

Name of Parent / Carer 1	
Contact Numbers	Work Home Mobile
Relationship to Child	

Name of Parent / Carer 2	
Contact Numbers	Work Home Mobile
Relationship to Child	

Clinic / Hospital Name	
Contact Number	
GP Name	
Contact Number	

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



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Daily Care Requirements

Specific Support for the pupil's educational, social & 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

Staff training needed / undertaken – who, what, where, when

Plan developed with

Signed

Plan copied to: