



The Welbeck Federation

SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

Legal Framework

Section 100 of the Children and families Act 2014 places a duty on schools to make arrangements for supporting pupils with medical conditions. Some children with medical conditions may be disabled and in this instance the Equality Act 2010 must be complied with. Some may also have SEN and may have an Education, Health and Care Plan (EHC) which brings together health and social care needs, as well as their special educational provision. This policy has been updated in line with the Department for Education's 'Supporting pupils at school with medical conditions' and Nottinghamshire County Councils 'Administration of Medicine in Educational Settings Policy.'

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.
- To ensure effective management of short term and frequent absences connected with a pupil's medical condition and ensure appropriate support is in place to limit the impact on the child's educational attainment and emotional and general wellbeing.
- To ensure effective reintegration back into school so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

Roles and Responsibilities

The **Head Teacher** will ensure that the school's policy is developed and effectively implemented with partners.

Mrs Jessica Scott is the named person with overall responsibility for policy implementation.

Any member of **school staff** may be asked to provide support to pupils with medical conditions, including the administering of medicines, although there is no legal or contractual duty that requires staff to administer medicine. However, this may already be a specific requirement in an individual job description or staff may formally elect to support children and young people in this way.

Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. Any member of school staff

should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may, in some cases, be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, if one is required, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment, notify school of any changes and ensure that they or another nominated adult are contactable at all times.

Children We believe that children should be taught about illness and disability and we do this through our health education curriculum. They are taught to respect medicines. We believe that fostering such an attitude will avoid possible problems of abuse.

Procedures

On the child's admission to The Welbeck Federation , parents are asked to complete an admission form giving details of medical conditions, name of GP, emergency contact numbers, allergies, special dietary requirements and any other relevant information. Staff liaise closely with staff from Infants to Juniors or the transitioning school to ensure all relevant medical information is captured. Parents are then encouraged to inform school staff, in writing, if there is any change to the health of their child.

School will work closely with health professionals and other support services to ensure that children with medical conditions receive a full education. In some cases, this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the Health Related Education Team.

School will take into account that many of the medical conditions that require support will affect quality of life and may be life-threatening. Some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

Whenever school is notified that a pupil has a medical condition we will liaise with parents/carers and healthcare professionals to determine whether a Health Care Plan should be produced and ensure we are able to support the pupil appropriately. Transitional arrangements will be put in place in conjunction with the previous school. Health Care Plans will be created and reviewed in partnership with parents and healthcare professionals. This Plan will be reviewed on an annual basis.

Where pupils need to drink, eat or take toilet breaks or other breaks to manage their condition effectively they will be enabled to do so. Class teacher or TA will monitor this and ensure it is facilitated.

In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Individual Healthcare Plan

An Individual healthcare plan (*see Appendix 1*) will be developed where required and will capture the key information and actions that are required to support the child effectively. They will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. A Plan will identify the steps we need to take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child has SEN but does not have an Education, Health and Care plan, their special educational needs will be mentioned in their individual healthcare plan and the individual healthcare plan should be linked to or become part of that EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively. The following considerations will be taken into account in producing individual healthcare plans:

- 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 exams, use of rest periods or additional support in catching up with lessons;
- the level of support needed, including in emergencies. If a child is self-managing their medication, this should 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 child'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 child's condition and the support required;
- arrangements for written permission from parents for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and

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

A flowchart detailing the procedure for creating an Individual Health Care plan can be seen in Appendix 2.

Staff Training and Support

Any member of school staff providing support to a pupil with medical needs will receive suitable training. This should be identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. The relevant healthcare professional will normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Arrangements will be made by pastoral staff for briefing teachers about specific issues related to individual pupils. This will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. Whole school awareness training will be set up as required so that all staff are aware of their school's policy for supporting pupils with medical conditions and their role in implementing that policy.

School will additionally arrange for whole-school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views.

The child's role in managing their own medical needs

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their individual healthcare plan. After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision.

If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but will follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

Managing medicines on school premises

In administering medicines, the following considerations will be taken into account:

- medicines will only be administered by school staff when it would be detrimental to a child's health or school attendance not to do so,
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours,
- school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container,
- **Non-prescribed medicines will NOT be administered in school or stored by the school. Except for Calpol (Paracetamol) or Nurofen (Ibuprofen), antihistamines, e.g. Piriton and travel sickness medication. In these instances staff will contact parents before administering.** In the instance of administering any medication for pain relief, schools and settings should always check with parents when the last dose was taken, to ensure the maximum dosage is not exceeded.
- Medicines will be kept in a secure and safe place. Children will be made aware of where they are located. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips. Whenever medication is administered, two members of staff should be available to check the correct dosage is given and check that the medication is given to the correct pupil and that the expiry date has not been exceeded. Medicines will be kept in a clear plastic folder with the photograph of the child clearly visible. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. These should be kept in the classroom.
- Staff administering medicines should do so in accordance with the prescriber's instructions. A record of all medicines administered to individual children will be kept, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.
- **No child under 16 should be given prescription medicines without their parent's written consent. Any pupil wishing to keep medicines in school for the school to administer must have a signed Administration of Drugs consent form (see Appendix 2) from their parent or carer. Unless the school receives an Administration of Medicines form any prescribed medicines handed into school will be considered to be for safe keeping and not for administration.**

- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- The school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only staff should have access. Controlled drugs should be easily accessible in an emergency. School staff may administer a controlled drug to the child for whom it has been prescribed. A record should be kept of any doses used and the amount of the controlled drug held in school
- 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

Parents will be asked to complete a consent form via Medi Tracker when medicines are being administered by a member of staff. If a consent form has not been completed, verbal consent will be obtained. Medicine will not be administered without the knowledge of a parent.

Emergency procedures

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

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

Day trips, residential visits and sporting activities

Pupils with medical conditions will be supported to participate in school trips and visits, and in sporting activities. Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Arrangements will be made for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible, or if the school feels the adjustment is not reasonable.

Schools will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. A risk assessment will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. Health and Safety Executive (HSE) guidance on school trips will be taken into account.

Record Keeping

School will ensure that written records are kept of all medicines administered to children. This provides evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at school. (via Medi Tracker)

Defibrillator

The school has a defibrillator which is readily accessible throughout the school day and for bookings of the premises. It is located Eastlands- Reception

Netherfield- Reception

Liability and indemnity

Each school's insurance policy covers all staff and all students in any eventuality on the school site or on a school trip.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Guidelines for the Administration of EpiPen by School Staff

An EpiPen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An EpiPen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the care plan.

An EpiPen can only be administered by school staff that have volunteered and have been designated as appropriate by the Head Teacher and has received the appropriate training.

- There should be an Intimate Care and Health Plan and consent form in place for each child or young person – these should be readily available.
- Ensure that the EpiPen is in date. The EpiPen should be stored at room temperature and protected from heat and light. It should be kept in the original named box.
- The EpiPen should be readily accessible for use in an emergency and where children or young people are of an appropriate age; the EpiPen can be carried on their person.
- Expiry dates and discolouration of contents should be checked daily.
- The use of the EpiPen must be recorded on the child's or young person's care plan with; time, date and full signature of the person who administered the EpiPen.
- Once the EpiPen is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the EpiPen. The used EpiPen must be given to the ambulance personnel. It is the parent / carers' responsibility to renew the EpiPen before the child returns to school.
- If the child or young person leaves the school site e.g. school trips, the EpiPen must be readily available.

Guidelines for Managing Asthma

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if an inhaler was taken inadvertently it is unlikely there would be any adverse effects,

- If school staff are assisting children or young people with their inhalers a consent form from the parent / carer must be in place. Individual care plans need only be in place if children have severe asthma which may result in a medical emergency.
- Inhalers must be readily available when children or young people need them. Children and young people should be encouraged to carry their own inhalers. If the child or young person is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place e.g. the classroom. Individual circumstances need to be considered e.g. in small school inhalers may be kept in the school office.
- It would be considered helpful if the parent / carer could supply a spare inhaler for children who carry their own inhalers. This could be stored safely at school in case the original inhaler is accidentally left at home or the child loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.
- All inhalers should be labelled with the child's / young person's name.
- Some children or young people, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
- School staff should take appropriate disciplinary action if the owner or other children and young people misuse inhalers.
- The parent / carer should be responsible for renewing out of date and empty inhalers.
- The parent / carer should be informed if a child or young person is using the inhaler excessively.
- Physical activities will benefit children and young peoples with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler must be available during PE and games. If children and young people are unwell, they should not be forced to participate.
- If children and young people are going on off-site visits, inhalers must still be accessible.
- It is good practice for school staff to have a clear out of any inhalers annually (as a minimum). Out of date inhalers, and inhalers no longer needed must be returned to the parent / carer.
- Asthma can be triggered by substances found in school e.g. animal fur, glues, and hazardous substances. Care should be taken to ensure that any children and young people who reacts to these are advised not have contact with these.

Guidelines for Managing Hypo Glycaemia (Hypo's or Low Blood Sugar) in children and young people who have Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In most children or young people, the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children may need to inject during school hours. Staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. Staff who have volunteered and have been designated as appropriate by the Head Teacher will administer treatment for hypoglycaemic episodes.

It is important to be aware that children and young people with diabetes can also become unwell as a result of raised blood sugars (hyperglycaemia) therefore staff should refer to the child's intimate care and health plan and may need to check blood sugar levels prior to initiating any treatment. Signs and symptoms of hyperglycaemia can include thirst and frequent urination, blurred vision, nausea and vomiting and shortness of breath.

To prevent "hypo's":

- There should be an Intimate Care and Health Plan and consent form in place. It will be completed at the training sessions in conjunction with staff and parent / carer. Staff should be familiar with children and young people's individual symptoms of a "hypo". This will be recorded in the care plan.
- Children and young people must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra-curricular activities at lunchtimes or detention sessions. Off-site activities e.g. visits, overnight stays, will require additional planning and liaison with the parent / carer.

To treat "hypo's":

- If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the child or young person may experience a "hypo". Symptoms may include sweating, pale skin, confusion, and slurred speech.
- Treatment for a "hypo" might be different for each child or young person, but will be either dextrose tablets, or sugary drink, chocolate bar or hypo-stop (dextrose gel), as per the Intimate Care and Health Plan. Whichever treatment is used, it should be readily available and not locked away. Many children and young people will carry the treatment with them. Expiry dates must be checked each term.
- It is the responsibility of the parent / carer to ensure appropriate treatment is available. Once the child or young person has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious, or fitting, a 999 call must be made, and the child or young person put in the recovery position. Do not attempt oral treatment. The parent / carer should be informed of "hypo's" where staff have issued treatment in accordance with the health and care plan.

If Hypostop has been provided:

The care plan should be available. Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Hypostop must be recorded on the child's Intimate Care and Health Plan with the time, date and full signature of the person who administered it. It is the responsibility of the parent / carer to renew the Hypostop when it has been used.

Do not use Hypostop if the child is unconscious

Guidelines for Managing Cancer

Children and young people with cancer aged 0-18 are treated in a specialist treatment centre. Often these are many miles from where they live, though they may receive some care closer to home. When a child or young person is diagnosed with cancer, their medical team puts together an individual treatment plan that considers:

- The type of cancer they have
- Its stage (such as how big the tumour is or how far it has spread)
- Their general health

The three main ways to treat cancer are:

- Chemotherapy
- Surgery
- Radiotherapy

A treatment plan may include just one of these treatments, or a combination. Children and young people may be in hospital for long periods of time, or they may have short stays and be out of hospital a fair amount. It depends on the type of cancer, their treatment and how their body reacts to the treatment.

Some can attend school while treatment continues. When cancer is under control, or in remission, children and young people usually feel well and rarely show signs of being unwell. If cancer returns after a period of remission, this is known as relapse.

Treatment for cancer can also have an emotional and psychological impact. Children and young people may find it more difficult to cope with learning, returning to school and relationships with other children and young peoples. They may have spent more time in adult company, having more adult-like conversations than usual, gaining new life experiences, and maturing beyond their peers.

Treatment for cancer can last a short or long time (typically anything from six months to three years), so a child or young person may have periods out of school, some planned (for treatment) and other unplanned (for example, due to acquired infections).

When they return to school the child or young person may have physical differences due to treatment side effects. These can include:

- Hair loss
- Weight gain/loss
- Increased tiredness

There may also be longer term effects such as being less able to grasp concepts and retain ideas, or they may be coping with the effects of surgery. Teachers may need to adjust their expectations of

academic performance because of the child's or young person's gaps in knowledge, reduced energy, confidence, or changes in ability. Staff may need to explicitly teach the child or young person strategies to help with concentration and memory, and they may initially need longer to process new concepts.

Wherever possible the child or young person should be enabled to start in the same ability sets as before, unless they specifically want to change groups. Regularly revise the child's or young people's timetable and school day as necessary.

Having a Key Person at school

It is helpful to have one "key" adult that the child or young person can go to if they are upset or finding school difficult, plus a "plan B" person for times when the usual person is not available.

Physical Activity

Plan for the child or young person to move around the school easily e.g. allow them to leave lessons five minutes early to avoid the rush. Arrange for the child or young person to have a buddy to carry their bags and for them to have access to lifts.

Some children and young people may not want to be left out during PE despite tiredness or other physical limitations. Include the child or young person as far as possible e.g. allow them to take part for 20 minutes rather than the full session or find other ways for them to participate e.g. as referee or scorer. Their family will be aware if there are specific restrictions on the doing PE due to medical devices or vulnerability.

Briefing Staff

Ensure that all staff, including lunchtime supervisors have been briefed on key information. Circulate letters about infection risks when requested by the child's or young person's family or health professionals. Inform other school staff about long-term effects, such as fatigue, difficulty with memory or physical changes.

If staff are concerned about the child or young person, it is important that they phone the parent / carer to discuss the significance of signs or symptoms. The parent / carer can collect the child and seek further medical advice if necessary.

It would be rare for there to be an acute emergency, but if this occurs (as with any child or young person) call 999 for an ambulance and ensure that the crew are aware that the child or young person is on, or has recently finished cancer treatment.

Further Information and Guidance

Asthma UK www.asthma.org.uk

Diabetes UK www.diabetes.org.uk

Epilepsy Action www.epilepsy.org.uk

CLIC Sargent (Cancer) www.clicsargent.org.uk

Reviewed by: Governors

Review date: February 2026

Next review due: February 27

HEALTH CARE PLAN

CHILD'S NAME:

Tutor group:

Date of birth:

Home address:

MEDICAL DIAGNOSIS OR CONDITION:

FAMILY CONTACT INFORMATION:

Contact 1

Name:

Phone number (work)

Phone number (home)

Phone number (mobile)

Contact 2

Name:

Phone number (work)

Phone number (home)

Phone number (mobile)

CLINIC/HOSPITAL CONTACT:

Name of clinic/hospital:

Phone number:

G.P.

Name of G.P.:

Phone number:

Medical needs, triggers, signs or symptoms:

Daily care requirements, including medication 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:

Describe what constitutes an **emergency** for the child and the action to take if this occurs:

Follow-up care:

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

Support for educational, social and emotional needs:

Training required to give prescription medicines or undertake health care procedures:

Training undertaken:

Person(s) trained:

Verified by Date

Date:

Review due:

Process for developing Individual Healthcare Plans

