

# Primary Cluster

## Supporting Pupils with Medical Conditions

### Policy

Date of review: October 2023  
Date of next review: October 2024 unless significant change require

## **Statement of Intent**

Section 100 of the Children and Families Act 2014 places a duty on colleges schools to make arrangements for supporting students with medical conditions within School settings.

This policy has been developed from guidance in "Supporting Students at College with Medical Conditions – December 2015".

The Athena Academy Trust ('MAT') will strive to achieve the highest standards of health, safety and welfare consistent with their responsibilities.

## **Aim**

The Athena Academy Trust (MAT) aims to ensure that all students with medical conditions, in terms of both physical and mental health, are properly supported so that they can play a full and active role in School life, remain healthy and achieve their academic potential.

At the Primary Cluster Schools we will ensure that:

- Pupils at school with medical conditions will be supported so that they have full access to education, including trips and physical education.
- We will consult health and social care professionals, pupils and parents to ensure that the needs of pupils with medical conditions are effectively supported according to the advice they provide.
- We will make reasonable adjustments to enable the above conditions to thrive and to provide the optimum learning environment for all pupils.
- For pupils with SEND, their needs will be managed according to the Special Educational Needs Code of Practice 0-25 September 2015 (DFE).
- No pupil with a medical condition will be denied admission or prevented from taking up a place in School because arrangements for their medical condition have not been made.
- Pupils' health is not put at unnecessary risk from, for example infectious diseases. We will therefore not accept a pupil in school at times where it would be detrimental to the health of that pupil or others to do so.

The named persons responsible for policy implementation is the Head of School together with the SENCO.

## **Definitions of Medical Conditions:**

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

- Short-term affecting their participation in school activities because they are on a course of medication.
- Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

## **The Role of Staff at Primary Cluster Schools**

All pupils who attend Primary Cluster Schools will be properly supported in order to have full

access to their education, including educational visits. The advice of Health and Care professionals,

Parent/Carers and pupils will be sought to ensure the needs of children with medical conditions are understood and effectively supported.

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. The school, health professionals, Parents/Carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. 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 Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

Staff must not give prescription emergency medicines or undertake health care procedures without appropriate training, Individual Health Care plans will state emergency medicines and procedures for individuals. At the school, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with specific medical conditions. Healthcare professionals, will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication.

### **Procedures to be followed when Notification is received that a Pupil has a Medical Condition**

We will ensure that the correct procedures will be followed whenever we are notified that a pupil has a medical condition. For children starting at Primary Cluster Schools, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to Primary Cluster Schools mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, the school will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We will also acknowledge that 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. The school will ensure that arrangements give Parents/Carers and pupils confidence 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 child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need. The school will ensure that arrangements are clear and unambiguous 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 make arrangements for the inclusion of pupils in such activities with any reasonable adjustments as required unless evidence from a clinician such as a GP states that this is not possible. The school will make sure that no child with a medical condition is denied admission or prevented from attending the School because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Where a child has an Individual Health Care Plan, this should 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 (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital,

staff should stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance.

### **Individual Health Care Plans**

For pupils who need an Individual Health Care Plan there are two ways the Plan is written. If health care professionals are involved with the pupil's health needs then they may provide the Plan. If not the initial Plan will be written by SENCO with parents/carers. It will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school. Reviews of the Plans will be carried out by the class teacher and parents/carers

Individual Healthcare Plans will help to ensure that the school effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The School, health care professional and Parents/Carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Annex A.

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Annex B shows a template for the Individual Health Care Plan and the information needed to be included.

The school will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed 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 the child has a SEN identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan. Annex B provides a template for the Individual Health Care Plan. For those Pupils with asthma or inhaler, parents will be asked to complete an asthma plan. Annex C provides a template for the Asthma Plan.

### **The Child's Role in managing their own Medical Needs**

If it is deemed, after discussion with the Parents/Carers, that a child is competent to manage their own health needs and medicines, the school will encourage them to take responsibility for

managing their own medicines and procedures. This will be reflected within Individual Health Care 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 –under supervision of a trained adult. These will be stored in a safe, known area of the classroom. The school does also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate 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 should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parents/Carers should be informed, outside of the review, so that alternative options can be considered.

### **Managing Medicines on Site**

The following are the procedures to be followed for managing medicines:

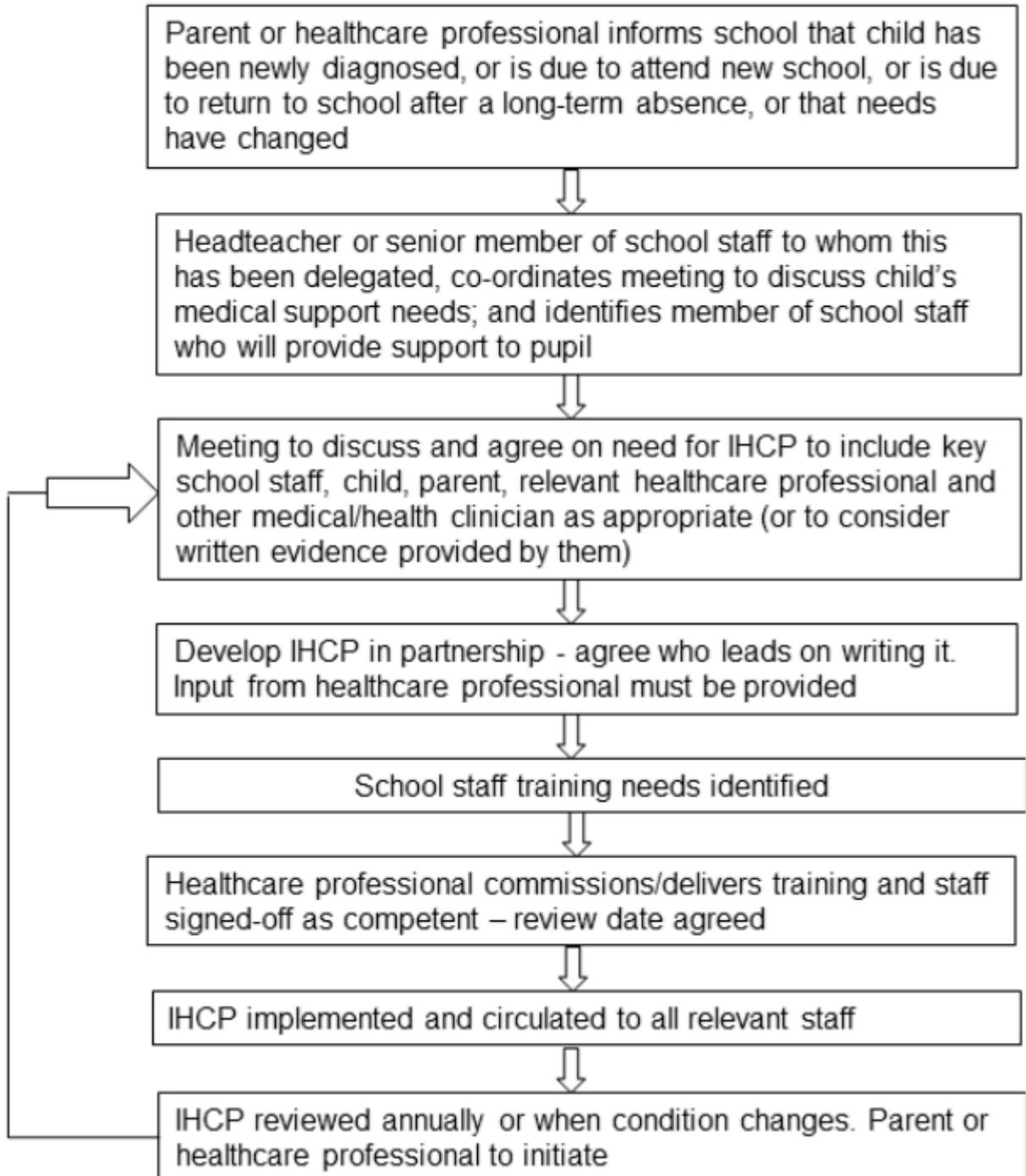
- Medicines should only be administered at the school when it would be detrimental to a child's health or school attendance not to do so.
- Parents will confirm that children have had at least one dose of their medicine prior to it being administered in school and will confirm there are no allergies to the medication.
- No child under 16 should be given prescription or non-prescription medicines without their Parents/Carers written consent.
- To comply with guidance on administering non-prescribed medicine.
- The school will only accept medicines that are in-date, labeled, 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 inside an insulin pen or a pump, rather than in its original container.
- All medicines will be stored safely in the child's classroom apart from temporary medicine which will be stored in the school office. Children should know where their medicines are at all times and be able to access them immediately.
- Emergency 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 will be stored in the classroom cupboards where both class teacher and child know how to access them. If a child requires an asthma inhaler it is crucial that there is an inhaler (provided by Parent/Carers) in the school at all times.
- During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all medical devices and medicines required if it is not safe for the child to carry their own medicine.
- Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- When no longer required, medicines should be returned to the Parent/Carer to arrange for safe

- disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

### **Non-prescribed medicines**

Primary Cluster Schools will be able to administer non-prescribed medicine. Staff will do their best to accommodate suggested timings stated by a Health Care Practitioner. Paracetamol and Ibuprofen based medicines will only be given for a duration of 48 hours after which a letter from a Healthcare Professional will be required giving us permission to continue administering. All medication must be taken to the reception desk and medical forms are to be completed before any medicine can be administered in school. Parents will also confirm the child has been administered this medicine previously with no adverse reactions.

### Appendix A - Model Process for Developing Individual Health Care Plans (IHCP)



### Appendix B- Individual Health Care Plan

Pupil Details	
Child's Name	
Class	
Date of Birth	
Address	
Medical Diagnosis or condition	
Date plan written	
Review Date	

Emergency Contacts	
Name of Parent/carer 1	
Contact Numbers	Work: Home: Mobile:
Relationship to Child	
Name of Parent/carer 1	
Contact Numbers	Work: Home: Mobile:
Relationship to Child	

Medical Contacts	
Clinic/Hospital Name/Medical professional	
Contact Number	
GP Name/Surgery	
Contact Number	



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### Medical Needs

Symptoms	
Triggers	
Signs	
Treatment	
Equipment or devices	
Other Information	

### Medication

Name of Medication	Dose	Administration method	Timings

Side effects

Administration agreement  
(adult to administer  
or child to administer  
with supervision)


### Daily Care

Daily care requirements

Support for educational,  
social and emotional needs

Arrangements for school  
visits/trips




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Arrangements for return to school

### Emergency

What is an emergency

Triggers

Signs and symptoms

Action to be taken

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

### Staff Training

Training required

Trained staff and date of training)

Plan developed with

Plan copied to

### Parent/Carer Consent

Name

Signature





**1. My Daily Asthma Medicines**  
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**Preventer Inhaler (usually brown, green or white and usually kept at home)**

I need to take my preventor inhaler everyday.

It is called

..... and

its colour is .....

I take ..... puff/s of my preventor inhaler in the morning (usually at home) and ..... puff/s at night (usually at home).

I do this every day even if my asthma is ok.

If I need to use my preventor inhaler in school the expiry date for that inhaler is.....

**Reliever Inhaler (usually blue)**

My reliever inhaler helps when I have symptoms, it is called

.....

And its colour is .....

I take ..... puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.

I take ..... Breaths between puffs with my reliever inhaler.

The expiry date of my reliever inhaler is

.....

**Other asthma medicines I take every day:**

.....

**Does your child use a spacer device**  
**YES / NO**

**Can your child self-administer their inhaler? YES / NO**

**2. My asthma triggers**

**Write down things that make your asthma worse**

.....

.....

.....

.....

**What are my asthma signs and symptoms that my asthma is getting worse (e.g. cough, wheezing, breathlessness)**

.....

.....

.....

.....

**If no significant improvement or needing my inhaler more than every ..... hours. Treat as a bad attack.**

**What are my signs and symptoms that I'm having an asthma attack (e.g. poor or no response to reliever, I am finding it hard to talk or hard to breathe)**

.....

.....

.....

.....

**Usual peak flow:**

.....

**Peak flow for mild symptoms between:**

.....

**Peak flow less than, for asthma attack:**

.....



### 3. When I have an asthma attack

- Sit down- don't lie down. Try to be calm.
- Take one puff of my reliever inhaler (with my spacer if I have one) every 30 to 60 seconds up to a total of ..... puffs
- Ask another adult to: call for a first aider and inform the office to call parents/carer.

If they still do not feel better and have taken ..... Puffs, call 999 straight away.

If waiting longer than 15 minutes for an ambulance, another ..... puff/s of the reliever inhaler may be given.

### 4. Daily asthma care

Adjustments to my school day or environment or emotional needs

Does doing sport/PE make it hard for me to breathe?  
YES/NO

If YES, I take ..... puff/s before doing sport/PE.

Do I need rests during the school day?

.....  
.....

Do I need to leave the classroom for my asthma treatment?  
YES/NO

Other information:

.....  
.....  
.....

My inhaler will be kept in my classroom, in a red bumbag. The bumbag is kept in the classroom.

My class teacher and the adults in my class will know about my asthma needs and support me with the use of my inhaler.

I may also be helped but our First Aiders at Work:

When we are out on trips or visits, I will be in a group with an adult who knows me and my asthma plan. They will carry my plan, my bumbag and a mobile phone. The postcode / coordinates of the places we visit will be recorded on the risk assessment. My medical needs will also be recorded.

**My parents will tell my teacher if there are any changes to my condition or treatment prior to the review date (recorded on the front sheet)**

Signed:

Date:



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