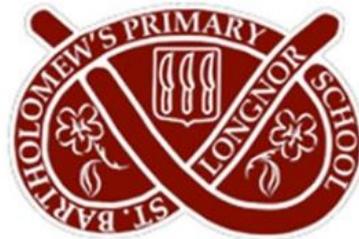


Supporting Pupils with Medical Conditions Policy (Incl. Asthma Policy)

St Bartholomew's CE Primary School



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Prepared by: LB

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Policy Updates	
Version Number	Changes
1.0	New Policy

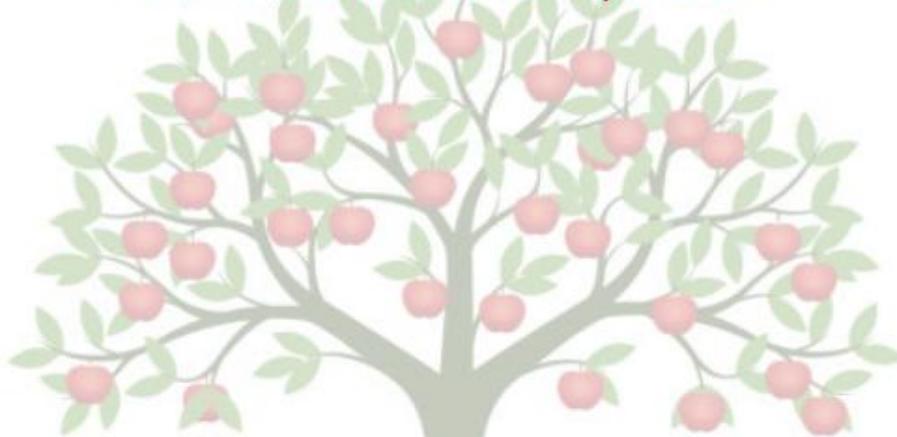
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St Bartholomew's Vision

To be a loving and nurturing Christian school community, providing the rich soil that enables our children to develop deep roots, grow and flourish, to be the best they can be.



Our Motto

Nurture, Grow, Flourish

Keep your roots deep in Jesus and have your lives built on Him.

Be strong in the faith, just as you were taught.

Always be thankful. Col 2:7

Our Values

- Courage
- Creativity
- Joy
- Kindness
- Respect

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our schools 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.

School will:

- Make sure sufficient staff are suitably trained.
- Make staff aware of pupils' conditions, where appropriate.
- Make sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions.
- Provide supply teachers with appropriate information about the policy and relevant pupils.
- Develop and monitor individual healthcare plans (IHPs)

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 boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

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 Governors will challenge the School Lead to ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 School Leads

School Lead will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there are trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- Ensure that all staff who need to know, are aware of a child's condition.
- Work alongside the school SENDco to monitor and take overall responsibility for the development of IHPs.
- 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 (see Administration of Medication Policy).

Those staff who take on the responsibility to support pupils with specific medical conditions will receive sufficient and suitable training.

Teachers will take into account the needs of pupils with medical conditions that 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/carers

Parents/carers 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, and ensure they or another nominated adult are contactable at all times

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions (where age-appropriate) about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

The school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

School may contact school nurses for advice regarding pupils with medical conditions as appropriate.

4. Equal opportunities

Our schools are clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities where possible.

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 as appropriate. 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/carers and any relevant healthcare professionals will be consulted.

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.

See Appendix 1.

6. Individual healthcare plans (IHPs) or Care Plan

The School Lead has overall responsibility for the development of IHPs for pupils with medical conditions. The SENDco may support with this or have this delegated to them by the School Lead as appropriate.

Plans will be reviewed at least 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/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the School Leader will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist, OT or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate (depending on age and understanding).

IHPs will be linked to, or become part of, any education, health and care (EHC) plan should one be in place. If a pupil has identified SEND but does not have an EHC plan, the SEND will 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 Governors and the School Lead, will consider the following 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 – see Administering Medication Policy) 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, counselling sessions.
- 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 for the pupil, 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/carers and the School Leader for medication to be administered by a member of staff, or self-administered by the pupil during school hours (see Administering Medication Policy).
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that identify where and how pupils 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

Medicines will only be administered at school in accordance with Administering Medication Policy:

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 at all times 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 to pupils and not locked away.

Medicines will be returned to parents/carers 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.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so (and of appropriate age), but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

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

7.2 Pupils managing their own needs

Pupils who are competent (and of appropriate age) will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever 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/carers 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 and as appropriate.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents/carers.
- 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/carers, 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. Asthma

The School recognises asthma as an important condition and encourages and helps children with asthma to participate fully in school life.

The purpose of this policy is to:

- Meet the school's commitment to the health and wellbeing of pupils.
- Recognise the need for immediate access to inhalers.
- Provide a school environment as favourable as possible to asthmatic children.
- Ensure all staff are aware of asthma and know what to do in the event of an attack and if necessary will give emergency treatment. Staff will receive asthma awareness training each academic year.

8.1 Medication

Immediate access to a reliever inhaler is vital. Children are encouraged to carry their inhaler as soon as their parents/carers, doctor, nurse or teacher agrees they are mature enough to manage their own medication. Children should always tell their class teacher, or another teacher whom is teaching the class that day when they have had occasion to use their inhaler. Records are kept each time an inhaler is used and a note is sent home. The reliever inhalers of younger children are kept in the classroom. All inhalers must be labelled with the child's name by the parent/carer. Pupils (particularly younger pupils) should use a spacer to help with the administration of the blue reliever inhaler. Parents/carers should provide a spacer. Schools may hold a 'school inhaler' and spare spacer/s in the event of a problem with the child's own blue reliever. School staff are not required to administer medication to children except in an emergency. However, many of our staff are happy to do this. School staff who agree to do this are insured by our insurance company when acting in accordance with this policy. All school staff will let children take their own medication when needed.

8.2 PE

Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson. Each child's inhaler(s) will be labelled and kept in the class medication bag at the site of the lesson. If a child needs to use their inhaler during the lesson, they will be encouraged to do so. Records are kept every time a child uses their inhaler and this is communicated to parents/carers.

8.3 School Trips and Outside Activities

When a child is away from the school classroom on an educational visit/ school trip, club, outside sport or PE, their inhaler should accompany them and be made available to them at all times.

8.4 Record Keeping

On school entry, children with asthma or those possibly asthmatic should be identified through the medical conditions documentation completed by the parent/ carer with parental responsibility. A Care Plan will be produced in these circumstances, A list of pupils identified as having asthma will be updated by the school administration team.

An example letter for schools to notify parents/carers of the use of the blue reliever inhaler can be found in appendix 2. An example recording sheet for the use of the blue reliever inhaler can be found in appendix 3.

If the same child has to use the inhaler more than once a term they should seek medical advice from their GP. This may indicate a child inadequately treated and therefore a risk.

8.5 Emergency Procedure Notice

This is to be displayed within the school.

8.6 Asthma Attacks

All staff who come into contact with children with asthma know what to do in the event of an asthma attack.

The school follows the following procedure:

1. Call for help.
2. Access the child's medication – or the emergency school inhaler.
3. Sit-up – don't lie the person down. Stay calm and reassure and loosen any tight clothing which may be restricting breathing.
4. Help the child to take one puff of their reliever inhaler every 30-60 seconds up to a total of 10 puffs (ideally with a spacer if possible).
5. If this is not helping, or you are worried before you reach 10 puffs, call 999 straight away.
6. Whilst waiting for help, support the child or young person to take one puff every 30-60 seconds.
7. Follow any advice given from medical specialists whilst awaiting the arrival of an ambulance.
8. Help the child to breathe by ensuring tight clothing is loosened.

(In the event of an adult suffering an asthma attack, the same steps ought to be applied but adapted as appropriate)

8.7 After the attack

The child's parents must be informed about the attack. If the pupil does not feel better or you are worried at any time before reaching 10 puffs from the inhaler, call 999 for an ambulance. If the ambulance has not arrived after 10 minutes, give an additional 10 puffs as detailed above. Staff will take advice from medical specialists should the number of puffs need to be extended etc. In the event of an ambulance being called, the pupil's parents/ carers should always be contacted. In the event of a pupil being taken to hospital by ambulance, they should always be accompanied by a member of staff until a parent/ carer is present.

8.8. Staff Training

All first aiders have training in dealing with asthma through the Paediatric First Aid, or Emergency First Aid qualification. All staff receive asthma awareness each academic year.

9. 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/carer arrives, or accompany the pupil to hospital by ambulance.

10. 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 School Leader. 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 (see Administering Medication Policy).

All 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. This will be provided for new staff during their induction.

11. Record Keeping

The Governors will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers 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.

12. Liability and Indemnity

The school Bursar will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

We are a member of the Department for Education's risk protection arrangement (RPA).

13. Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the [School Lead in the first instance. If the School Lead cannot resolve the matter, they should be directed to school's complaints procedure.

14. Monitoring arrangements

This policy will be reviewed and approved by the Governing Body every year.

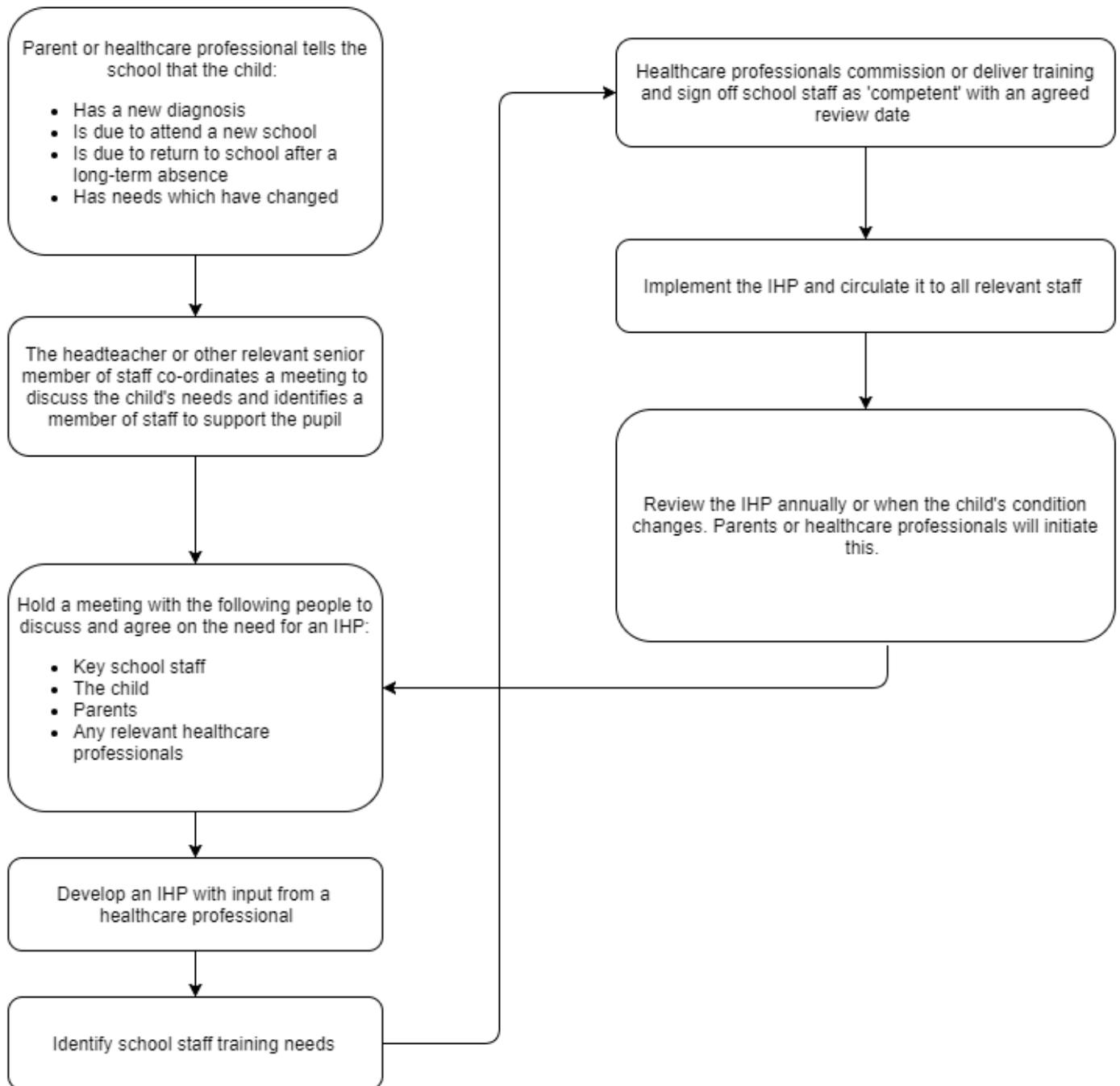
15. Links to other policies

This policy links to the following policies:

- Administering Medication
- Accessibility plan

- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special Educational Needs and Disabilities.

Appendix 1 - Being notified a child has a medical condition



Appendix 2 – Example text

Below is example text for notifying parents/carers of the use of a blue reliver inhaler.

Use of inhaler in school.

Dear parent/carer of _____,

Your child has had problems with his/her/their breathing today, which has required the use of their own (blue) inhaler. They used the inhaler on _____ occasion/s and received _____ puff/s each time.

Since this may indicate that your child's asthma is not quite controlled at this time, you are strongly advised to speak to your doctor, or practice nurse, as soon as possible to take further advice.

Appendix 3 – Recording form

St Bartholomew's utilises Microsoft Forms for the purpose of recording inhaler usage. The online form is available via the Team Barty SharePoint Site. The following details will be captured via the online form:

- Pupil name
- Date & time of use
- Number of puffs
- Severity of issues (mild/moderate/severe)
- Whether or not an ambulance was called
- Member of staff supervising/assisting pupil