



St Wilfrid's Catholic Primary School

Medical Conditions Policy

Date Written	February 2025
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Head Teacher (Signature)	Helen Milligan
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Links to Other Policies	Safeguarding and Child Protection Policy Educational Visits Policy Behaviour Policy Health and Safety Policy Individual Care/Behaviour Plan Individual Risk Assessment
Rights Respecting Links	ARTICLE 24 Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food and a clean environment and education on health and well-being so that children can stay healthy. Richer countries must help poorer countries achieve this. Article 36 - Children should be protected from any activities that could harm their development.

Introduction

St Wilfrid's Catholic Primary School aims to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance "Supporting pupils at school with medical conditions" under a statutory duty form section 100 of the Children and Families Act 2014. The school will have regard to the statutory guidance issued. We take account of it, carefully consider it and we make all efforts to comply.

For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice (part 3 of the Children and Families Act 2014) will ensure compliance with this guidance with respect to those children.

1) Key roles and responsibilities

a) The Local Authority (LA) is responsible for:

- 1) Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- 2) Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
- 3) Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

b) The Local Governing Board is responsible for:

- 1) Ensuring arrangements are in place to support pupils with medical conditions.
- 2) Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- 3) Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
- 4) Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.

- 5) Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.
- 6) Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
- 7) Ensuring written records are kept of, any and all, medicines administered to pupils.
- 8) Ensuring the policy sets out procedures in place for emergency situations.
- 9) Ensuring the level of insurance in place reflects the level of risk.
- 10) Handling complaints regarding this policy as outlined in the school's Complaints Policy.

c) The Headteacher is responsible for:

- 1) Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- 2) The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures of St Wilfrid's Catholic Primary School.
- 3) Liaising with healthcare professionals regarding the training required for staff.
- 4) Identifying staff who need to be aware of a child's medical condition.
- 5) Developing Individual Healthcare Plans (IHPs).
- 6) Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- 7) If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies
- 8) Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- 9) Continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.

10) Ensuring confidentiality and data protection

11) Assigning appropriate accommodation for medical treatment/ care

12) Purchase, training and upkeep of a defibrillator.

13) Voluntarily holding 'spare' salbutamol asthma inhalers for emergency use.

d) Staff members are responsible for:

- 1) Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. *A first-aid certificate is not sufficient.*
- 2) Knowing where controlled drugs are stored and how to access them in the unlikely event of an emergency.
- 3) Taking account of the needs of pupils with medical conditions in lessons.
- 4) Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- 5) Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

e) School nurses are responsible for:

- 1) Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
- 2) Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- 3) Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.
- 4) Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training.

f) Parents and carers are responsible for:

- 1) Keeping the school informed about any new medical condition or changes to their child/children's health.

- 2) Participating in the development and regular reviews of their child's IHP.
 - 3) Completing a parental consent form to administer medicine or treatment before bringing medication into school.
 - 4) Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
 - 5) Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.
- g) Pupils are responsible for:
- 1) Providing information on how their medical condition affects them.
 - 2) Contributing to their IHP
 - 3) Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

2) Training of staff

- a) Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction.
- b) No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training.
- c) School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

3) Medical conditions register /list

- a) Schools admissions forms should request information on pre-existing medical conditions. Parents must have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.
- b) A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff: Amelia Peplow. Each class teacher should have an overview of the list for the pupils in their care, within easy

access.

- c) Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.
- d) For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

4) Individual Healthcare Plans (IHPs)

- a) Where necessary (Headteacher will make the final decision) an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, Headteacher, Special Educational Needs and Disability Coordinator (SENDCO) and medical professionals.
 - b) IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors /parent helpers etc. may enter. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage such as Intranet or locked file is more appropriate. ***P.S. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.***
- c) IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner. This will be displayed on the IHP
- d) Where a pupil has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.
- e) Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

5) Medicines

- a) Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours, this includes those prescribed three times a day – before school, after school and bedtime.
- b) If this is not possible i.e. medicine prescribed four times a day, prior to staff

members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form.

- c) On the rare occasion when self-care is deemed necessary by a doctor, this responsibility will be delegated through the SLT and medication will be administered by the class teacher or teaching assistant.
- d) If self-care is needed, parents will need to sign a disclaimer before any medication is administered by the school. (See appendix 1)
- e) No child will be given any medicines without written parental consent that is approved and signed by the Head of School or Executive Head Teacher.
- f) Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered. These should be stored appropriately in an individual container with lid that is clearly labelled.
- g) A maximum of **four** weeks' supply of the medication may be provided to the school at one time.
- h) Medications will be stored in the School Office- locked cupboard or locked refrigerator.
- i) Any medications left over at the end of the course will be returned to the child's parents. If this is not possible, they should be disposed of safely by taking them to the local pharmacy.
- j) Written records will be kept of any medication administered to children. This will be countersigned by a witnessing member of staff.
- k) Pupils will never be prevented from accessing their medication.
- l) Emergency salbutamol inhaler kits are kept voluntarily by school
- m) St Wilfrid's Catholic Primary School cannot be held responsible for side effects that occur when medication is taken correctly.
- n) Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.

6) Over the Counter Medicines (OTC) (non-prescription)

The Medicines and Healthcare Products Regulatory Agency license all medicines and classifies them as OTC when it considers it safe and appropriate that they may be used without a prescription. Birmingham Local Medical Committee considers it a misuse of GP time to provide an appointment for a child with the sole purpose of acquiring a prescription for an OTC medicine. Sometimes a pupil's medical condition may mean that they need to take OTC medication.

OTC medicines can be administered to pupils on the same basis as prescription medication, i.e. where medically necessary, with the parent's consent, when approved by the head teacher in accordance with the school's policy and as set out in the pupil's Care Plan, if one is in place.

Parents should be informed if OTC medication has been administered that day, and it is good practice to ask the parent to sign a the School Record of Medication Administered to acknowledge that the school has told them that you have given the agreed medication

With OTC medications the dose and frequency must be consistent with the guidance and dosage on the packaging and schools should check with parents the date and time that the child took the most recent dose.

7) Specific types of Medication

a) Analgesics (Painkillers)

For children who regularly need analgesia, such as paracetamol (e.g. for migraine), an individual supply of their analgesic could be kept in school, labelled for that child only. It is recommended that schools do not keep stock supplies of analgesics for potential administration to any child but if, in rare circumstances, a school feels it is absolutely necessary to keep stock supplies the school's policy must detail the circumstances in which pupils may be given the analgesic and explain that the medicine will be safely stored, evidenced by a risk assessment. Parental consent must be obtained.

Children under 16 should never be given medicines containing aspirin or ibuprofen unless prescribed by a Doctor.

b) Methylphenidate (e.g. Ritalin, Metadate, Methylin)

Methylphenidate is sometimes prescribed for children with Attention Deficit Hyperactivity Disorder (ADHD). Its supply, possession and administration are controlled by the Misuse of Drugs Act 1971 and its associated regulations. Schools must store Methylphenidate in a locked non-portable container and place to which only named staff have access.

Schools must keep a record when new supplies of Methylphenidate are received and a record of when the drug is administered. A pupil's unused Methylphenidate must be

sent home with their parent and schools should record that the medication has been returned, and the amount. This will enable schools to make a full reconciliation of supplies received, administered and returned home.

c) Antibiotics

Schools' policies should encourage parents to ask the GP to prescribe antibiotics in dosages which mean that the medicine can be administered outside of school hours, wherever possible.

This will mean that most antibiotic medication will not need to be administered during school hours. For example, if the prescription states that twice daily doses should be given, these can be administered in the morning before school and in the evening after school, and if the prescription requires three doses a day these can often be given in the morning before school, immediately after school and at bedtime. Antibiotics should always be administered in accordance with the prescriber's instructions. It should normally only be necessary to administer antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Schools should check with parents that the child is not known to be allergic to the antibiotic and note the response on the parental consent form. Schools should ask parents or the pupil, if they are competent and the parent agrees, to bring the antibiotic into school in the morning and take it home again at the end of each day.

Children are most likely to have an adverse reaction to a new antibiotic after the second dose, therefore we recommend that schools ask parents to administer the first and second doses of the course and monitor their child for an appropriate amount of time afterwards.

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose, the date of dispensing, and be in their original container.

Schools must check the label on the antibiotic carefully as this will state;

- Whether the antibiotic needs to be stored in a refrigerator, which will be the case with many liquid antibiotic;
- Whether it needs to be taken at a certain time and before, after or with food; and
- The dosage, which should be carefully measured with an appropriate medicine spoon, medicine pot, or oral medicines syringe provided by the parent if the antibiotic is liquid, otherwise the appropriate number capsules should be taken with a glass of water.

As identified in Section 2 appropriate records must be made which will include if the pupil does not receive a dose, and the parent must be informed that day that a dose has been missed and given the reason why that was the case.

8) Emergencies

- a) Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms.
- b) Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
- c) If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

9) Day trips, residential visits and sporting activities

- a) Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.
- b) To comply with best practice risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.

10) Avoiding unacceptable practice

Each case will be judged individually but in general the following is not considered acceptable.

The following behaviour is unacceptable in St Wilfrid's Catholic Primary School:

- a) Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- b) Assuming that pupils with the same condition require the same treatment.
- c) Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
- d) Sending pupils home frequently or preventing them from taking part in activities at school
- e) Sending the pupil to the school office or First aid room alone or with an unsuitable

escort if they become ill.

- f) Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- g) Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- h) Creating barriers to children participating in school life, including school trips.
- i) Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

11) Insurance

- a) Teachers who undertake responsibilities within this policy will be assured by the Headteacher that they are covered by the LA/school's insurance.
- b) Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Headteacher.

12) Complaints

- a) All complaints should be raised with the school in the first instance.
- b) The details of how to make a formal complaint can be found in the School Complaints Policy.

13) Definitions

- a) 'Parent(s)' is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.
- b) 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. *Being 'unwell' and common childhood diseases are not covered.*
- c) 'Medication' is defined as any prescribed or over the counter treatment.

- d) 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse, pharmacist or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- e) A 'staff member' is defined as any member of staff employed at St Wilfrid's Catholic Primary School

Supporting Pupils with Medical Conditions

1

- Parent or healthcare professional informs school that child has medical condition or is due to return from long-term absence, or that needs have changed.

2

- Headteacher, SENDCO or delegated SLT member co-ordinates meeting to discuss child's medical needs and identifies member of school staff who will provide support to the pupil.

3

- Meeting held to discuss and agree on the need for IHP to include key school staff, child, parent and relevant healthcare professionals and other medical/health clinician as appropriate (or to consider evidence provided by them).

4

- Develop IHP in partnership. Agree who leads on writing it. Input from healthcare professionals must be provided.

5

- School staff training needs identified.

6

- Healthcare professional commissions and/or delivers training.
- Staff signed off as competent - review date agreed.

7

- IHP implemented and circulated to all relevant staff.

8

- IHP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate.