

GHYLLGROVE PRIMARY SCHOOL



Supporting pupils at school with medical conditions Policy

Reviewed by the Governors: Autumn 2025

Date to be reviewed: Autumn 2028



GHYLLGROVE PRIMARY SCHOOL

POLICY FOR SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

- **THIS DOCUMENT** is a statement of the aims, principles and strategies for supporting pupils with medical problems at Ghyllgrove Primary School.
- **THIS DOCUMENT** was re-adopted during Autumn 2025 and was approved by the governing body in
- **THIS POLICY WILL BE REVIEWED** Autumn 2028
A schedule for the review of this set out in the school's three year plan of school development.

At Ghyllgrove Primary School, we will have due regard to the following documents:

- Department for Education's statutory guidance: Supporting pupils at school with medical conditions (December 2015) and updates □ Children and Families Act 2014 (Section 100).
- Equality Act 2010.
- Special Educational Needs Code of Practice (July 2014).
- Other school policies and procedures, such as Safeguarding, Equal Opportunities, Behaviour, Administering Medicine and Special Educational Needs.

Introduction

At Ghyllgrove Primary School, children with medical conditions, in terms of both physical and mental health, will be properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential and that they can access and enjoy the same opportunities at school as any other child.

We recognise that pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. Ghyllgrove Primary School recognises that each child's needs are individual.

We also recognise that needs may change over time, and that this may result in extended absence from school. The school will make every effort to minimise the impact on a child's educational attainment and support his or her emotional and general well-being, including any necessary re-integration programmes. The school will focus on giving pupils and their parents every confidence in the school's approach.

The school recognises that some children who require support with their medical conditions may also have special educational needs and may have an Education Healthcare Plan (EHCP). We will work together with other schools, health professionals, other support services, and the Local Authority. Sometimes it may be necessary for the school to work

flexibly, and may, for example, involve a combination of attendance at school and alternative provision.

Policy Implementation

The Headteacher will ensure successful implementation:

- The Headteacher will ensure that sufficient staff are suitably trained,
- All relevant staff will be made aware of the child's condition,
- Cover arrangements will be put in place to cover staff absence, to ensure that someone is available,
- Supply teachers will be briefed by class teachers/LSAs,
- Risk assessments will be put in place for educational visits, and other school activities outside the normal timetable, and
- Individual healthcare plans will be monitored frequently.

Procedure to be followed when notification is received that a pupil has a medical condition

The school, in consultation with all relevant stakeholders including parents, will:

- Ensure that arrangements are put into place to cover transition from another setting, upon being notified that a child is coming into school with a medical condition. These may vary from child to child, according to existing Health Care Plans (HCP).
- Ensure that arrangements are implemented following reintegration into the school or when the needs of a child change.
- Put arrangements into place in time for the start of the new school term.
- In other cases, such as a new diagnosis or children moving to a new school midterm, every effort will be made to ensure that arrangements are in place as soon as possible. This is sometimes dictated to by the nurse.
- Provide support to pupils where it is judged by professionals that there is likely to be a medical condition. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put into place.
- Any staff training needs are identified and met.
- 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.

Individual Healthcare Plans

The school's SENCOS will be responsible for developing/obtaining individual HCPs. Their purpose is to ensure that they 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, and these are long term and complex. However, not all children will require one. The school, healthcare professionals and parents should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view.

The healthcare plan is a confidential document. The level of detail within will depend on the complexity of the child's condition and the degree of support needed. Where a child has a

special educational need, but does not have an EHC plan, their special educational needs will be mentioned in their individual healthcare plan. Some relevant information may need to be divulged to keep children safe. Parents will be informed of this.

Individual healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care for the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, eg. Specialist or community nurse. Wherever possible, the child will also be involved in the process. The aim is to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Responsibility for ensuring the plan is finalised rests with the school.

The individual healthcare plans are reviewed at least annually (usually in July/September), or earlier if evidence is presented that the child's needs have changed. The plans are devised with the child's best interests in mind, ensuring that an assessment of risk to the child's education, health and social well-being is managed minimising disruption. Reviews will be linked to any education healthcare plan the child may have.

The information to be recorded

When deciding on the information to be recorded on individual healthcare plans, the following will be considered:

- 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 eg. busy corridors.
- Specific support for the pupil's educational, social and emotional needs – for example, tests, use of rest periods or additional support in catching up with lessons, counselling sessions;
- 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 the 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 and the headteacher 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 or 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 the development of their individual healthcare plan.

Roles and responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively; both with staff within the organisation and with outside agencies, as the circumstances of each child dictate.

Governing Body

The Governing Body will ensure that pupils in school with medical conditions are supported. It will ensure that a policy is developed, implemented and monitored. The Governing Body will ensure that staff receive suitable training and that they take on the responsibility to support children with medical conditions.

Headteacher

The Headteacher will:

- Ensure that the Supporting Pupils with Medical Conditions Policy is developed and effectively implemented with partners, including all staff are aware of the policy and that they understand their role in implementing the policy.
- Ensure that all staff who need to know are aware of the child's condition.
- Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all the individual healthcare plans, including in contingency and emergency situations.
- Have overall responsibility for the development of individual healthcare plans.
- Ensure that all staff are appropriately insured to support pupils in this way.
- Liaise with the school nurse in respect of a child who has a medical condition, including in cases where the situation has not yet been brought to the attention of the school nursing service.

School Staff

Any member of the school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of a teacher's professional duties, they should consider the needs of pupils with medical conditions 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.

Pupils

Pupils with medical conditions may be best placed to provide information about how their condition affects them. They should be involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with their individual healthcare plan. Other children will often be sensitive to the needs of those with medical conditions.

Parent

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. This includes current treatment details for asthma. (See Appendix 1: Asthma Protocol). At Ghyllgrove Primary School, parents are seen as key partners and they will be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. Parents should carry out the action they have agreed to as part of its implementation, eg. Provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

School Nurses/Specialist Nurses

School Nurses/specialist nurses will notify the school when a child has been identified as having a medical condition requiring support in school. They may support staff on implementing a child's individual HCP. They will work co-operatively with parents and school staff.

Staff training and support

The SENCO will ensure that sufficient staff are suitably trained. Training needs for staff will be assessed by looking at the current and anticipated needs of pupils already on the roll. It may be possible to determine training needs by early information relating to a child about to be admitted to the school. All members of staff providing support to a child with medical needs will have to be trained. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The type of training, and frequency of refresher training, will be determined by the actual medical condition that a child may have and this will be supported by the Governing Body. Some training may be arranged by the school, and other types may make use of the skills and knowledge provided by the school nurse service, or specialist nurse services, among others. In some cases, the healthcare professional may be able to advise on easily accessible training such as on the text website. Other training may involve on-site or off-site provision. Parents will be asked to supply specific advice and then this will be reinforced with healthcare professional advice.

All staff will be made aware of the specific needs of each child with a medical condition and will be competent and confident enough to deliver the support.

It must be noted that a First Aid certificate alone will not suffice for training to support children with medical conditions.

All members of staff will be informed of the Supporting Pupils with Medical Conditions Policy and it will be included in the induction arrangements for new staff to the school if appropriate.

The child's role in managing their own medical needs

At Ghyllgrove Primary School, the children who require medication or other procedures will be supervised in administering them or receive them from a relevant member of staff. If a child refuses to take medicine or carry out a medical procedure, staff will not force him or her to do so, but 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

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. For pupils with medical conditions, the following will apply:

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child will be given prescription or non-prescription medicines without their parent's written consent.

- Non-prescription medicines will be administered by parents, should they be needed during the school day. For the administering of non-prescription medicines during an educational visit, parents should provide written consent form.
- No child will be given a medicine containing aspirin unless it has been prescribed by a doctor. Parents will be required to give their written consent.
- 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 exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.
- Medicines will be stored safely. This may be in the First Aid Room or in a fridge in the school office. Children who need to access their medicines immediately, such as those requiring asthma inhalers, will be shown where they are in the classroom. On educational visits medicines will also be available and they will be looked after by a relevant member of staff.
- Administration of medication flow chart is available in appendix 1 and further information about administering medication in school can be found below .
- If a controlled drug has been prescribed, it will be kept securely. Named staff only will have access to such medication so that it can be administered to the specific child. The school will keep a record of doses administered, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered will be noted.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal.

Written records will be kept of all medicines administered to children and parents will be informed if their child has been unwell at school. Non-essential medication will not be administered.

Administering Medicines in school

Essential medication (i.e. antibiotics that has been prescribed by a doctor) where the prescription is for three or more doses per day can be administered in school by a designated member of staff.

The minimum amount of medicine should be handed to the School Office and an ADMINISTRATION OF MEDICATION FORM must be completed by the Parent/Carer and designated member of staff, and handed in to the school office.

Completed medication must be collected at the end of the day by the parent/carer and will not be handed back to the child via the school office.

Pain/temperature relief such as calpol, paracetamol and ibuprofen based products are not administered by School Staff unless agreed by the Headteacher. It is however permissible for a parent/carer to come into school office and administer medicine of this type themselves, should they consider it essential for their child to have it during the school day. Arrangements should be made with the school office.

Emergency procedures

A child's individual healthcare plan will clearly define what constitutes an emergency and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms and procedures. It may be necessary to inform other pupils in general terms so that they can inform a member of staff immediately if they think help is needed.

If a child is taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital.

Educational visits and sporting activities

The school will consider how a child's medical condition will impact on their participation. We will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.

The school will consider what reasonable adjustments may need to be made after carrying out a risk assessment so that planning arrangements take account of any steps needed to ensure that children 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.

Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities; including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office unaccompanied by an adult or with someone unsuitable;
- Penalise children 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, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toilet issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including educational visits.

Liability and Indemnity

The Governing Body at Ghyllgrove Primary School ensures that appropriate insurance is in place and that it reflects the level of risk. The insurance covers staff providing support to pupils with medical conditions. From time to time, the school make need to review the level of cover for health care procedures and any associated related training requirements.

Complaints

Parents who are dissatisfied with the support provided should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they make a formal complaint via the school's complaints procedure.

Other issues for consideration

The school has a number of trained First Aiders amongst the staff. Where they have been trained in CPR a defibrillator is available for use. It is located in the School Office area.

The school aims to keep an emergency up to date EPIPEN, Calpol and Priton on site for emergency cases when they become available for purchase.

Protocol for Pupils with asthma

Ghyllgrove Primary School acknowledges that asthma is a common and prevalent disease of childhood and recognises that many pupils on roll will have the condition.

Identification of Pupils affected

All parents of pupils on roll must notify the school if their child has asthma.

Recording of information

Each class teacher keeps a list of the pupils that suffer from asthma. A whole school list is completed which includes the following:

Child's name, class, type of medication, amount of medication, date of expiry.

Responsibilities:

School Staff

School staff are not required to administer Asthma medicines (except in an emergency)

All school staff have a responsibility to:

- Understand the school asthma protocol
- Know which pupils they come into contact with have asthma
- Know what to do in an asthma attack
- Allow pupils with asthma immediate access to their reliever inhaler
- Tell parents/carers if their child has had an asthma attack
- Ensure pupils have access to asthma medication in the classroom
- Ensure pupils have their asthma medicines with them when they go on a school trip

Pupils have a responsibility to:

- Know how to gain access to their medicine in an emergency
- Know how to take their own asthma medicines

Parents/carers have a responsibility to:

- Tell the school if their child has asthma
- Inform the school about the medicines their child requires during school hours
- Inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports
- Tell the school about any changes to their child's medicines, what they take and how much
- Inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma)
- Ensure their child's reliever inhaler (and spacer where relevant) is labelled with their name
- Ensure that their child's reliever inhaler and the spare is within its expiry date
- Keep their child at home if they are not well enough to attend school
- ensure their child has regular asthma reviews with their doctor or asthma nurse (every 6-12 months)
- ensure children know how to take their own asthma medicine

What to do in the case of an "asthma attack"

At Ghyllgrove we follow the advice as suggested by Asthma UK. (see attached)

WHAT TO DO IN AN ASTHMA ATTACK

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack. **What to do**

- Keep calm
- Encourage the child or young person to sit up and slightly forward – do not hug or lie them down
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer
- Ensure tight clothing is loosened
- Reassure the child

IF THERE IS NO IMMEDIATE IMPROVEMENT

Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

CALL 999 OR A DOCTOR URGENTLY IF:

- The child or young person's symptoms do not improve in 5–10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.

- You are in doubt.

Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

COMMON SIGNS OF AN ASTHMA ATTACK ARE:

- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest as a tummy ache.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had a severe attack. Some parents have asked to be informed of minor attacks.

IMPORTANT THINGS TO REMEMBER IN AN ASTHMA ATTACK

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.

- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.
- Generally staff should not take pupils to hospital in their own car. However, in some situations it may be the best course of action.
- Another adult should always accompany anyone driving a pupil having an asthma attack to emergency services.

NB: Guidance from education authorities on emergency transport in private vehicles is different in each part of the UK. Your school should have a clear emergency procedure policy on if and when this is appropriate.

Appendix 1

Administration of Medication

The parent/carer must give the medication to the office staff with a completed consent form.

(All medicines should be labelled and be in a suitable container with an appropriate utensil to administer).



School Office will inform the class teacher about the medication and the time the pupil should be sent to the School Office



At the allocated time the Class Teacher will send the child to the school office with another pupil or if this child is vulnerable with a learning assistant.



Office Staff will ask the child their name, check the medication and the consent form checking that all the information marries up.



When administering medicine ensure that another adult is present to witness administration.



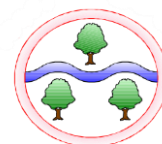
Complete documentation in Adminstrating Medication File ensuring that both adults initial the document.



Ensure that medication is returned to the fridge or medicine cabinet.

The parent is responsible for collecting the medication at the end of the school day.

- ***PAWS Club – parents must hand medication and complete administration form over to the Club Supervisor. Club supervisor will hand over medication and medication to the school office staff. Club Supervisor will collect medication and hand back to parent.***
- ***A copy of the Administration of Medication Form is available on the School Website.***



GHYLLGROVE **COMMUNITY PRIMARY SCHOOL**

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medication unless you complete and sign this form.

Details of Pupil

Surname _____ First Name _____

Address _____

Date of Birth ____/____/____

M F

Class _____

Condition or Illness _____

Medication

Parents must ensure that in date properly labelled medication is supplied.

Name/Type of Medication (as described on the container)

Date Dispensed _____

Expiry Date _____

Full Directions for use:-

Dosage and method _____

NB Dosage can only be changed on a doctor's instructions

Timing _____

Special precautions _____

Are there any side effects that the School needs to know about?

Self-Administration Yes / No (delete as appropriate)

Contacts Details

Name _____

Phone No. _____

Work Phone No. _____

Relationship to Pupil _____

Address _____

I understand that I must deliver the medication personally to a member of the school office staff and accept that this is a service, which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signature _____

Date _____

Agreement of Ghyllgrove Primary School

I agree that _____ (name of child) will receive the prescribed dosage of medication.

The child will be given/supervised whilst he/she takes their medication by a first aider (or member of the office team).

This arrangement will continue until the course of treatment is completed or instruction is received from the person signing this form to cease administration.

Signed _____
On behalf of Ghyllgrove Primary School

Date _____