



Crown Wood Primary School

Supporting Pupils at School with Medical Conditions Policy (Includes Administering Medicines and First Aid Policy)

Crown Wood Primary School is part of the Greenshaw Learning Trust.

The Greenshaw Learning Trust is a charitable company limited by guarantee registered in England and Wales, company number 7633694, registered at Greenshaw Learning Trust, ORU Sutton, Throwley Way, Sutton, SM1 4AF.



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Date of Next Review: January 2028



Article 24

You have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment, and information to help you stay well.

This policy applies to Crown Wood Primary School and all governors and staff of the school must abide by this policy, which has been adopted in accordance with and pursuant to the Student Welfare Policy of the Greenshaw Learning Trust.

It is the responsibility of the local governing body and Headteacher of the school to ensure that their school and its staff adhere to this policy. In implementing this policy school staff must take account of any advice given to them by the Executive Headteacher and/or Board of Trustees.

This policy is subject to the GLT Student Welfare Policy and the Scheme of Delegation approved for the school. If there is any ambiguity or conflict, then the GLT Student Welfare Policy and the Scheme of Delegation and any specific Scheme or alteration or restriction to the Scheme approved by the Board of Trustees takes precedence. If there is any question or doubt about the interpretation of this, the Executive Headteacher should be consulted.

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school 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

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Caroline Winchcombe.

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's statutory guidance: [Supporting pupils at school with medical conditions](#).

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way

- 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.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

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

Parents 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

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 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

Our 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.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school and notify them of any pupils identified as having a medical condition.

4. Equal opportunities

Our school is clear 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 consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

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 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

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. **This has been delegated to Caroline Winchcombe (DHT / Inclusion) and Sandra Ruck (Pastoral Support Advisor - PSA).**

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 when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best give advice on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN 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 governing board and DHT (Inclusion) and PSA with responsibility for developing IHPs, 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) 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, 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 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 pupil 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 and Administering medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

Pupils under 16 will not be given medicine containing aspirin or ibuprofen unless prescribed by a doctor.

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 to arrange for safe disposal when no longer required.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

7.1 Prescription Medicines

Prescribed medicines will be administered as long as parents complete a medical consent form. Injections, however, will only be administered in emergencies to save life (e.g. an EpiPen for nut allergy). Where possible, children will be encouraged and supported to administer their own medication. Medication is usually stored in the classroom. However, there will be circumstances where the child will need to carry their medication with them (e.g. an asthma inhaler on a school trip). These circumstances will be noted on individual care plans or trip risk assessments as required.

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.

7.2 Non-Prescription Medicines

Non-prescribed medication cannot be administered by school staff. However, parents may send, with prior agreement, non-prescription medicine into school for their child. Consent given for non-prescribed medicine will only last between 1 and 3 days and parents must collect any unused medicine at the end of this period. **We will advise and help children take medicines themselves, if they wish to, but we will not compel or administer it to them.** Children will not usually be reminded to take non-prescribed medicines – they must ask for them if and when they need it. A record will be kept of any medication taken.

7.3 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, 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.

7.4 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents 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 so that an alternative option can be considered, if necessary.

7.5 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
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents

- 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, 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. First Aid

The school will provide materials, equipment and facilities as set out in DfE 'Guidance on 'First Aid for schools'. **The Appointed Person is Mrs Liz Johnson.** She will regularly check that materials and equipment are available. She will ensure that new materials are ordered when supplies are running low.

First aid material are available in the Medical Room, Nursery and Reception have their own First Aid Boxes. These are accessible. First aid kits are taken to the playground at break and lunchtime and there are 'bum-bags' available for trips. It is the appointed person's responsibility to ensure that these are regularly checked and that the stations are fully stocked. It is the responsibility of the staff to notify

It is every supervising adult's responsibility to provide first aid in case of a minor accident. Should an adult not have first aid training, they then can request help / second opinion from a qualified First Aider. In case of a major accident or a head injury, a qualified First Aider should be asked to assist in giving First Aid.

See Appendix 2 for the First Aid Protocol Poster which is displayed in the Medical Room and kept in all medical boxes.

8.1 Cuts

The nearest adult deals with small cuts. All open cuts should be covered after they have been treated with a cleansing wipe. Any adult can treat more severe cuts, but a fully trained first aider must attend the patient to give advice. All cuts should be recorded and the parents informed. In the case of a severe cut, parents should be informed by telephone and if necessary, advised to seek further medical advice. ANYONE TREATING AN OPEN CUT SHOULD USE RUBBER GLOVES.

8.1 Head Injuries

Any bump to the head, no matter how minor, should be treated with an ice pack. All bumps to the head should be recorded and the parents informed. **If the bump is severe and there is any concern of concussion, the child should be issued with a red wristband so staff and parents can keep a close eye on them. Parents MUST be informed by telephone by the person issuing the wristband.**

See Appendix 3 for the Head Injury Protocol Poster which is displayed in the Medical Room and kept in all medical boxes.

In case of a major accident, it is the decision of the fully trained first aider if the emergency services are to be called (See Section 9).

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 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 **Caroline Winchcombe, DHT (Inclusion)**. 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.

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 governing board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place that all staff are aware of.

12. Liability and indemnity

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

13. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Deputy Headteacher (Inclusion) in the first instance. If the Deputy Headteacher (Inclusion) cannot resolve the matter, they will direct parents to the school's complaints procedure.

14. Monitoring arrangements

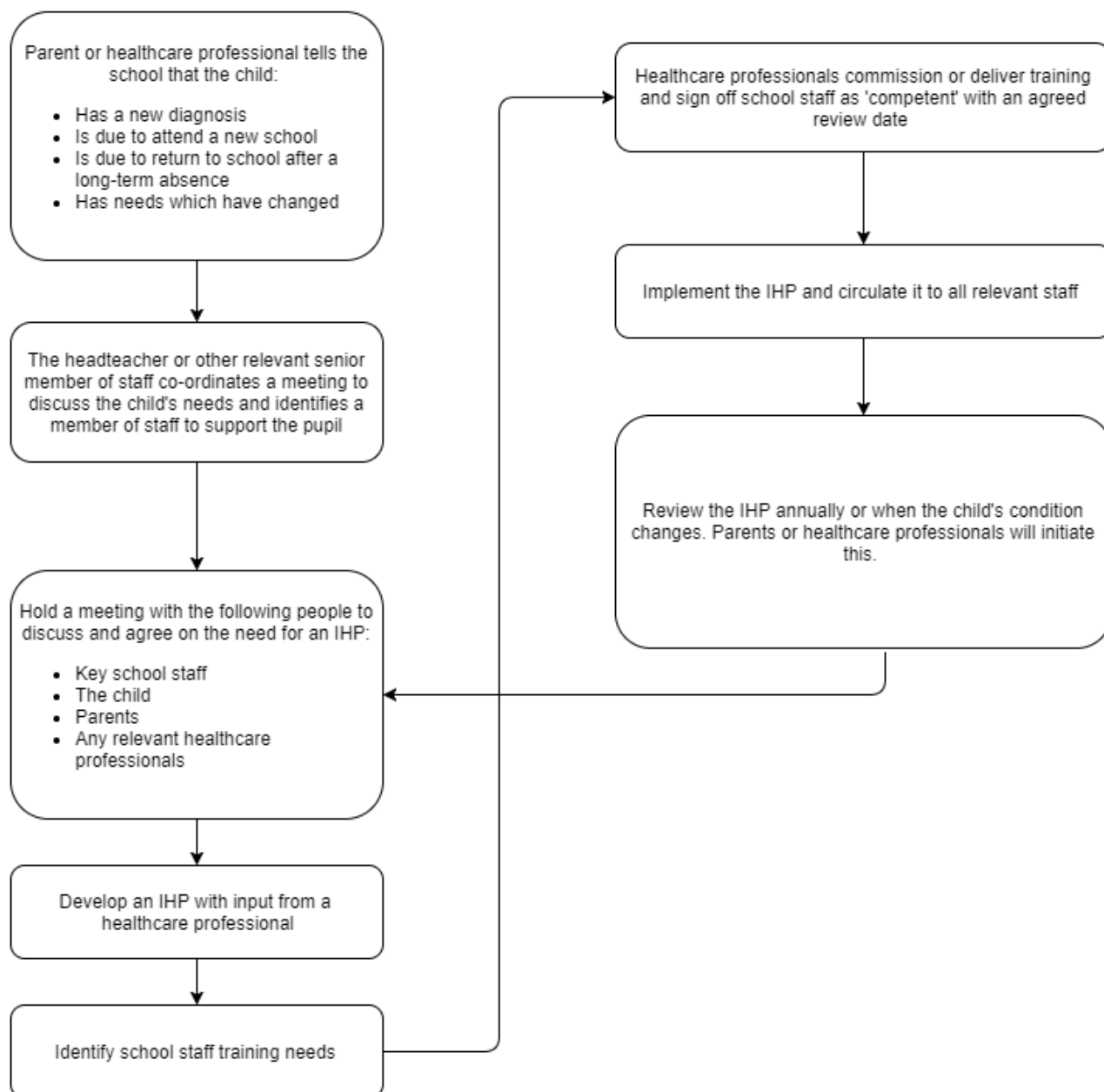
This policy will be reviewed and approved by the governing board every two years.

15. Links to other policies




This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- Health and safety
- Safeguarding
- Special educational needs information report and policy








Appendix 1: Being notified a child has a medical condition



First Aid Protocol

	<p>ASSESS</p> <ul style="list-style-type: none"> • Make sure the child / children are safe. • Assess the seriousness of the injury. • The initial assessment of the injury should take place where the accident happened (i.e., playground, hall or classroom). • If the injury is serious (i.e., head, neck injury or potential broken bone) DO NOT move the child. SUMMON THE SCHOOL FIRST AIDER. • If in doubt, always summon the First Aider and seek advice.
	<p>TREAT</p> <ul style="list-style-type: none"> • Provide first aid to the child as appropriate. • Staff should wear disposable gloves and other PPE as required. • Most treatment can be administered where the accident happened (i.e., playground, hall or classroom). However, there is a first aid room near the Main Hall should further treatment be required and it is safe to move the injured party. • The school first aider must be summoned for serious incidents and she will decide about further treatment, including the needs to visit the Urgent Care Centre, A&E or calling an ambulance. • Used medical supplies must be disposed off correctly and safely. If supplies are running low or used up, report this to the school first aider.
	<p>RECORD</p> <ul style="list-style-type: none"> • All first aid given MUST be recorded on Medical Tracker, including the use of ice pack. • Ensure you provide full and accurate information about the injury and the first aid given. Make sure the time of the incident is accurate. • This information will be reported to parents, so consider how what you write will be received.
	<p>COMMUNICATE</p> <ul style="list-style-type: none"> • The person recording the injury on Medical Tracker MUST ensure the system sends an e-mail home to inform parents if <u>any</u> first aid is given. • Children MUST wear a DATED & TIMED red wristband if they receive treatment for all but the most minor of head injuries. • The person administering the first aid MUST ensure a phone call home is made if a red wristband has been issued. • If you are ever in doubt about the seriousness of a head injury, seek advice from the first aider OR err on the side of caution and issue the wristband. • SEE HEAD INJURY PROTOCOL (OVER) FOR FURTHER INFORMATION • It is also a good idea to contact parents for other injuries requiring first aid if it involved another child and / or there are clear bruises, cuts etc.

Head Injury Protocol

	<p>THINK CONCUSSION!</p> <ul style="list-style-type: none"> • If a child has a head injury caused by a fall, trip, collision etc we need to ensure we check carefully for possible signs of concussion. • Symptoms (including those below) can be immediately present or develop later in the day / evening and potentially for up to 3 weeks after the injury!
 <p>STRONG HEADACHE DIZZINESS TEMPORARY AMNESIA IRRITABILITY SENSITIVITY TO SOUND LIGHT SENSITIVITY WEAKNESS VOMITING</p>	
	<p>ASSESS</p> <ul style="list-style-type: none"> • Make sure the child / children are safe. • Is the child alert? • IF NOT, SUMMON THE SCHOOL FIRST AIDER IMMEDIATELY. • Do NOT move the child.
	<p>TREAT</p> <ul style="list-style-type: none"> • If the child is alert, apply an ice pack and continue to monitor and assess the child's presentation (i.e., headache, sickness, dizziness etc). If safe, the child can be taken to the medical room. • IF THEIR PRESENTATION CHANGES AND / OR YOU ARE CONCERNED, SUMMON THE FIRST AIDER IMMEDIATELY. • The school first aider will decide about further treatment, including the needs to visit the Urgent Care Centre, A&E or calling an ambulance.
	<p>RECORD</p> <ul style="list-style-type: none"> • Record the incident and first aid given on Medical Tracker. Make sure the information recorded is accurate, including times. • State that a red wristband has been given to the child.
	<p>COMMUNICATE</p> <ul style="list-style-type: none"> • Children MUST wear a DATED & TIMED red wristband for all but the most minor of head injuries • The person administering the first aid MUST ensure a phone call home is made. If first contact is not available, call the second contact. • If a message is left, the Admin Officer must be made aware, so she is able to access the incident on Medical Tracker and continue calling at regular intervals until we have had verbal contact. • We should always invite / encourage parents to check their child themselves.
	<p>MONITOR & ASSESS</p> <ul style="list-style-type: none"> • Children remaining in school MUST be monitored, this means checking for signs of concussion as above. Record on Medical Tracker in 'further notes' with the time of check. This should be at least hourly. If there is a deterioration or you are concerned call First Aider.