Health and Safety Handbook for Schools

SUPPORTING CHILDREN / YOUNG PERSONS WITH MEDICAL CONDITIONS POLICY V1.0 2022 –

TO BE USED IN CONJUNCTION WITH

PG505 - Supporting pupils with Medical Conditions in School / DfE document “Supporting pupils at school with medical conditions”

Section 5: General School Safety

	Print name	Signature	Date Approved
Headteacher	**Julie Cordingley**		**25.09.26**
Chair of Governing Body	**Diane Hallas**		**25.09.26**
Review By Date:	**Autumn Term, 2027**		

Leeds CITY COUNCIL

SUPPORTING CHILDREN / YOUNG PERSONS WITH MEDICAL CONDITIONS POLICY FOR ADEL PRIMARY SCHOOL

1. Introduction

This policy is written to support those children and young people with individual medical conditions and outlines how their conditions will be met at Adel Primary School.

This policy and the supporting guidance PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions" should be read together and aim to ensure that:

1. Children / young people, staff and parents / carers understand how our school will support children / young people with medical conditions.

2. The whole school environment is inclusive and favourable to children and young people with medical conditions. This includes the physical environment, as well as social, sporting, and educational activities.

3. Our staff are trained in the impact medical conditions can have on children and young people in order to be safe, welcoming, and supportive of children and young people with medical conditions.

4. Our school understands that children and young people with the same medical condition will not necessarily have the same needs.

5. Our staff understand their duty of care to children and young people with medical conditions and know what to do in the event of an emergency.

2. Policy Statement

We are an inclusive community that welcomes and supports children and young people with medical conditions. We provide all children and young people with equal opportunities in our school.

This policy and supporting guidance PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document " Supporting children / young persons at school with medical conditions"/ 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 children and young people at their school with medical conditions. It is also based on the Department for Education's statutory guidance on supporting children / young persons with medical conditions at school.

This policy and supporting guidance PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions" describe the essential criteria for how we will meet the needs of children and young people with short, long-term and / or complex medical conditions, including diabetes and asthma. No child or young person will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made. However, in line with our safeguarding duties, we must ensure that children / young person's health is not put at unnecessary risk from, for example, infectious diseases. There may be times we cannot accept a child / young person in school where it would be seriously detrimental to the health of that child / young person or others to do so.

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All relevant staff understand the medical conditions that affect children and young people at our school. We also make sure all our staff understand their duty of care to children and young people in the event of them requiring medical intervention. We accept responsibility for members of staff who give or supervise children and young people with the taking of medication / medical procedures during the school day.

The named member of our staff responsible for this medical conditions policy and its implementation is Tamsin Benning, Deputy Headteacher.

3. Roles and responsibilities.

3.1 Our governing body.

Our governing body has ultimate responsibility to make arrangements to support children and young people with medical conditions. Our governing body will also ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

They will do this by:

- Reporting by the school to TLPS (Teaching & Learning / Pupil Support) Governing body committee meetings

3.2 Our Headteacher

Our headteacher will:

- make sure all staff are aware of this policy and supporting guidance in PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions" 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 (IHCPs), including in contingency and emergency situations,
- ensure that all staff who need to know are aware of a child's condition,
- take overall responsibility for the development and monitoring of IHCPs,
- contact the school nursing service in the case of any children and young people who have a medical condition that may require support at school, but who has not yet been brought to the attention of the school nursing service,
- ensure that systems are in place for obtaining information about a child's medical conditions and that this information is kept up to date,
- ensure that supply and peripatetic staff are made aware of relevant information to support children with medical conditions.

3.3 Our Staff.

Supporting children and young people 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 children and young people with medical conditions, although they will not be required to do so unless this is specifically part of their role in school. This includes the administration of medicines.

Our staff will take into account the conditions of children and young people with medical conditions that they teach. All staff will know what to do and how to respond accordingly when they become aware that a child or young person with a medical need requires help.

Our school staff are responsible for:

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- following the procedures outlined in this policy and supporting guidance document PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document “Supporting children / young persons at school with medical conditions”,
- retaining confidentiality within policy guidelines,
- contacting parents / carers and/or emergency services when necessary and without delay,
- if they have children or young persons with medical conditions in their class or group; understanding the nature of the conditions in order to adequately support them. This information will be provided to them.

The headteacher has overall responsibility for the development of IHCPs for children / young persons with medical conditions. The day-to-day management, production and oversight of IHCPs has been delegated to Tamsin Benning, Deputy Headteacher.

3.4 Our Parents / Carers.
We expect that our parents / carers:

- will provide the school with sufficient and up-to-date information about their child / young person’s medical conditions,
- will be involved in the development and review of their child / young person’s IHCP and may be involved in its drafting,
- will carry out any action they have agreed to as part of the implementation of the IHCP, e.g. provide medicines and equipment.
- are responsible for making sure their child / young person is well enough to attend school. Parents / carers should keep children / young people at home when they are acutely unwell.
- will provide medicines and equipment in line with this policy and supporting guidance in PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document “Supporting children / young persons at school with medical conditions” e.g. in original labelled containers, in date and sufficient for the child / young person’s conditions,
- will provide up to date contact information and ensure that they or another responsible adult are contactable at all times for if their child / young person becomes unwell at school,
- will only request medicine or medical procedures to be administered at school when it would be detrimental to their child / young person’s health or school attendance not to do so,
- will provide written agreement before any medicines can be administered to their child / young person,

If an IHCP is required for their child / young person, it is expected that our parents / carers will work with our school and healthcare professionals to develop and agree it.

3.5 Our children and young people.
Children and young people with medical conditions will often be best placed to provide information about how their condition affects them. Our children and young people will be involved as far as possible in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs. They are also expected to comply with their IHCPs.

3.6 School nurses and other healthcare professionals.
We will work with our Local Health Authority School Health Service and Nursing Team to support the medical needs of children and young persons in our school. This may include assistance with supporting medical conditions, assistance with IHCPs, and assistance with supplementing information provided by the child’s or young person’s parents / carers or GP.

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We will also seek their advice for where specialist local health teams can be contacted for particular conditions e.g. asthma, diabetes, epilepsy etc.

The School Health Service and Nursing Team are also the main contacts for advice on training for staff to administer medication or take responsibility for other aspects of support.

The School Health Service and Nursing Team will notify our school when a child or young person has been identified as having a medical condition that will require support in school. This will be before the child or young person starts our school, wherever possible. They may also support staff to implement a child's IHCP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the School Health Service and Nursing Team and notify them of any children and young people identified as having a medical condition. They may also provide us advice on developing IHCPs.

4. Storage, administration and management of medications.

4.1 Provision of medication.

We will allow medications to be brought to school when it is essential e.g where it would be detrimental to a child or young person's health if the medicine was not administered during the 'school day'.

Wherever possible, parents / carers are advised to request that any prescription is such that the child / young person does not need to take any medication whilst at school e.g. a dose-frequency of 3 times per day rather than 4 times per day dose.

We will only accept medication in its original container and with the prescriber's instructions for administration if the medication is prescribed.

We will allow non prescription medication to be provided if it is essential (as above) and needs to be taken during the school day. We will follow the same procedures for all medication.

4.2 Administration of medication.

We will administer medication / medical procedures or supervise the self-administration of medication / medical procedures only where there is specific prior written permission from the parents / carers. Such written consent will need to state the medicine and the dose to be taken / or the details of the medical procedure.

We will follow the detailed guidance in PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions" regarding administration of medication / medical procedures including disposal of out of date medication, record keeping and training for staff.

No child or young person under the age of 16 will be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

4.3 Self-Management.

We will allow and encourage children and young people who are competent to do so, to manage their own medication. This will be based on discussions with the child / young person and their parents / carers. Specific written consent from parents / carers will still be required. Where necessary, we will supervise the child or young person whilst they are taking it.

Our school allows the following medication / medical equipment to be carried by our children and young people where it is deemed they are competent, and it is safe to do so:

- Asthma inhalers
- Auto Injection devices

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- Paracetamol
- Allergy medication
- Diabetes devices / insulin
- Other medication may be requested and will be considered on a case-by-case basis.

4.4 Refusal to take medicine.
We will not force a child or young person to take medication / undergo a medical procedure should they refuse.

If information provided by the parent / carer and/or GP suggests that the child or young person is at great risk due to refusal we will contact parents / carers immediately and may also seek medical advice and/or emergency services support.

Where the information provided indicates that they will not be at great risk, but parents / carers have informed us that the medication / medical procedure is required we will contact the parent / carer as soon as possible.

4.5 Storage of medication / medical devices.
We will store, manage, and dispose of out of date medication and medical devices in line with the detailed guidance in PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document “Supporting children / young persons at school with medical conditions”.

We will ensure that any medication required critically in the case of an emergency e.g asthma inhalers, Adrenaline Auto Injectors (AAI), insulin, is always readily available wherever the child or young person is on our school premises or off site on school visits / activities.

We will keep a supply of emergency asthma inhalers and AAI devices in school.

4.6 Emergency Situations.
Our staff will follow our school’s normal emergency procedures (for example, calling 999). All children / young person’s IHCPs will clearly set out what constitutes an emergency and will explain what to do.

If a child or young person needs to be taken to hospital, our staff will stay with them until the parent / carer (or designated adult) arrives, or accompany a child / young person taken to hospital by ambulance and stay with them until the parent / carer (or designated adult) arrives.

5. IHCPs and Individual Children and young people Risk Assessments (IPRAs).
We will follow the detailed guidance in PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document “Supporting children / young persons at school with medical conditions” regarding both the development and monitoring of IHCPs and when an IPRA may be required.

We will review IHCPs at least annually, or earlier if evidence is presented that the child / young person’s needs have changed.

5.1 Being notified that a child has a medical condition.
When our school is notified that a child / young person has a medical condition, the process outlined below will be followed to decide whether the child / young person requires an IHCP.

Our 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 children / young persons who are new to our school.

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When notification of a child with a medical condition is received, our school will:

- Gather all the required information by providing parents / carers with the appropriate form and having follow-up conversations where necessary.
- Where possible, make appropriate arrangements for staff to administer any medication or medical procedures and to receive whatever training is necessary.
- Where required, instigate an IHCP.

6. School trips, off site activities and sporting activities.

We will follow the detailed guidance in PG505 - Supporting Children / young persons with Medical Conditions in School / DfE document "Supporting children / young persons at school with medical conditions" regarding school trips, off site activities and sporting activities and ensure that any medical conditions are included in the specific risk assessments for those activities.

7. Unacceptable practice

Our school staff will use their discretion and judge each case individually with reference to the child / young person's IHCP, but it is generally not acceptable to:

- Prevent children / young persons from easily accessing their inhalers, medication or administering their medication when and where necessary.
- Assume that every child / young person with the same condition requires the same treatment.
- Ignore the views of the child / young person or their parents / carers.
- Ignore medical evidence or opinion (although this may be challenged).
- Send children / young persons 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 IHCPs.
- If the child / young person becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children / young persons for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Prevent children / young persons 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 child / young person, including with toileting issues. No parent / carer should have to give up working because the school is failing to support their child / young person's medical needs.
- Prevent children / young persons from participating, or create unnecessary barriers to children / young persons participating, in any aspect of school life, including school trips.
- Administer, or ask children / young persons to administer, medicine in school toilets.

8. Complaints.

If our parents / carers or children / young people have any issues with the support provided they should initially contact Tamsin Benning, Deputy Headteacher, to discuss their concerns. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaints procedure which is published on our schools' website.

9. Review.

This policy will be reviewed and approved by our governing body at least annually.

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Equality Impact Assessment

		Yes/ No	Comments
1.	**Does the policy / guidance affect one group less or more favourably than another on the basis of:**		
	▪ **age**	No	
	▪ **disability**	Yes	As per Equality Act, 2010 (1.25): 'schools are allowed to treat disabled pupils more favourably than non-disabled pupils, and in some cases are required to do so, by making reasonable adjustments to put them on a more level footing with pupils without disabilities'
	▪ **gender reassignment**	No	
	▪ **marriage and civil partnership**	No	
	▪ **pregnancy and maternity**	No	
	▪ **race**	No	
	▪ **religion or belief**	No	
	▪ **sex**	No	
	▪ **sexual orientation**	No	
2.	**Is there any evidence that some groups are affected differently?**	Yes	Reasonable adjustments to policy and provision are made for pupils with a disability.
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	N/A	
4.	**Is the impact of the policy/ guidance likely to be negative?**	No	
5.	**If so, can the impact be avoided?**	N/A	
6.	**What alternatives are there to achieving the policy/ guidance without the impact?**	N/A	
7.	**Can we reduce the impact by taking different action?**	N/A	

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