

ROCKMOUNT PRIMARY SCHOOL

Supporting Pupils with Medical Conditions (including children with health needs who cannot attend school) – January 2025

Review: January 2026

Legislation

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* and DfE: *Ensuring a good education for children who cannot attend school because of health needs – Statutory guidance for local authorities* (January 2013)

Aims

This policy aims to ensure that:

- Pupils, staff, parents/carers and the wider community understand how our school supports the physical and mental wellbeing of pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils. They should play a full and active role in school life, remain healthy and achieve their academic potential

The person with responsibility for implementing this policy is the Coordinator for pupils with medical needs- Erika Cianfarani (Medical Lead) working alongside SENCO.

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. We will make arrangements for the inclusion of pupils in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

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

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

The Governing Body

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

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 Care Plans including in contingency and emergency situations
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way

The Coordinator for pupils with medical needs

- Take overall responsibility for the development of Individual Care Plans
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- 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

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.

Parents/Carers

Parents/Carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs, ensuring they are informed immediately of any changes
- Be involved in the development and review of their child's Individual Care Plan
- Carry out any action they have agreed to as part of the implementation of the Individual Care Plan e.g. provide medicines and equipment
- Take responsibility for checking that all medication held in school is replenished as necessary and is within the expiry date
- Ensure they, or a nominated adult, are contactable at all times

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 Individual Care Plans. They are also expected to comply with their Individual Care Plans.

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. The school nursing service can support staff on implementing a child's individual healthcare plan if required. They can also provide training to school staff to administer medications for allergies, asthma or epilepsy. The school nursing service can be contacted on 020 8274 6391 (North Team) or 020 8714 2580 (South Team)

Healthcare professionals, such as GPs and pediatricians, will liaise with the schools' nurses and notify them of any pupils identified as having a medical condition. They may provide support and advice as appropriate.

Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined in **Annex 1** will be followed to decide whether the pupil requires an Individual Care Plan.

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

Individual Care Plans

The headteacher has overall responsibility for the development of Care Plans for pupils with medical conditions. This has been delegated to Erika Cianfarani as Medical Lead, under the guidance of *Hayley Gorman (SENCO) and Amber Pearless (SENCO and Deputy Headteacher)*.

Plans will be reviewed at least annually, or earlier if a parent/carer informs us that 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 Individual Care Plan. It will be agreed with a healthcare professional and the parents/carers when an Individual Care Plan 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/carers and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

Individual Care Plans will be linked to, or become part of, any Education, Health and Care Plan (EHCP). If a pupil has SEND but does not have an EHCP, the SEND will be mentioned in the Individual Care Plan.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. *Erika Cianfarani* will consider the following when deciding what information to record on Individual Care Plans:

- 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 and wellbeing. For example, how absences will be managed, requirements for extra time to complete 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 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/carers 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
- What to do in an emergency, including who to contact and contingency arrangements

In the event of an emergency, the ambulance should be directed to
Rockmount Primary School, Chevening Rd, Upper Norwood, SE19 3ST

Managing 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 written consent from parents/carers

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

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely in the child's classroom cupboard in a clearly marked medical box along with instructions about how to safely administer the medicine. All of the relevant staff will be made aware that this is the agreed safe storage location. 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.

Medicines will also be returned to parents/carers at the end of each school year. It is the responsibility of the parent/carer to ensure that the relevant medication is returned to school at the beginning of a new academic year.

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 Individual Care Plans.

Pupils with specific permission as agreed in their individual health care plan 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 Care Plan and inform parents so that an alternative option can be considered, if necessary.

Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's Individual Care Plan, 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/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their Individual Care Plans

- Send a pupil who feels unwell to the school office unaccompanied or with someone unsuitable
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child. However, this will be considered on an individual basis.

Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' Individual Care Plans will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

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 Individual Care Plans. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher. 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 Individual Care Plans
- 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.

Emergency Salbutamol Inhalers

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler can only be given to children for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

If a child has been prescribed an inhaler, the parent/carer will be contacted by a member of staff to complete a consent form (see Annex 2) so the child can have access to an emergency salbutamol inhaler should the need arise. Without the completed consent form, the child will not be given use of the emergency inhaler. If it has been necessary for a child to use the emergency inhaler, the parent/carer will be called and provided with details of the incident. Staff will provide parent/carers with a follow up letter as soon as is possible giving them the same information (See Annex 3). The

administration record which will be kept with each of the inhalers should also be completed, giving the necessary details about the incident.

When administering an emergency inhaler, a spacer must be used to administer the correct dosage. The spacer will then be given to the child to take home and the inhaler kept at school in case of another emergency.

Further information can be found at: <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

Emergency adrenaline auto-injector (AAI)

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allowed schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date). The school's spare AAI can only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times. The school's emergency AAI pen should only be counted in addition to the recommended 2 per child.

If a child has been prescribed an AAI, the parent/carer will be contacted by a member of staff to complete a consent form (see Annex 3) for the child to have access to an emergency AAI should the need arise. Without the completed consent form, the child will not be given the use of the emergency AAI. If it has been necessary for a child to use the emergency AAI, the parent/carer will be called and provided with details of the incident. Staff will also need to provide parent/carers with a follow up letter as soon as is possible giving them the same information (See Annex 5). The administration record which will be kept with each of the AAIs should also be completed, giving the necessary details about the incident.

Further information can be found at: <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

Location and Storage

The emergency inhalers/spacers and AAIs for EYFS/KS1/KS2 children will be kept in a medical box in the school office and will be clearly labelled. Full instructions for use will be stored alongside them.

Record keeping

Parents/Carers will be informed if their pupil has been unwell at school. Written records are kept of all medicine administered to pupils, stating what, how and how much was administered, when and by whom. A copy of this information will be shared with parents either on the day for unexpected medicine e.g. asthma pump given or when the medication is returned if the medication is required to be administered over a longer period e.g. antibiotics. If medication is for any reason not given, a record must be kept and the parents/carers informed. A written record of all allergies must be maintained.

Copies of Individual Care Plans are readily accessible in class Medical Folders and the school office.

There are additional procedures in place for transitional arrangements between school which includes when a new child starts our school and when a child who currently attends our school moves to a new school. All records which are held about a child will either be requested when a child starts our school or sent to a child's new school upon their departure. This helps to plan for continuity of care.

Liability and indemnity

The Governing Body will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. Insurance policies should provide liability cover relating to the administration of medication but individual cover may need to be arranged for any healthcare procedures. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

The details of the school's insurance policy are:

Public and Employers Liability Insurer: Protector Insurance, Policy No: 529063

School Trips/Off Site Activities: AIG Insurance, Policy No:0010627938

Children with health needs who cannot attend school

For some pupils, their health condition will require them to have an extended period of time out of school. The school will do all that it can to ensure that such children are supported through their period of absence from school and sensitively re-integrated once they are well enough to attend.

The school's coordinator for children with medical needs will take an active and continuing role in their educational, social and emotional progress. The school will at all times aim to work in partnership with parents to ensure the best possible outcomes and a return to school as soon as possible.

Where a child's health condition requires an extended period of absence from school, the school may need to seek the assistance of the Springboard Service. Staff at the service, including hospital tutors, will support pupils who are temporarily unable to attend classes on a full time basis. These pupils may be:

- (a) Children who have been deemed by a medical practitioner as being too ill to attend the school for more than 15 days or who have conditions which lead to recurrent absences from school which becomes significant in the longer term.
- (b) Pupils with mental health problems who are unable to attend school.

Some children with medical conditions may have a disability. Where this is the case the governing body will comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

The aim of Springboard will be to support the school in its work to reintegrate pupils into full time education at the earliest possible opportunity. In the greatest number of cases this means a return to mainstream education

The school will continue to maintain a contact with a pupil who is unwell and not attending and will contribute to their academic and reintegration plans in order that they may enjoy a continuous level of education and support from the school during their period of absence. This may include providing to Springboard relevant information about the child, helping to maintain contact with parents, assisting with and guiding the work of the child, supporting the process of achieving public examinations or taking part in National Curriculum tests and providing emotional support at the level of teacher and peer involvement. The school will do all that it can to maintain links with appropriate agencies including Springboard, the Educational Welfare Service, and the Educational Psychology Service. Reintegration back into school will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. The school will do all that it can to fully implement Croydon's policy on the education of children and young people with medical needs.

Complaints

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

This policy links to the following policies:

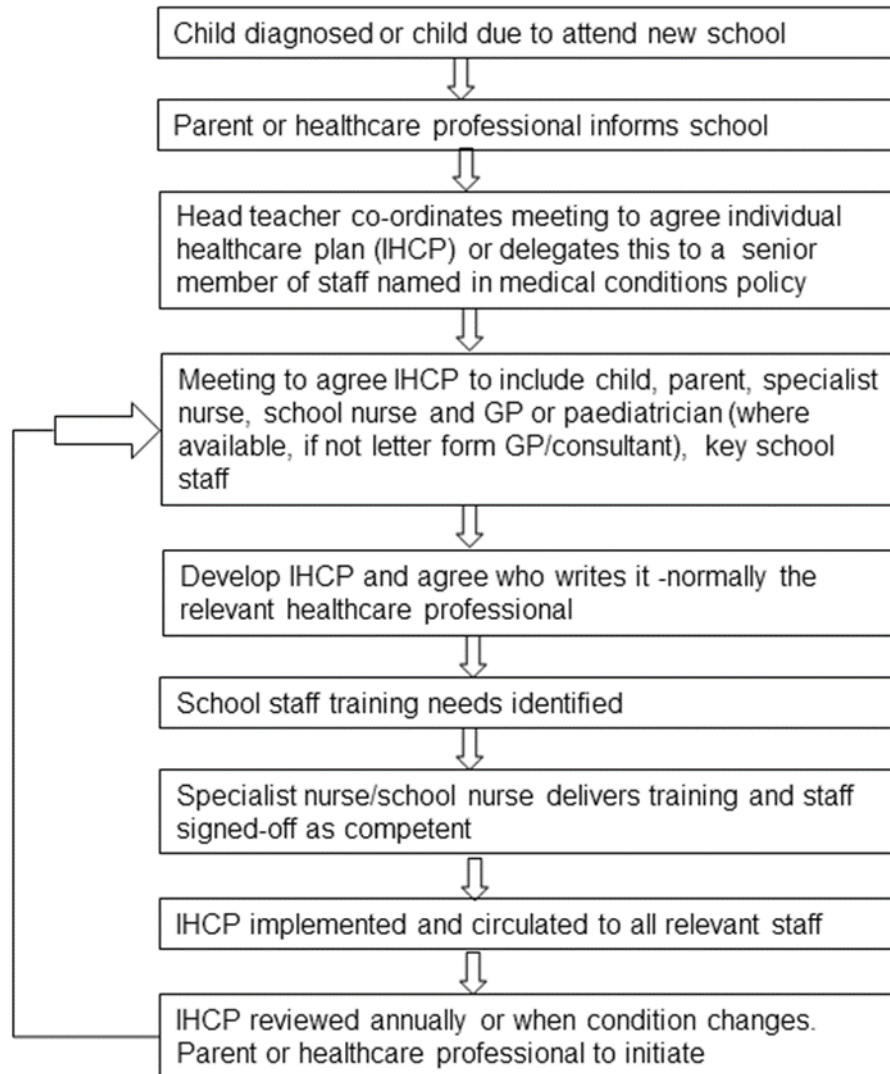
- Accessibility plan
- Complaints Procedure
- Equality information and objectives
- First Aid
- Health and Safety
- Safeguarding
- Special Educational Needs Report and Policy

Signed: (Headteacher)

Signed: (Chair of Governors)

Annex 1

The Process for Developing Individual Healthcare Plans



Annex 2

Headteacher: Helen Carvall

Deputy Headteachers: Amber Pearless
Vivian Bull

Tel: 020 8653 2619



Rockmount Primary School
Chevening Road
Upper Norwood
London
SE19 3ST

office@rockmount.croydon.sch.uk
www.rockmountprimaryschool.co.uk

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Dear Parents/Carers,

Rockmount Primary School has made arrangements to hold emergency Salbutamol inhalers for the use of students diagnosed with asthma, whose prescribed inhaler is not available for any reason in the event of an emergency.

If your child has been diagnosed with asthma and/or has been prescribed an inhaler, please complete the following form. Inhalers will only be administered to students for whom written parental consent for the use of the emergency inhaler has been given.

By signing the form you are also agreeing to the following:

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:

Date:

Name (print).....

Child's name:

Class:

Annex 3

Headteacher: Helen Carvall

Deputy Headteachers: Amber Pearless
Vivian Bull

Tel: 020 8653 2619



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EMERGENCY SALBUTAMOL INHALER USE

Child's name:

Class:

Date:

Dear.....,

This letter is to formally notify you that..... has had
problems with his / her breathing today.

This happened when

.....
.....

☐ Your child did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. Your child was given puffs.

☐ Your child's own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. Your child was given puffs.

The member of staff who helped your child was

.....

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely,

Annex 4

Headteacher: Helen Carvall

Deputy Headteachers: Amber Pearless
Vivian Bull

Tel: 020 8653 2619



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CONSENT FORM: USE OF ADRENALINE AUTO-INJECTOR

Dear Parents, Carers,

Rockmount Primary School has now made arrangements to hold emergency Adrenaline Auto-Injector pens for the use of students diagnosed with an allergy whose prescribed AAI pen is not available for any reason in the event of an emergency.

According to our records, your son/daughter suffers from an allergy and has been prescribed an Adrenaline Auto-Injector (AAI) pen (for example Epi-pen, Jext pen, Emerade pen). AAI will only be administered to students for whom written parental consent for the use of the emergency AAI has been given. If your son/daughter has been diagnosed with an allergy and has been prescribed an Adrenaline pen, please could you complete the following form.

By signing the form you are also agreeing to the following:

- I can confirm that my child has been diagnosed with an allergy and has a prescribed an AAI
- My child has a working, in date AAI, clearly labelled and has been advised to keep it with them at all times
- I understand that the recommendation is that my child has 2 AAI pens on site in case of the need of a double dose
- In the event of my child displaying symptoms of anaphylaxis, and if their AAI is not available or is unusable, I give permission for the emergency AAI pen to be used

Signed:

Date:

Name (print).....

Child's name:

Class:

Headteacher: Helen Carvall

Deputy Headteachers: Amber Pearless
Vivian Bull

Tel: 020 8653 2619



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EMERGENCY ADRENALINE AUTO-INJECTOR (AAI)

Child's name:

Class:

Date:

Dear.....,

This letter is to formally notify you that..... required the use of an emergency adrenaline auto-injector pen (AAI) today.

This happened when

.....
.....

- ☐ Your child did not have their own AAI with them, so a member of staff administered the emergency AAI. Your child was given the following brand and dose

.....

- ☐ Your child's own AAI was not working, so a member of staff administered the emergency AAI. Your child was given the following brand and dose

.....

The member of staff who helped your child was

.....

We would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely,