



This policy, when initially written, was adapted from the Camden Learning policy entitled *Supporting Children with Medical Conditions* (January 2019 version). It has since been reviewed and updated to ensure it is a reflection of current guidance and best practice in the school.

1. PURPOSE AND SCOPE

At Christ Church School our school vision is for everyone to experience *life in all its fullness* now and in the future and this sits at the heart of everything we do. With this in mind, this policy to support children with medical conditions is an important document to ensure that pupils with medical conditions are properly supported to allow them to access the same education and school experiences as other pupils, including school trips and sporting activities.

The Governing Body of Christ Church School have overall responsibility for this policy and ensure that it is monitored and regularly reviewed. They ensure it is readily accessible to parents and school staff via the school computer network and school website. This policy will be reviewed every three years to ensure it is an accurate reflection of current best practice, or earlier if there is a change in statutory legislation or guidance.

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 bodies in maintained schools to make arrangements for supporting pupils at their school with medical conditions. Additionally, some children with medical conditions may be considered to have a disability under the definition set out in the Equality Act 2010 and governing bodies must comply with their duties under that Act.

It is also based on the Department for Education's statutory guidance: [Supporting Pupils at School with Medical Conditions](#). Some pupils may also have special educational needs (SEN) and/or an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision as per the guidance and requirements of [SEND Code of Practice](#).

3. PROCEDURE FOR ADMINISTRATION OF MEDICINES IN SCHOOL

3.1 Administration of Medicine

All medicines that are to be administered in school must be accompanied by written instructions and permission from the parent/carer and/or the GP. Appendix 1, the Parental Agreement Form, should be filled in in its entirety for all medication handed in to the office. For long term conditions, it is the school's preference that the instructions are provided in the form of an Individual Healthcare Plan from a healthcare professional involved in their child's care.

In the vast majority of circumstances, school staff will only administer medicines prescribed by a doctor. However, under certain circumstances and with the express written consent of parents/carers, the school will administer certain medications without prescription, e.g. Calpol, as we are aware some doctors may not prescribe this as it is available over the counter. The school, in the interest of wanting each child to attend school regularly and experience *life in all its fullness*, will act as a reasonably prudent parent in this regard.

All medicines administered at school must be recorded on the log sheet (Appendix 2, which can be found on the back of the Parental Agreement Form) and signed off with date, time and name of child and member of staff who administered it. The log sheet is kept in the folder labelled Medical Information which can be found in the front office inside the lockable cupboard above the computer. The folder is organised into the following sections:

- Temporary Medication Forms
- Year groups for ongoing medical needs where each individual child will be filed in the correct year group
- Emergency Salbutamol Permissions
- Emergency Auto-injector Permissions
- Temporary Medication Forms which have lapsed

If a child refuses to take medication they will not be forced to do so. Refusal will be documented and parents/carers should be informed immediately so they can agree how to proceed.

3.2 Individual Healthcare Plans (IHP)

For all pupils who may require long-term individual specialised treatment a clear care plan must be available. Appendix 3 details the procedure for obtaining/developing an IHP. Under no circumstances should schools provide any medical care or treatment to these pupils until the school has received a healthcare plan.

The school requires an IHP written by a healthcare professional (with signatures and dates) for all long term conditions where medication may need to be administered during school hours. This includes asthma and allergies requiring an emergency epi-pen.

The school will take one of the following actions annually in relation to IHPs:

- Ask parents to confirm there are no changes to the current IHP if it was written by a medical professional in the past 3 years. If there have been changes, a new IHP is required. (Appendix 4)
- Request parents/carers obtain a new IHP from a healthcare professional if the IHP is older than 3 years. (Appendix 5)

If parents/carers encounter problems obtaining a IHP from their healthcare professional, the school will work with the parents/carers in order to write a temporary IHP (Appendix 6). The temporary IHP will be periodically reviewed with the parents/carers and formal requests for the parents to obtain an IHP from a healthcare professional continuing to be made.

3.3 Labelling of medicines

All prescribed medicines brought into school should still have the original dispensing label on the box. The label must state the following:

- the name of the child,
- the date of birth, and
- route of administration, intervals and amount to be given.

The information on the label should be checked by the office staff receiving the medication to ensure it is the same as on the Parental Agreement Form.

All over the counter medications (accompanied by parental consent) will be labelled by school staff, if we feel we can administer them at school.

3.4 Storage

Medication, when not in use, will be stored in a cupboard in the front office which will be clearly labelled and not locked. This provides easy access in an emergency but also prevents open access by pupils. The only exceptions to this are (a) children with EHCPs that stipulate they need to carry their own medication and (b) if the child is in KS2 and is asthmatic they carry their own inhaler. On both these occasions the medication will be clearly labelled.

Certain medicines require special storage, e.g. to be stored away from light or within certain ranges of temperatures, etc. Such requirements must be clearly identified in writing to the school on the label and on the form. Medication requiring storage in a fridge will be stored in the back office fridge in a closed plastic container with the lid clearly marked "Medication". This container should then be kept on a separate shelf in the fridge.

Storage areas will be checked regularly, at least half termly, to ensure all medication being stored is in date, the packaging is intact and if it is still required. Expired medication or medication no longer required will be given back to the family who may correctly dispose of it via a local pharmacy.

Medication will be administered in the office areas so that staff can wash their hands in the bathroom area before and after administering the medication. Any cleaning of equipment used should take place in the staff room. Most additional equipment e.g. gloves and general first aid supplies can be found in the cupboards around the office area.

3.5 Controlled Drugs

If pupils require controlled drugs, such as Ritalin, Concerta XL, Equasym, Buccal Midazolam, the school will store them securely (i.e. locked) in a metal case along with the other medications in the front office cupboard, with only named staff having access. *Only staff who have undergone specialist training can administer a controlled drug to a pupil.*

Each time the controlled drug is administered it must be recorded, including if the child refused to take it. The log sheet must be completed each time it is given. It is good practice for two staff

members to witness and sign off for controlled drugs. The controlled drugs must also be counted to ensure the amount remaining matches what has been given.

It is good practice to ask families to provide the minimal amount needed that is practical for the family and school to reduce the amount of controlled drug that has to be stored at one time on school site.

3.6 Staff training and competence

All staff that participate in administering medication must receive appropriate information and training for specified treatments. In most instances this will not involve more than would be expected of a parent or adult who gives medicine to a child.

The school will liaise with the school nurse and GP to attempt to identify the type and level of training required by staff.

In certain circumstances the Headteacher will authorise a named person or persons who are responsible for administering medication to a pupil e.g. for a long-term medical condition such as diabetes. All staff will be made aware of pupils who have a long-term medical condition and made aware of the staff member(s) who should be routinely summoned in the event of that child feeling unwell; they should also be aware of any symptoms, if any, associated with the child's illness which may require emergency action.

Training should be sufficient so that staff have confidence in their ability to support pupils with medical conditions. The Headteacher must be satisfied that the staff member is competent, prior to staff administering any medication in school.

The school will ensure that a record of all relevant and approved training received by staff is kept. This record forms part of the termly Safeguarding Report to Governors prepared by the Headteacher.

The School Nursing Service can provide training on specific medical conditions and how to administer the medication and respond to an emergency e.g. Epilepsy and Buccal Midazolam training.

A first aid certificate does not constitute appropriate training in supporting children with medical conditions.

This policy and our practice adheres to the statutory guidance on unacceptable practice as outlined on page 23 of the DfE document *Supporting pupils at school with medical conditions* which can be found in appendix 9.

3.7 Record Keeping

A parental consent form must be completed each time there is a request for medication to be administered (see Appendix 1). All relevant information must be supplied including:

- child's name
- child's date of birth

- name, strength and quantity of medication provided
- clear concise dosage instructions
- reason for the request
- emergency contact names and telephone numbers
- parent/carer signature

The school will keep written records of all medicines administered to pupils, the date and time given, the dose given and the staff involved (Appendix 2). These records are vital for children if any further support is required or needed. The records also provide protection to staff by way of proof that they have followed agreed procedures.

Reasons for any non-administration of medication should also be recorded and the parent/carer informed as soon as possible. “Wasted” doses (e.g. tablet dropped on floor) will also be recorded.

If a child is self-administering, this will be indicated on the Parental Agreement Form. All self-administrations will be supervised, with the only routine exception to this being the use of a Salbutamol Inhaler when there is no emergency.

3.8 Educational Visits/Off-site sports events and other school journeys

Our school vision of inspiring *life in all its fullness* means that we will strive to include all children in educational visits, sporting activities and school journeys. We will adapt and change activities where possible in order to provide access for all. However, this is not always possible and a risk assessment will take place to ascertain whether or not a child is permitted to take part in a particular activity for medical reasons.

All staff accompanying such visits should be aware of any medical needs and relevant emergency procedures. School staff organising the visit will be responsible for relevant medication being taken off site. A specific risk assessment and other pre-planning, in conjunction with parents, will be carried out for a visit if the initial visit request form, which is given to the head teacher for authorisation and which includes details of medical conditions, indicates this should happen. If not, IHPs should be taken and followed accordingly in the event of an emergency.

Issues of privacy should be carefully considered during school visits with children being afforded the right of privacy (with supervision) e.g. being able to go to a private place whilst on a school trip to have insulin.

Specific advice for offsite visits is provided by the Outdoor Education Adviser’s Panel (OEAP) guidance doc [4.4d](#) covering medication.

3.9 Emergency procedures

Where children have conditions which may require rapid intervention, parents must notify the head teacher of the condition, the symptoms and appropriate action to be taken. The head teacher must make all staff aware of any pupil whose medical condition may require emergency aid.

It is essential that all staff (including supply staff, lunchtime supervisory staff etc.) are able to recognise the onset of the condition and take appropriate action, i.e. summon the trained person, call for ambulance if necessary etc. Please see Appendix 7 detailing how to contact the emergency services.

It is good practice for the school to seek consent from parents to alert the School Nursing Service who can support and provide professional health information concerning diagnosis and care plan, and provide advice to the school and family.

3.10 Emergency Medicine (Asthma Inhaler and Epipens)

Christ Church voluntarily holds Salbutamol asthma inhalers for emergency use i.e. in the event of a pupil displaying symptoms of asthma but their own inhaler is not available or is unusable.

Written parental consent for the use of an emergency inhaler must still be obtained (in advance) which is separate from other permissions.

The school follows the Department of Health guidance on the use of emergency salbutamol inhalers in schools. The emergency salbutamol inhaler will not be locked away but will be under the control of staff in the front office medication cupboard. An emergency salbutamol inhaler is also taken on off-site trips if a child with permission for its use is part of the trip. When more than one group is out of school at the same time, the Headteacher makes the decision about which group takes the emergency medication.

The school will also voluntarily hold emergency Adrenaline Auto Injectors (AAI) for treating anaphylaxis. They are only on site and available when the relevant permissions have been acquired from the children's parents and healthcare provider, therefore, if there are no permissions held at school then there will be no emergency Adrenaline Auto Injector (AAI) on site. If on site, these can only be used for children who have their own AAI and serve only as a back-up if a child's own AAI fails to work or is out of date etc. In order for the school emergency AAI to be used, both parental and healthcare consent must be sought and provided (in advance). An emergency AAI will also be taken on off-site trips if a child with permission for its use is part of the trip. When more than one group is out of school at the same time, the Headteacher makes the decision about which group takes the emergency medication.

Information is available from the Department Of Health Guidance "[Guidance on the use of Adrenaline Auto injectors in Schools](#)"

3.11 Disposal of medicines

Any medication which has reached its expiry date will not be administered unless instructed to do so by emergency services over the phone. Medicines which have passed the expiry date, will be returned to parents/carers for disposal.

Any remaining medication following a short course for a temporary condition will be returned to the parent/carer when the treatment is deemed to be completed.

Sharps boxes will always be used for the disposal of needles or glass ampoules.

In the event of a sharps box being required, the parent/carer will be requested to obtain one on behalf of the school through their child's GP or Consultant. Collection and disposal of the boxes will be arranged as appropriate with the Local Authority's environmental services.

3.12 Medical Confidentiality

School staff do not have an automatic right to be informed of any medical condition suffered by any pupil. However, so pupils can receive the best possible care in line with our school vision, parents/carers should advise the school of any conditions that may require intervention during the school day.

Any medical or related information provided to the school, either by parents/carers or health care professionals, must always be treated in the strictest of confidence. The Senior Leadership Team will decide how widely information provided will be shared amongst school staff. It is important to note that in a small school, children can come in to contact with the vast majority of staff members on a daily basis and that it may be in the best interests of a child for all staff to be aware of a child's medical condition.

For new children joining Christ Church, arrangements will ideally be in place in time for the start of the relevant school term. In some cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

Where a medical procedure involves intimate care, it is the school's policy that two staff are present. This is in-line with our school's safeguarding policy which safeguards both the children and the staff.

NB: Details (child's first name, photograph, condition/s and response to emergency situation) relating to potentially life-threatening conditions may be displayed in classrooms, the staff room and in the school kitchen to ensure that all relevant staff are informed.

3.13 Insurance and Indemnity

The administration of medicine is the responsibility of parents/carers. School staff have a professional and legal duty to safeguard the health and safety of pupils. They will wish to do all they can to enable children to gain the maximum benefit from their education and to participate as fully as possible in school life (as set out in our school vision). Children have a right to be educated and should not be excluded purely as a result of requiring medication.

This does not imply a duty on the head teacher or staff to administer medication. School staff that participate in the administration of medicines in schools do so on a voluntary basis. Individual decisions on involvement must be respected. Anyone who chooses not to volunteer should not be adversely affected by this decision.

The insurances that the school purchases via Camden Council fully indemnify the school's staff against claims for alleged negligence, providing they are acting within the scope of their employment and have been provided with adequate training. The indemnity would cover the

consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice, indemnity means the insurers and not the employee will meet the cost of damages should a claim for alleged negligence be successful.

3.14 Prohibited treatments - Treatments not to be carried out by school staff:

- Giving any prescribed medication that is not prescribed for the specific child: e.g. using somebody else's Epi-pen or inhaler in first time emergency event.
- Injections (excluding Epi-pens used in treatment of anaphylactic shock and excluding treatment for diabetes)
- Administration of a prescribed medication to any child unless specifically prescribed or provided for that child (excluding emergency Salbutamol Inhaler or emergency Adrenaline Auto Injector where the child has a prescribed salbutamol inhaler or a prescribed AAI and relevant permissions in writing)
- Insertion of any form of catheter or any form of intravenous therapy
- Insertion or changing of any form of tube feeding.

Restricted administration

- Administration of Buccal Midazolam**

** The recommendation is that this treatment must be given as soon as possible for better outcomes for children and schools are trained on how to use it by School Nurses and the Epilepsy Nurse: It must only be given in conjunction with calling an ambulance when it is given, and it cannot be given as a first dose (if the child has not had it before). Contact Epilepsy Nurse Specialist to discuss: 02078302571 / 07534906987

4 Complaints/Concerns

If parents or others have any concerns or complaints about the implementation of this policy, they should discuss these with school staff in the first instance. If they are unsatisfied with the response, they should follow the school's usual complaints policy.

Appendix 1: Parental Agreement Form



Parental Agreement for Christ Church School to Administer Medicine

Christ Church School will not give your child medicine unless you complete and sign this form. Please refer to our school website to read our policy on supporting children with medical conditions, please ask a member of the office staff if you would like a paper copy of this policy.

Child's details:	
Child's name:	
Child's date of birth:	
Child's year group:	
Child's medical condition or illness	

Details of medicine and administration:	
NB: Prescription medication must be in the original container with original label as dispensed by the pharmacy	
Name/type of medicine (as described on container/packaging):	
Expiry date:	
Dosage and how the medication should be administered:	
Times medication should be given: <i>Please indicate if the child self-administers</i>	
Any known side effects:	
Procedures to follow in an emergency:	
If this is a short course of medication, please provide the finish date:	
Any other precautions/instructions:	

Emergency contact details of who to contact in an emergency:	
Name:	
Relationship to child:	
Daytime telephone numbers (provide 2):	
Address:	
I understand that I must deliver the medicine personally to a member of the office staff: Yes / No (please circle)	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature: _____ Date: _____

Appendix 2: Administered Medication Log

Checklist:

- Have you read the written instructions on the parental agreement form or the Individual Healthcare Plan?
- Have you checked the details on the parental agreement against those on the label of the medication?
- Have you checked the medication belongs to the named pupil and is within the expiration date?
- Have you checked the dosage and frequency alongside the medication log to ensure no double dosing occurs?
- Are you aware of the symptoms which may require emergency action? *If you are uncertain check the parental agreement form or the Individual Healthcare Plan.*
- Do you know the emergency action plan and ways of summoning emergency service assistance if needed?
- Have you recorded the administered medicine on the log sheet immediately after it has taken place?
 - Have you taken appropriate hygiene precautions like washing your hands?
 - Have you returned the medication safely so that it is stored correctly?
- Have you asked if you are not sure about any of the procedures and your responsibility?

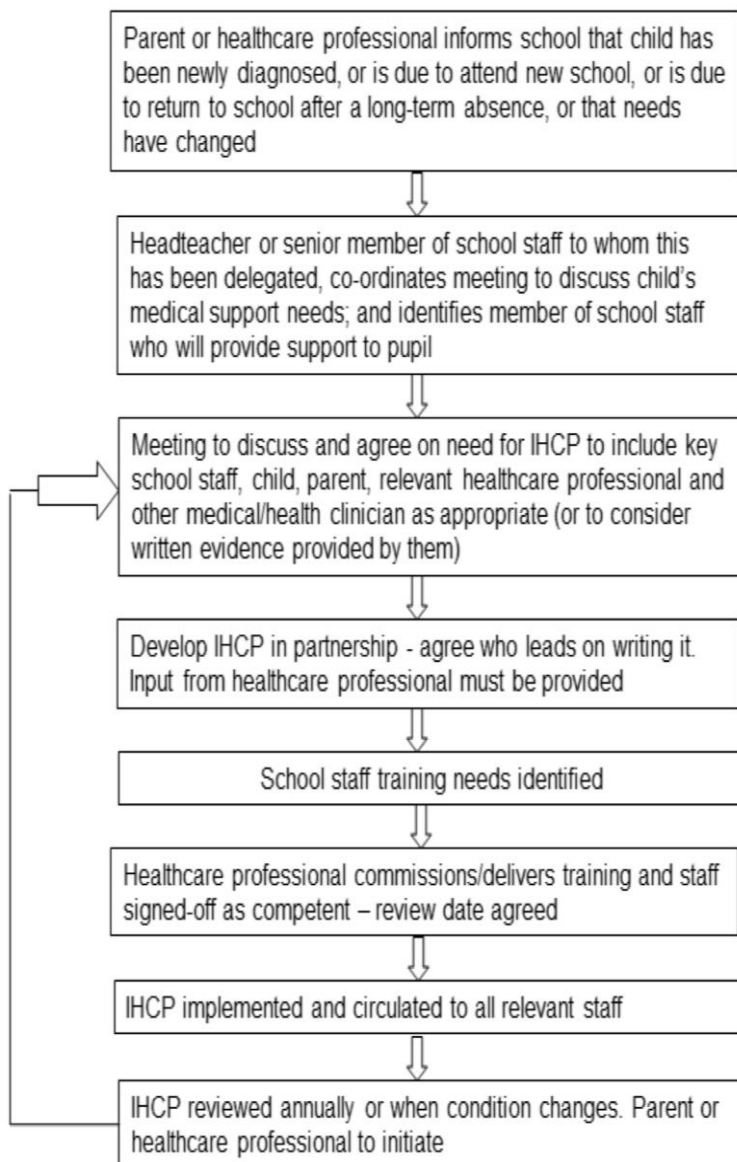
Administered Medication Log

Only medication detailed overleaf should be administered exactly as detailed. This section should then be filled out by an adult. Please staple any additional log sheets to this one.

Date: _____ Time: _____	
Dose taken: _____	Self-administered: Y / N
Administered by/supervised by member of staff: _____ (signed) _____ (printed)	
Date: _____ Time: _____	
Dose taken: _____	Self-administered: Y / N
Administered by/supervised by member of staff: _____ (signed) _____ (printed)	
Date: _____ Time: _____	
Dose taken: _____	Self-administered: Y / N
Administered by/supervised by member of staff: _____ (signed) _____ (printed)	

Appendix 3: Procedure for Developing an Individual Healthcare Plan (IHP)

For a newly diagnosed condition, for a child new to the school with an existing condition, following long term absence or changing needs. (DFE guidance states that every effort should be made to do this within 2 weeks.)



In addition:

- Other children in school may need to be prepared for their arrival – a brief description of the child's presentation and how staff and children in school can support them best.
- A start date will be agreed by parents, school and health care professionals

Appendix 4: Letter - Changes to Current IHP (Individual Healthcare Plan)



Christ Church Primary School, Hampstead

Christ Church Hill, Hampstead, London, NW3 1JH

☎ 020 7435 1361 Fax: 020 7794 5148

E-mail: admin@echurchnw3.camden.sch.uk

Head teacher: Katy Forsdyke

Dear Parent/Carer,

We currently hold a care plan for your child because they have an identified medical condition which may require your child to take medicine whilst at school. This medicine may be self-administered with supervision (eg asthma inhaler) or administered by an adult in the event of an emergency (eg an epipen).

In order for you to receive prescriptions for your child's medication, you will naturally be in contact with your doctor. It is your obligation to inform the school of any changes to your child's care plan, which outlines what to do when your child needs their medication.

The current version of your child's care plan held in school is dated:_____.

Please could you inform us of any changes to the care plan using the slip below, if there are no changes, please indicate this on this slip below. If we fail to hear from you, we will assume that there are no changes to the current care plan. We will therefore continue to follow the guidance outlined in it until you advise us otherwise.

It is important to note that all prescribed medication which you provide the school with should be prescribed by a doctor and clearly display the prescription label with your child's name. This is not necessary for over the counter medications which may also be detailed in your child's care plan.

Kind regards,

Mr L Hollings

Child's Name:_____ Medical Condition:_____ Year Group:_____

There are no changes to my child's care plan dated: _____

There are changes to my child's care plan and a new one will be provided

☐

Signed:_____

Date:_____

Appendix 5: Letter to request new IHP (Individual Healthcare Plan)



Christ Church Primary School, Hampstead

Christ Church Hill, Hampstead, London, NW3 1JH

☎ 020 7435 1361 Fax: 020 7794 5148

E-mail: admin@churchnw3.camden.sch.uk

Head teacher: Katy Forsdyke

Dear Parent/Carer,

We currently hold a care plan for your child because they have an identified medical condition which may require your child to take medicine whilst at school. This medicine may be self-administered with supervision (eg asthma inhaler) or administered by an adult in the event of an emergency (eg an epipen).

In order for you to receive prescriptions for your child's medication, you will naturally be in contact with your doctor. It is your obligation to inform the school of any changes to your child's care plan, which outlines what to do when your child needs their medication.

The current version of your child's care plan held in school is dated: _____.

This version is quite old and we request that you check with your health care professional that it is still relevant regarding any triggers, doses and steps to follow in an emergency. It would be preferred if you could get a new health care plan signed by a medical professional. If this causes any difficulties, our school nurse will be happy to discuss it with you further. If your health care professional confirms that the current plan is still accurate and relevant then please fill in the slip below and return to school.

It is important to note that all prescribed medication which you provide the school with should be prescribed by a doctor and clearly display the prescription label with your child's name. This is not necessary for over the counter medications which may also be detailed in your child's care plan.

If you have any questions or need any further guidance or support, please do not hesitate to contact me.

Kind regards,

Mr L Hollings

Child's Name: _____ Medical Condition: _____ Year Group: _____

I confirm I have spoken to my child's health care professional and they have confirmed that it is still accurate and relevant

☐

Name of Health Care Professional: _____

Practice: _____

Signed: _____ Date: _____

Appendix 6: Temporary Individual Healthcare Plan (IHP)



Christ Church School, Hampstead

A village school in London inspiring *life in all its fullness*

Temporary Individual Healthcare Plan (IHP)



I confirm that I have requested a healthcare plan from my doctor but having not received this, that I will continue to endeavour to obtain one.

Signed (parent): _____ Date: _____

This is a temporary individual healthcare plan. It will be written in collaboration with the child's parent and medical professional attendance/input will be requested prior to it being completed. Although the school will fill in the plan, it uses parental knowledge, parental recommendation (using their knowledge from consultations with medical professionals) and parental consent. School staff are not medically qualified professionals and do not have adequate training which is why we act upon parental information and routinely request a healthcare plan written by a healthcare professional. We accept no liability.

Child's details:	
Date IHP created:	
Review date:	
Child's name:	
Child's year group:	
Child's date of birth:	
Child's address:	
Child's medical condition or illness	

Family Contact Information:			
NB: Prescription medication must be in the original container with original label as dispensed by the pharmacy			
Name of contact 1 and relationship to child:			
Phone Numbers:	Work:	Mobile:	Other:
Name of contact 2 and relationship to child:			
Phone Numbers:	Work:	Mobile:	Other:

Clinic/Hospital Contact:	
Name and position:	
Phone number:	

G.P.	
Name and Surgery:	
Phone Number:	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Medical Need:

Symptoms:

Triggers:

Signs:

Treatments:

Other:

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision:

Daily care requirements:

Specific support for the pupil's educational, social and emotional needs:

Arrangements for school visits/trips etc:

Other information:

Describe what constitutes an emergency, and the action to take if this occurs:

Who is responsible in an emergency (*state if different for off-site activities*):

Plan developed with:

Staff training needed/undertaken – who, what, when:

Form copied to:

I confirm that this information is correct and provides all necessary information for Christ Church School to act in the best interest of my child. It includes all essential information relayed to me by my child's medical practitioner.

Signature (parent): _____ Print name: _____ Date: _____

Appendix 7: Contacting Emergency Services

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

REMEMBER – when dialling from the school office you need to dial 9 for an outside line before dialling 999.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number (if using school phone: 020 7435 1361)
2. your name
3. your location as follows [Christ Church School, NW3 1JH]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting and explain how to gain entry to the school (which entrance etc.)
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

Appendix 8: Roles and Responsibilities (extract from DfE Supporting Pupils at School with Medical Conditions)

Governing bodies

- Must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Headteacher

- Should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- Headteachers have overall responsibility for the development of individual healthcare plans. They should contact the school nursing service in the case of any child 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.
- They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

School staff

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- 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. This duty will be an addition to their job description.

School nurse

- Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in

school. Wherever possible, they will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

- School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school.
- Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.
- Staff members responsible for administering medicines to a pupil in school should contact the named school nurse for that school to ensure a coordinated approach. School Nursing Service will also be alerted if there is an exacerbation of a medical condition that resulted in A&E or hospital admission.

Other healthcare professionals i.e. GPs, paediatricians, community paediatric nurses

- Other healthcare professionals should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school.
- May provide advice on developing robust individual healthcare plans.

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully 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 pupils will often be sensitive to the needs of those with medical conditions.

Parents/carers

- Should provide the school with sufficient and up-to-date information about their child's medical needs.
- They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting.
- They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Appendix 9: Unacceptable Practice (extract from DfE Supporting pupils at school with medical conditions)

25. Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable.

Further advice:

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 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 healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied 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 toileting 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 school trips, e.g. by requiring parents to accompany the child.