



## Royal Wootton Bassett Academy

# Supporting Pupils with Medical Conditions Policy

Written by: SDV/SML  
Date ratified: April 2024  
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Version Number: 1  
Committee Reviewed: LGB

### Statement of intent

Royal Wootton Bassett Academy will ensure that arrangements are in place to support pupils with medical conditions. In doing so it will ensure that such children can access and enjoy the same opportunities at school as any other child. This policy has been developed in line with government guide lines 'Supporting pupils at school with medical conditions' (December 2015).

### Overall Responsibility:

The colleague with named responsibility for overseeing pupils' medical needs and how they are best met is the school's SENDCO (Special Educational Needs and Disability Coordinator) Mrs McMullin, supported by the School Nurse (External Consultant) and the Lead First Aider. Together they will:

- Coordinate training and information provision for a pupil with a medical need to ensure that sufficient staff are suitably trained.
- Ensure appropriate risk assessments and reasonable adjustments are undertaken for any pupil with a medical need who will be on a trip and other activities outside the classroom where this is needed.
- Implement and monitor individual healthcare plans (IHCPs) including liaison with external healthcare professionals/agencies as required.
- Brief teachers as required, allowing all teachers access to the list of pupils with IHCPs.
- Ensure in the event of staff absence appropriate cover is in place.
- Ensure there are staff trained who will administer medication.
- Ensure there are sufficient numbers of staff who will administer first aid if necessary.
- Undertake training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarise themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- Work collaboratively with all those involved; school staff, health care professionals, local authority, parents/carers and pupils to ensure the needs of pupils with medical conditions are effectively met.

Supporting a child with a medical condition during school hours is not the sole responsibility of one individual:

The Governing body will ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.

- Parents/carers should provide the school with sufficient and up to date information about their child's needs. They should be involved in the development and review of their child's IHCP and should carry out any action they have agreed to as part of the implementation of the IHCP
- Pupil's should be fully involved in the discussions about their medical support needs and contribute as much as possible to the development of, and comply with their IHCP.
- School staff should take into account the needs of pupils with medical needs that they teach. They should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

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. Any members of staff asked to provide support to pupils with medical needs will receive suitable training. Annual refresher training is commissioned from the School Nurse in line with the needs of the cohort.

Setting Health Action Plan	Individual Health Care Plan
<p>Education setting <b>Health Action Plans</b> are normally (but not exclusively) related to <b>Level 1</b> needs as described in <b>Appendix A</b>. The format of the plan should include:</p> <ul style="list-style-type: none"> <li>• Description of how CYPs needs may impact on attending the setting.</li> <li>• How to support the CYP in a particular setting including activities such as PE or off site activities.</li> <li>• Identifies what training staff require and how this is accessed</li> <li>• Risk assessment of how needs can be managed in setting</li> <li>• Parental/child agreement to care</li> <li>• Review arrangements</li> </ul> <p>An example can be found in <b>Appendix D</b></p>	<p><b>Individual Health Care Plans</b> are normally (but not exclusively) related to <b>Level 2</b> needs as described in <b>Appendix A</b>. The format of the plan should include:</p> <ul style="list-style-type: none"> <li>• Description of the child's individual needs and how these may impact on the child, what they can do for themselves.</li> <li>• Level of support needed for routine daily care</li> <li>• Details of any medication needed, storage and disposal of medication, dose, method of administration</li> <li>• Clinical procedures which need to be carried out, by whom, when and how</li> <li>• Details of any tests that need to be undertaken in school and action to be taken depending on results, e.g. diabetes care</li> <li>• What training is required and how this will be provided including assessment of competence</li> <li>• Any additional medical information required to keep the child safe within the setting including a description of what constitutes an emergency and what action should be taken</li> <li>• Parental/child agreement to care plan</li> <li>• Should include a review date, in some circumstance when no</li> </ul>

	<p>changes are expected this may be less frequently than annually, but this should be documented.</p> <ul style="list-style-type: none"> <li>• Healthcare professional sign off of the plan including any support staff competency.</li> </ul> <p>An example can be found in <b>Appendix E</b></p>
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## Individual Health Care Plans – (See appendix B1 and B2)

### Purpose of an Individual Health Care Plan

The purpose of an individual IHCP is to identify the level of support that is needed at the School for a pupil with medical needs who is unable to attend the School without assistance with medication or support of a medical nature. A written agreement with parents/carers clarifies for staff, parents/carers and the pupil the help that the School can provide.

### Which Children Require Individual Health Care Plans?

Most children will have a medical need at some point during their academic life that requires medication to be given in school. This may be to finish a prescribed course of antibiotics or to take Paracetamol. A detailed plan is not required for short term needs of this nature as long as there are parental/carer consent systems in place for administering the drug and that a system is in place for recording having administered the medicine.

Children who do require an IHCP will have a significant and long-term medical condition and meet at least one of the following criteria:

- Have a need for School staff to volunteer to provide some prescribed intervention of a nature not normally associated with school staff.
- Have a need for School staff to be alert to recognise potential emergency situations and know what action to take.
- Have a need for School staff to be aware of medical implications for certain areas of the curriculum such as PE.

These will be drawn up by the School Nurse to reflect individual need. The following will be taken into account when deciding on what information to include:

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 environment issues, for example 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 (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs and expectations of their role and confirmation of their proficiency to provide support for the child's medical needs from a health care professional; and cover arrangements for their absence.
- Who needs to be aware of the pupil's condition and the support required.

- Arrangements for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff or self-administered by the pupil during school hours, (see appendix 2).
- Separate arrangements or procedures required for school trips or other activities outside of the normal school timetable what will ensure the child can participate e.g. risk assessment and reasonable adjustment.
- Where confidentiality issues are raised by the parent/child the designated individuals to be entrusted with the information about the child's condition.
- Emergency provision and contacts and contingency arrangements.

The School Nurse will provide a list of all pupils in the School with medical needs. The list with photographs of the relevant pupils is shared with staff during whole school CPD and briefings and a list is provided for Planning and Assessment (PA) folders. Where appropriate staff are advised to have a copy of the pupil's IHCP in their P&A folder. An up to date list of pupils with IHCP is available on the school's shared drive and indicated on individual pupil's MIS Arbor entries. All IHCP are reviewed annually by the School Nurse and re-circulated to staff.

### How will the children who would benefit from an IHCP be identified?

The IHCP will be reviewed as part of the transition process from primary to secondary. Eligible children will therefore have an IHCP on moving to Royal Wootton Bassett Academy. Details of new IHCPs for pupils joining Royal Wootton Bassett Academy mid-term or for a new diagnosis are shared with staff via round robin and staff briefing notes within two weeks. It is recommended that the detail of the plan is reviewed at the beginning of the first year to ensure that the arrangements are working.

### Medication

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the pupil must complete and sign a parental agreement for the School to administer medicine. 'Consent form for Royal Wootton Bassett Academy to administer Medication' see appendix 2.
- No pupil will be given any prescription or non-prescription medicines without written parental consent.
- Medicines MUST be in date, labelled, and provided in the original container. **Medicines which do not meet these criteria will not be administered.**
- Medications will be stored in the Student Support office and are monitored by the Principal First Aiders.
- Written records will be kept of any medication administered to pupil.

### First Aid arrangements

There is no legal requirement for schools and academies to provide first aid care for pupils. However, the School recognises first aid care for its pupils is important. It has made sure its arrangements cover the needs of pupils as well as other visitors to the School. RWBA has designated first aiders. The list of qualified first aiders is published and updated regularly. It is displayed around the School and a copy can be obtained from reception. All RWBA staff are regularly invited to complete online refresher First Aid training.

If there is a serious injury or illness the main task of the trained first-aider is to take charge of the situation. They will decide whether an ambulance should be summoned. Only the first-aider should call for an ambulance. This avoids multiple calls to the emergency services and

helps make sure the best and quickest care is arranged. However, if it is an emergency and a first aider is not present do not delay calling emergency services for help. See appendix 6 Contacting the emergency services .

The Lead First Aider should be informed when an injury occurs. If a pupil requires treatment, the Lead First Aider will make sure that parents/carers are notified.

It is highly desirable for a responsible adult to accompany any pupil taken to hospital. This person would normally be a parent/carer. However, **urgently needed medical treatment must not be delayed while waiting for the arrival at the School of parents/carers.**

The School's first aiders are responsible for administering emergency first aid. They will make the person who has been hurt as comfortable as possible.

### Parents/carers have prime responsibility for their child's health.

Parents/carers:

- Should give the School details of any health issues. Additional information may be given by the pupil's doctor.
- Supply information about medicines that their son/daughter needs to take at the School. Let the School know of any changes to the prescription or the support needed.
- Authorise and supply appropriate pain killers for their son/daughter's use if he/she suffers regularly from acute pain such as migraine. The School has a policy on administering medicine which will tell you more about how this is organised.

The School is responsible for:

- Ensuring that pupils with medical needs receive proper care and support at the School, including managing medication.
- Implementing the Governing Board's policy and for developing detailed procedures, including administration of medication.
- Agreeing arrangements with the pupil (where he/she has the capacity) or otherwise the parent/carer, who should have access to records and other information about their son/daughter.
- Ensuring staff volunteering to help pupils with medical needs receive proper support and training where necessary.
- Making sure that medicines are stored safely.
- Day-to-day decisions about administering medication.
- Making sure that all parents/carers are aware of the School's policy and procedures for dealing with medical needs.
- Agreeing with the parents/carers of a pupil with medical needs, exactly what support the School can provide, ensuring that the individual needs of each pupil are met with a full assessment of how medical needs impact on the pupil's learning.
- Training all teachers so they are able to best support any pupil with a medical need.

### Teachers who have pupils with medical needs in their group should:

- Understand the nature of the condition, and when and where the pupil may need extra attention, making use of information provided by the pupil's parents/carers, health professionals and any IHCP (Individual Health Care Plan).
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.

All staff have to:

- Be aware of the likelihood of an emergency arising and what action to take if one occurs.
- Be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures.

- Know who is responsible for carrying out emergency procedures in the event of an urgent situation (Principal First Aider).
- Ensure parents/carers are made aware of the need to notify the School of pupil's medical needs at admission.
- Pay full attention to the medical needs of any pupil and how their needs are best met so they can fully support each pupil in their learning.

### Unacceptable practice:

The Governing body of Royal Wootton Bassett Academy will ensure staff do not:

- 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;
- 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.

### Complaints procedure:

Where parents are not happy with the support their child is receiving in school initially they should discuss their concerns directly with the school. If parents are not satisfied with the school's response they should follow the school's usual complaints procedure.

See also

Administration of Medication Policy

Special Educational Needs and Disabilities Policy complaints procedure.

Reviewed and updated by

Assistant Headteacher Personalised Learning & SENDCo April 2024

Admin Manager April 2024

Approved by Headteacher April 2024

# APPENDIX A Levels of Need, Responsibilities and Support Implications

Children and young people may present with a range of needs.

Levels of health and / or care interventions which may be required by children and young people fall broadly into three groups which are differentiated by the skills required to undertake the task and any associated risks.

It should be noted that this list is not exhaustive, and the ICB Designated Clinical Officer (DCO) will be able to offer advice and support to settings should an intervention not be listed below.

	<b>Level 1</b> Routine and Easily Acquired Skills	<b>Level 2</b> Tasks Requiring Training from a Health Professional	<b>Level 3</b> More complex clinical procedures
<b>Tasks</b>	<b>Feeding and Medication</b> <ul style="list-style-type: none"> <li>Assisting a child with eating or drinking in accordance with a simple plan which may involve environmental, postural and equipment adaptations to promote independence at meal times.</li> </ul>	<b>Feeding and Medication</b> <ul style="list-style-type: none"> <li>Administering medicine via a Nasogastric or Gastrostomy Tube in accordance with a child's individual Health Care Plan</li> <li>Administration of bolus or continuous feeds via a Nasogastric or Gastrostomy tube including setting up an electronic pump</li> <li>Stoma care including maintenance of patency of a stoma in an emergency situation</li> </ul>	<b>Feeding and Medication</b> <ul style="list-style-type: none"> <li>Re-insertion of a Nasogastric or Gastrostomy Tube</li> <li>Intramuscular and sub-cutaneous injections involving assembling of the syringe and dose calculation</li> <li>Intravenous administration of medication</li> <li>Programming of syringe drivers</li> <li>Administration of prescribed Medication not documented in the child's Individual Health Care Plan</li> </ul>

	<p><b>Personal Care, Toileting and Manual Handling</b></p> <ul style="list-style-type: none"> <li>• Providing intimate personal care, assisting with cleaning and changing of soiled clothing, changing nappies and sanitary wear</li> <li>• Promoting continence by assisting with toileting regimes, ensuring children have access to appropriate and accessible toilets, regular drinks encouraged etc</li> <li>• Moving and handling; assisting a child who may have mobility problems in accordance with local policy and / or in addition to advice from their Physiotherapist or Occupational Therapist</li> <li>• Dry/wet wrapping for a child with eczema; a prescribed treatment involving dressings for children with severe eczema</li> <li>• Undertaking a child's physiotherapy program by following the plan developed by their Physiotherapist</li> </ul>	<ul style="list-style-type: none"> <li>• Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices which are pre-assembled with pre-determined amounts of medication to be administered as documented in the individual child's Health Care Plan, e.g. Insulin for diabetes or Adrenaline for Anaphylaxis</li> <li>• Inserting suppositories or pessaries with a pre-packaged dose of a prescribed medicine e.g., rectal diazepam</li> <li>• Rectal paraldehyde which is not prepackaged and has to be prepared before it can be administered, permitted on a named child basis as agreed by the child's lead medical practitioner e.g., Community Paediatrician or Consultant Neurologist</li> <li>• Emergency administration of 'rescue medication' such as Buccal or Intranasal Midazolam for seizures, and Hypo stop or Gluco Gel for the management of low blood sugars in Diabetes</li> </ul> <p><b>Personal Care, Toileting and Manual Handling</b></p> <ul style="list-style-type: none"> <li>• Intermittent Catheterisation and routine catheter care for both urethral and</li> </ul>	<p><b>Personal care, toileting and manual handling</b></p> <ul style="list-style-type: none"> <li>• Re-insertion of permanent urethral or supra-pubic indwelling catheters</li> </ul> <p><b>Breathing</b></p> <ul style="list-style-type: none"> <li>• Deep Suctioning (where the oral suctioning tube goes beyond the back of the mouth, or tracheal suctioning beyond the end of the trachea)</li> <li>• Ventilation care for an unstable and unpredictable child</li> </ul>
	<p><b>Breathing</b></p>	<p>supra-pubic catheters and</p>	



	<ul style="list-style-type: none"> <li>• Use of inhalers; assisting a child who may have respiratory problems (e.g. asthma) in accordance with local policy</li> <li>• Assisting and supporting a child who may need emergency care, including basic life support (CPR), seizure management or anaphylaxis treatment in accordance with local policy</li> <li>• Administering oral medicine in accordance with local policy to include over the counter medication such as Paracetamol</li> </ul> <p><b>Other Support and Interventions</b></p> <ul style="list-style-type: none"> <li>• Care of a child with epilepsy (not requiring emergency medication) to ensure the safety of the child is maintained during a seizure</li> <li>• Simple dressings applied to the skin following a written care plan, for example, application of a gauze non-adhesive dressing with tape to secure, or the application of a Transdermal patch</li> </ul>	<p>management of Mitrofanoff (a surgical opening to the bladder)</p> <ul style="list-style-type: none"> <li>• Routine Tracheostomy care including suction using a suction catheter</li> <li>• Emergency change of a tracheostomy tube</li> <li>• Oral suction of the mouth</li> <li>• Emergency interventions which would be deemed basic first aid and includes airway management</li> <li>• Assistance with prescribed oxygen administration including oxygen saturation monitoring where required</li> <li>• Ventilation care for a child with a predictable medical condition and stable ventilation requirements (both invasive and non-invasive ventilation). Stability of ventilation requirements should be determined by the child's respiratory physician and will include consideration of the predictability of the child's ventilation needs</li> </ul> <p><b>Other Support and Interventions</b></p> <ul style="list-style-type: none"> <li>• Blood Glucose monitoring as agreed by the child's lead nursing/medical practitioner e.g., Consultant Paediatrician or Paediatric Diabetes Nurse Specialist and as detailed in their individual Health Care Plan</li> </ul>	
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<p><b>Documentation</b></p>	<p>Education and Community setting records, medical reports. Health Action Plan is agreed between school and parents and child/young person with medical input where required.</p>	<p>Individual Health Care Plan (IHCP) Educational and Community setting records Medical Reports IHCP developed and signed off by a relevant medical / health care professional. Parents and the child/young person should be fully involved throughout the process.</p>	<p>Individual Health Care Plan (IHCP) Educational and Community setting records  Medical Reports Individual Health Care Plan has to be drawn up and signed off by a relevant medical/health care professional. Parents and the child/young person should be involved throughout the process.</p>
<p><b>Responsibilities</b></p>	<p>Education and Community setting staff are able to fully support child or young person. Relevant medical / healthcare professional to provide advice and support.</p>	<p>Education and Community setting staff able to fully support child or young person but only with relevant medical / healthcare professional's advice, training and support. The relevant medical professional will participate in regular reviews as outlined in the Individual Health Care Plan (IHCP).</p>	<p>Suitably qualified Healthcare professional</p>
<p><b>Funding Implications</b></p>	<p>LA Education – all needs are met within universally available resources. NHS Health – all needs are met within commissioned services.</p>	<p>LA Education - In the vast majority of cases needs should be met within the delegated resources. Educational settings will be expected to provide reasonable adjustments, equipment or support as detailed in the IHCP .</p>	<p>NHS Health – support fully provided by health commissioned service.</p>



[agreed member of staff]

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

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

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Signature (parent/carer)

Date

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Signature (on behalf of the educational setting)

Date

## APPENDIX B2 – Example of an Individual Health Care Plan

This form should be used to record support for children with medical needs described as Level 2 and 3


Name of school/setting  
Child's name Group/class  
Date of birth  
Child's address  
Medical diagnosis or condition  
Date of the IHCP Next Review date

### Family Contact Information


Name  
Phone no. (work)  
(home) (mobile)

### Lead health care professional Contact


Name  
Phone no.

### G.P.


Name  
Phone no.

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Who is responsible for providing support in school

**Describe medical needs** and give details of child's symptoms, triggers, signs, impact on schools day.

**Describe recommended treatments** including facilities, equipment, environmental issues, medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Arrangements for school visits/trips/off site activities

Child/young person views (e.g. what helps, how do they feel about the treatment plan)

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*)

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

Staff name	Training undertaken and signed off (pls provide data)	Review arrangements (pls specify any future training needs, reviews of competencies)

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Signature (parent/carer)

Date

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Signature (on behalf of the educational setting)

Date