R A Butler Academy Infant & Junior Schools

Supporting children with Medical Conditions Policy

June 2026

Headteacher's signature	*Signed copy on file in HT office*
Chair of Governors' signature	*Signed copy on file in HT office*

R A Butler Academy Infant & Junior Schools

Medical Conditions Policy

Rationale

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at R A Butler Academy Infant and Junior Schools with medical conditions.

Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

This Policy will be reviewed regularly and will be readily accessible to Parents/Carers and staff through our website.

Policy Implementation

All schools and academies are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this Policy lies with the Headteacher, Emma Vincent. She will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site. She, or a member of the SLT, will be responsible for briefing supply teachers, risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this Policy.

Definitions of Medical Conditions:

Pupils' medical needs may be broadly summarised as being of two types:

- Short-term which affect their participation in School activities because they are on a course of medication.
- Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

The Role of the Governing Body

The Governing Body must ensure that arrangements are in place to support pupils with medical conditions, ensuring that such children can access and enjoy the same opportunities at school as any other child. In making the arrangements, they will take in to account that many of the medical conditions that require support at school will affect quality of life and may be life threatening. Some will be more obvious than others. The Governing Body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and

promote self-care. The Governing Body will also ensure that arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so, unless it were dangerous to do so and affect the Health & Safety of the individual concerned or those caring for them.

The Governing Body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. This is covered under the school's Public Liability insurance with Zurich Municipal.

The Role of Staff at R A Butler Academy Infant & Junior Schools

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs and may have a statement or an Education, Health and Care (EHCP) plan, which brings together health, and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with our SEN Policy and the SEN Code of Practice.

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. The School, health professionals, Parents/Carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this could require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the Local Authority and health professionals.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans). At R A Butler Academy Infant and Junior Schools, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. The individual child's needs will be assessed (see section below Individual Health Care Plans) and Healthcare professionals will provide advice and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Whilst the day-to-day care of a pupil with a medical condition will be provided by the support staff allocated to them, under the supervision of the class teacher, the whole school staff will be aware of this policy and undertake whole school awareness training, so that they may have a basic understanding of the medical needs of all children, therefore recognising a problem and reacting quickly when it occurs.

Procedures to be followed when Notification is received that a Pupil has a Medical Condition

We will ensure that the correct procedures will be followed whenever we are notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change and arrangements for any staff training or support. For children starting at R A Butler Academy Infant & Junior Schools, where possible necessary arrangements / training will take place in advance of the child's admission, or as soon afterwards as the school nurse, or other health care professional, can provide.

The School will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. The School will make sure that no child with a medical condition is denied admission or prevented from attending school because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

The School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with Parents/Carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. The SENCo or the Headteacher will usually lead this. Following the discussions an Individual Health Care Plan will be put in place.

Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. As with the case of a medical emergency, if a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance.

Individual Health Care Plans

Individual Health Care Plans will be written and reviewed by the lead first aider with support from medical professionals and parents. The headteacher will oversee this but it will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school. Individual Healthcare Plans will help to ensure that the School effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The School, health care professional and Parents/Carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view.

A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Annex A.

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Central copies are held in the medical room as well as classroom first aid files. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their Individual Health Care Plan. Annex B shows a template for the Individual Health Care Plan and the information needed to be included. Individual Health Care Plans, (and their review), may be initiated, in

consultation with the Parent/Carer, by a member of school staff or a healthcare professional involved in providing care to the child. The Individual Health Care Plan must be completed by the Lead Professional (usually the SENCO or Lead First Aider) with support from Parents/Carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. The responsibility for ensuring it is finalised and implemented rests with the School.

The School will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the School assesses and manages risks to the child's education, health and social wellbeing and minimises disruption. Where the child has a SEN identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan.

Annex B provides a template for the Individual Health Care Plan but it is a necessity that each one includes;

- 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/noisy conditions
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, 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, expectations of their role and confirmation of proficiency to provide support for the child'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 child'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
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the Parents/Carers or child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the School's responsibility to write or review.

There are anaphylaxis care plans available in the Staff room,

The Child's Role in managing their own Medical Needs

If it is deemed, after discussion with the Parents/Carers, that an older child is competent to manage their own health needs and medicines, the School will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within their Individual Health Care Plans. The School recognises however, that children who can take

their medicines themselves or manage procedures may still require an appropriate level of supervision.

Managing Medicines at R A Butler Academy Infant and Junior Schools

The following are the procedures to be followed for managing medicines:

- Medicines should only be administered at the School when it would be detrimental to a child's health or school attendance not to do so.
- All long term medications e.g. inhalers, adrenaline pens will be recorded on the 'Record of long term medications' sheet that is kept in the class fist aid box (Annex E).
- No child should be given prescription or non-prescription medicines without their Parents/Carers written consent (Annex C). This includes rescue remedy and cough/throat sweets e.g. strepsils, lockets, which must also be signed in by the parent/carer and given to the class teacher. The exception to this rule is the giving of 'Calpol' or anti-histamine which can be given in an emergency after verbal consent has been given by the Parent/Carer or having been advised by the emergency services, with the form completed retrospectively.
- The School will only accept medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.
- Medicines that require a dose of four times a day may be administered in school by a member of staff. If the required dose is less than four times a day then this should not be administered in school by a member of school staff, as this may be accommodated outside of the school day.
- All medicines will be stored safely as necessary - either in the Office or in the labelled section of the Medical Room (code 9911)
- Any new medications must be handed in by a parent/ carer, to the school office and appropriate documentation completed.
- If a child is known to suffer anaphylaxis requiring an Auto Adrenaline Injector (AAI), then the parent/ carer MUST ensure this is provided to school. It is unsafe practice for a child with known anaphylaxis to attend without one available on site.
- Parents are encouraged to provide the school with a second AAI which is kept alongside a copy of their child's Anaphylaxis Plan, on a board in the staff room.
- Three spare school AAIs are kept in the office kitchen, staffroom and first aid room. These can be used in an emergency on any child whose parent/ carer has given their written consent. A list of pupil's names is stored with them. These are maintained by the Lead First Aider.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and AAIs should be always readily available to children and not locked away; where both staff and child know how to access them. AAIs are stored in green rucksacks which are stored in the classroom first aid boxes. In some rucksacks, antihistamines which form part of that child's anaphylaxis emergency treatment are also included. They must accompany the child at all times e.g. breaks, lunchtimes, trips and clubs. At lunchtimes, the MDAs will look after the bags. The bags must always be returned to the classroom first aid boxes (if an external provider is running the after school club, they will return the bag to the school office, who will then return it to the classroom). If a child requires an asthma inhaler it is crucial that there is an inhaler in the school at all times. These inhalers will be kept in a labelled container for each class and taken to P.E. lessons.
- There are also two spare emergency Salbutamol inhalers and spacers, held in the 'Emergency Asthma Kit' and the 'Allergy Response Kit' and with it a list of children

whose parents/ carers have given consent for them to be used in an emergency. These are maintained by the Lead First Aider.

- During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all medical devices and medicines required.
- Staff administering medicines should do so in accordance with the prescriber's instructions. The School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom; this includes recording rescue remedy and cough/throat sweets. Club leaders will record any medication taken during their club on a record sheet attached to the club register. Any side effects of the medication to be administered at the School should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed (Annex D).
- When no longer required, medicines should be returned to the Parent/Carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- Any long term medication, stored in the classroom first aid boxes, such as inhalers, must be signed in and out of school, using the sheet in Annex E.
- It is the pupil's parent/ carers responsibility to ensure their child's medication is available for use in school and in date, although the Lead First Aider will also hold a central database of long term medications held in school.
- Controlled drugs that have been prescribed for a pupil must be securely stored in a non-portable container and only named staff should have access (this will usually be the school safe). Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held. This should be recorded in the Controlled Drugs book and signed by two members of staff.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. A record will be kept of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school. A second member of staff will witness the administration of the medicine and counter sign the record.

Unacceptable Practice

Although School staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care 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/Carers; or ignore medical evidence or opinion, (although this may be challenged)
- send children with medical conditions home frequently 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 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/Carers, or otherwise make them feel obliged, to attend the School to administer medication or provide medical support to their child, including with toileting issues. No Parent/Carer 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/Carers to accompany the child. However, if the Parent/Carer wishes to a join the trip, he/she would be welcome to, subject to space availability.

Complaints

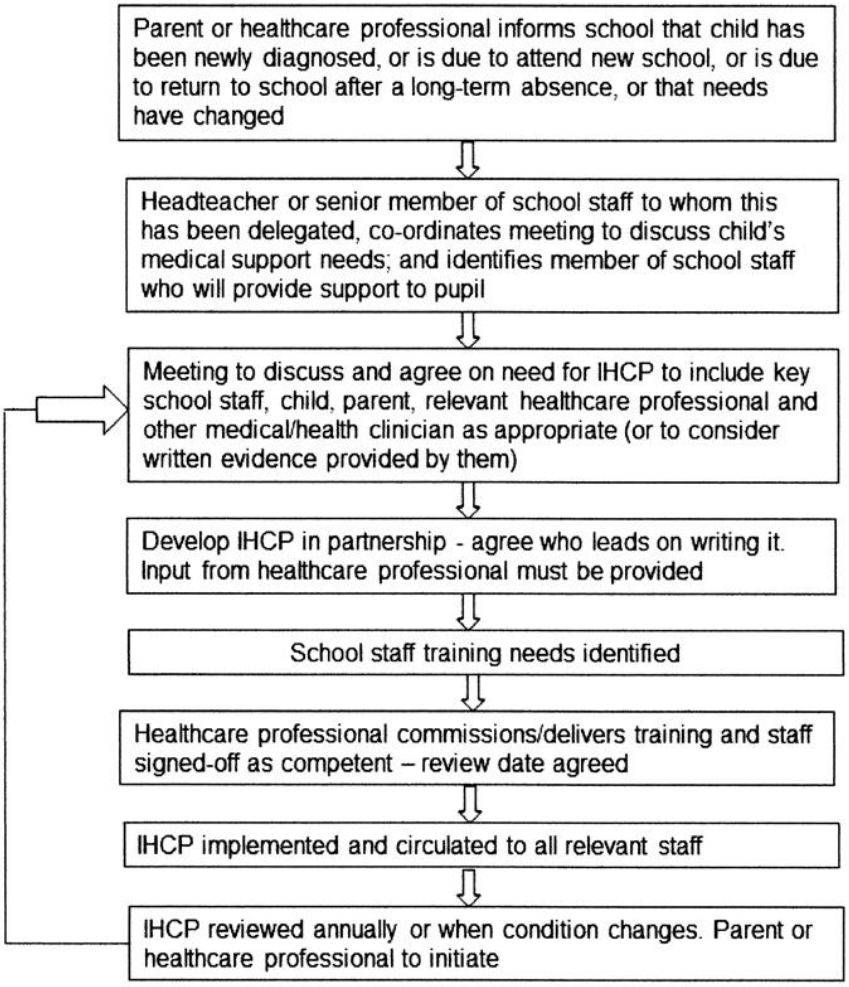
Should Parents/Carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the School. If for whatever reason this does not resolve the issue, they may make a formal complaint to the Governors as per the complaints procedure.

Links to other policies

This policy should be read in conjunction with:

- SEND policy
- Health & Safety Policy
- Safeguarding Policy
- Complaints Policy
- Equalities Policy

Annex A: Model process for developing individual healthcare plans



Annex B: **Individual Health Care Plan**

Name:

D.O.B.

Class:

Condition:

Symptoms:

Daily requirements:

Emergency Procedures:

Information for Ambulance crew (e.g. Medication):

Other Information:

Emergency contact Information:

Doctor:

Hospital / Clinic:

Date for review:

Signed:

Date:

R A BUTLER SCHOOLS

South Road, Saffron Walden, Essex CB11 3DG
Telephone 01799 523651

The school will not give your child prescribed medicine unless you complete and sign this form.
Medication MUST be in original container and be officially labelled with:

- Child's name
- Date of birth
- Date of dispensing/ opening
- Cautionary advice/ special storage instructions
- Name and strength of medication

Asthma inhalers and Adrenalin Auto Injectors require a different consent form/ health care plan to be completed (please see office staff).

Details of Pupil

Child's Full Name ……

Class…….. GP Name……..... GP Tel. Number……

Medication

Name/Type of Medication (as described on container)……

……

Dosage……..

Timing…… Start Date……. End Date……..

Reason for Medication……

Date of opening medication …… Use by date ……..

Special Precautions……

Any known side effects……..

Procedures to take in an emergency:……

……

I understand that the medicine must be delivered to the school office by the person responsible for bringing the child to school and will be collected at the end of the day by a responsible adult. I accept that this is a service which the school is not obliged to undertake.

Date…… Print name …… Signed……

Relationship to Pupil (must have parental responsibility) ……

Please read information overleaf before completing this form.

ADMINISTRATION OF MEDICINES

There is no legal duty which requires school staff to administer medication; this is a voluntary role and only applies to medication prescribed by a doctor.

Medication should be handed into to the School Office and not kept by the child.

For prescribed medications- The medication should be in the container supplied by the pharmacist, with it's name/ dosage instruction label attached, and not decanted into another bottle/ box. A consent form must be completed by an adult who holds parental responsibility for the child.

It is to be noted that medicines that need to be taken three times a day should be taken in the morning, after school hours and at bedtime, and would not normally need to be administered in school unless, for example, the child was attending Late Play.

Medication must be administered as per dosage instructions and cannot be crushed, dissolved, etc in anyway, unless the prescribing medical professional provides written instructions to support this.

Children from the Junior School will be responsible for presenting themselves at the office for the medication to be administered. Staff members are not responsible for collecting or reminding the child concerned.

Children from the Infant School will be brought to the office by a mid-day supervisor if they need to have medication during lunch time.

Children from the Infant School with medication which needs to be administered at a time other than lunchtime, will be collected from class by a member of the office staff where possible or arrangements will be made for the Teaching Assistant to present the child at the School office.

Please note that children who refuse to take their medication will not be forced to do so. If this situation arises, the parent will be informed.

ADMINISTRATION OF NON PRESCRIPTION MEDICATION

As a general rule, school staff members do not administer non-prescription medication, such as Calpol, anti-histamines or homeopathic and herbal remedies, unless there are exceptional circumstances. We are only able to give any non-prescription medications for 3 days, per condition, unless we receive medical guidance from a child's GP/ other medical professional.

If you feel your child will require pain relief during the day, it may be best to make a decision not to send him/ her to school.

Non- prescription medications must be supplied in the original container/ packaging, including instruction leaflet and be clearly labelled with your child's name.

We ask parents/ carers to consider alternative medications which can be given either side of the day.
We have a list of alternative medications which can be considered.
(See 'Suggested Alternative Medications')

Annex D

Administration of Medicine

Childs Name_____ Class_____

Dates to be given	Medication & Amount	Time to be given	Time Given	Signature of Administrator

Record of long term medications being kept in school (asthma equipment , epi-pens etc)
SIGN IN/OUT SHEET

Class Name:

Date	Name of pupil	Name of medication	In (please tick)	Out (please tick)	If new medication – Parent consent or HCP completed?	Parent signature OR Staff member overseeing	Nurse Informed (Y/N)