



# **Medical conditions and First Aid in School Policy**

Signed by:

Signed by:

Michelle Murray, Executive Principal / CEO

James Evans, Chair of Trustees

Date 03/12/2020

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## Policy History

Date	Document Version	Document Revision History	Document Author / Reviser
20.03.2015	1.0	Policy reviewed by	
21.03.2016	2.0	Policy reviewed by Inclusion Manager	
29.03.2017	2.1	Policy reviewed by Head of School	
12.05.2017	2.2	Policy reviewed by Head of School	
16.02.2018	3.0	Policy reviewed by T&L Committee	H Sinclair & R Keeping (Chair of Teaching and Learning Committee)
14.01.2019	3.1	Policy reviewed by T&L Committee	H Sinclair
November 2020	4.0	Policy reviewed by staff of ELT primary schools to produce a Trust level policy. Approved at the Trust Board meeting 03/12/2020. Circulated to staff & 04/12/2020 & scheduled to go to AGBs.	R Cole-Galley/H Fitzsimmons/S Goodwin and First Aid team at BGPS.

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**Please note:** the appendices and procedures below are available on request from the school office

Appendix 1 Form 1 – Individual Health Plan

Appendix 1a Individual Health Plan – Diabetes

Appendix 1b Individual Health Plan – Epilepsy

Appendix 1c Action Plan for Allergic Reactions (EpiPen)

Appendix 1d Action Plan for Allergic Reaction (JEXT)

Appendix 1e Action Plan for Allergic Reactions plus Asthma (JEXT)

Appendix 1f Action Plan for Allergic Reactions with Asthma – EpiPen

Appendix 1g Individual Health Plan – Asthma

Appendix 2a Medical Permission – Individual Pupil

Appendix 2b Record of Medication

Appendix 3 Staff Training Record

Appendix 4 Emergency Procedures

- Asthma Emergency Procedures
- Anaphylaxis Emergency Procedures
- Diabetes Emergency Procedures
- Epilepsy Emergency Procedures

## Policy Statement

At the Education Learning Trust we are an inclusive community that welcomes and supports pupils with medical conditions.

We provide an environment to enable pupils with all medical conditions the same opportunities to participate as others at school as far as is reasonably practicable.

In order to achieve this we:

- Ensure all staff understand their duty of care to children and young people (see Appendix 4) in the event of an emergency.
- Ensure all staff feel confident in knowing what to do in an emergency (see Appendix 4).
- Understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- Understand the importance of medication being taken as prescribed.
- Ensure all staff are aware of the common medical conditions that affect children at this school and receive training on the impact medical conditions can have on pupils.
- Ensure that all staff receive additional training about any children they may be working with who have complex health needs supported by an Individual Health Plan (IHP). This includes other staff not directly in contact with a child to ensure continuity of care in the absence of staff.

## Supporting Medical Conditions

The Education Learning Trust is an inclusive community that welcomes and supports pupils with medical conditions.

- a. The Education Learning Trust understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future.
- b. We seek to provide all children with all medical conditions the same opportunities as others at school in so far as can be achieved in relation to their condition. We will ensure they can:
  - be healthy
  - stay safe
  - enjoy and achieve
  - make a positive contribution
  - achieve economic well-being

- c. Pupils with medical conditions are encouraged to develop increasing independence in relation to the control of their condition as they progress through the school. The curriculum and learning environment is designed to promote this without adult support.
- d. We include all pupils with medical conditions in all school activities and will reshape activities to suit their needs.
- e. The care of children with medical conditions is a shared responsibility between NHS, the child, their parents/carers and the school. Parents/carers of pupils with medical conditions are aware of the care their children receive at this school.
- f. We ensure all staff understand their duty of care to children and young people in the event of an emergency.
- g. We ensure all staff have access to information about how to support a child in an emergency.
- h. We understand that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
- i. All staff have an understanding of the common medical conditions that may affect children at this school. Staff receive annual updates. The headteacher is responsible for ensuring staff receive annual updates. The School Nursing Service can provide the updates if the school requests.
- j. The medical conditions policy is understood and followed by the whole school and shared with the local health community as appropriate.
- k. We understand and encourages the importance of immunisation and the role this has to play in ensuring a safe and inclusive school and will work in partnership with parents/carers and health professionals to this end.

### **Communications Plan**

The medical conditions policy is supported by a clear communication plan for staff, parents, carers and other key stakeholders to ensure its full implementation.

- a. Pupils are informed and reminded about the medical conditions policy:
  - in personal, social and health education (PSHE) classes
- b. Parents/carers are informed about the medical conditions policy and that information

about a child's medical condition will be shared with the school nurse:

- when their child is enrolled at school;
  - at the start of the school year or when Individual Health Plans are reviewed;
  - via the school's website, where it is available all year round;
  - in an individual meeting where the support of identified children with a medical need is discussed and agreed.
- c. School staff are informed and regularly reminded about the school's medical conditions policy:
- through INSET and staff meetings and by accessing relevant documents on the school's network;
  - through scheduled medical conditions updates and training
  - All supply and temporary staff who are informed of the policy and their responsibilities including who is the designated person, any medical needs or Individual Health Plans related to the children in their care and how to respond in emergencies by the class teacher;
  - all staff are made aware of Individual Health Plans as they relate to their teaching/supervision groups. This is a role for the Learning Manager/Pastoral Manager or trained first aiders depending upon the individual school's staffing structure.

### **Emergency plan for common, serious conditions**

Relevant staff understand and are updated in what to do in an emergency for the most common serious medical conditions at this school.

- a. Relevant staff at our schools are aware of the most common serious medical conditions at this school.
- b. Staff understand their duty of care to pupils both during, and at either side of the school day in the event of an emergency. In an emergency situation, school staff are required under common law duty of care to act like any reasonably prudent parent/carer. (Loco Parentis) This may include administering medication.
- c. Staff receive updates at least once a year for asthma and other medical needs and know how to act in an emergency. Additional training is prioritised for key staff members who work with children who have specific medical conditions supported by an Individual Health Plan.
- d. The action required for staff to take in an emergency for the common serious conditions is displayed in prominent locations for all staff and electronically.
- e. We use Individual Health Plans to inform the appropriate staff (including supply teachers and support staff) of pupils with complex health needs in their care who may need emergency help.

- f. We have procedures in place so that a copy of the pupil's Individual Health Plan is communicated to the emergency care setting with the pupil. On occasions when this is not possible, the form may be sent (or the information on it is communicated) to the hospital as soon as possible.
- g. If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent/carer arrives. This school will try to ensure that the staff member will be one the pupil knows. A member of the senior leadership team will direct should an ambulance be needed and/or a child need to be taken to hospital.
- h. Following the above a report will be written by, each school's designated person in collaboration with an experienced first aider, as soon as possible after the event and shared with the senior leadership team:
  - Condition – focus on the physical state of the premises to ensure safe and continuous operations as well as other issues involving building regulations and other non-education centric statutory requirements.
  - Suitability – focus on the quality of the premises to meet curriculum or management needs and other issues impacting on the role of the academy in raising educational standards.



**Medical Conditions Information Pathway**

<p>Form sent out by school asking parents/carers to identify any medical conditions including:</p> <ul style="list-style-type: none"> <li>• Transition discussions</li> <li>• At start of school year</li> <li>• New enrolment (during the school year)</li> <li>• Parents/carers inform school of any new diagnosis, school then to inform school nurse</li> </ul>	School
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School and School Nurse collate response and identify those needing individual health plans	School
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School Nurse contacts parents/carers to formulate new plan or review existing plan if necessary	School Nurse
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School Nurse discusses new or reviewed IHP with designated person. Stored in school according to policy.	School Nurse & School
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All parties to ensure IHP is in place. If there are any difficulties in getting this finalised, School Nurse to discuss with designated person.	School Nurse & School
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Pupils with medical conditions requiring Individual Health Plans are: those who have diabetes, epilepsy with rescue medication, anaphylaxis, gastrostomy feeds, central line or other long term venous access, tracheostomy, severe asthma that has required an overnight hospital admission within the last 12 months. There may be other children with unusual chronic conditions who need a care plan, please liaise with the School Nurse about them.

## Administration of medication at School

The Education Learning Trust has clear guidance on the administration of medication at school.

### Administration – Emergency Medication

- a. We ensure that pupils with medical conditions have **easy access to their emergency medication.**
- b. We will ensure that all pupils understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their emergency medication safely.
- c. We will ensure that pupils with unknown medical conditions presenting with moderate or severe symptoms are given access to standard first aid measures. In case of an emergency the school will act in loco parentis.
- d. Telephone permission from parents/carers will be sought before the administration of any medicine not included on an IHP.

### General Administration

- e. We understand the importance of medication being taken as prescribed.
- f. All use of medication is under the appropriate supervision of a member of staff at this school unless there is an agreed plan for self-medication. Where staff become aware that pupils are using their medication in an abnormal way they should discuss this with the child.

**Important Note: Should staff become aware that a child/young person using their reliever (usually blue) inhaler more than three times a week or suddenly using their reliever inhaler more than they normally do, has asthma that may not be under control and may be at greater risk of having an asthma attack. Should this be observed, immediate action should be taken to alert the parents/carers and staff should record any actions or discussions.**

- g. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or to supervise a pupil taking medication unless they have been specifically contracted to do so or unless the situation is an emergency and falls under

their regular duty of care arrangements.

- h. Designated and specifically trained staff take on the voluntary role of administering prescribed medication, but only with the written consent of the pupil's parent/carer (see appendix 2).
- i. We will ensure that specific training and updates will be given to all staff members who agree to administer medication to pupils if necessary.
- j. All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as assisting in administering medication or calling an ambulance.
- k. In some circumstances, medication is only administered by an adult of the same gender as the pupil, and witnessed by a second adult. This will be agreed in the Individual Health Plan.
- l. Parents/carers understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately. Parents/carers should provide the school with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital.
- m. If a pupil refuses their medication, staff will record this and parents/carers will be informed as soon as possible. If not contactable we would seek medical advice.
- n. All staff attending off-site visits are aware of any pupils on the visit who have medical conditions. For children with IHP's, staff will take a copy of their plan with them to be shared with medical services in case of emergency. They will receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed. This is noted on the school visit risk assessment.
- o. If a trained member of staff, who is usually responsible for administering medication, is not available this school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.
- p. If a pupil misuses medication, either their own or another pupil's, their parents/carers will be informed as soon as possible. The school will seek medical advice by ringing A & E if this situation arises. In such circumstances, pupils will be subject to the school's usual behaviour policy.

### **Use of 'over the counter (non-prescription) medications**

Non-prescribed medicines are only accepted at the headteachers discretion and there must be written parental consent for recurring 'over the counter' medications e.g. piriton for hayfever (form 3a).

Where a non-prescribed medicine is administered to a child/young person it should be recorded (form 3b) and the parents/carers informed.

Medication e.g. for pain relief, should never be administered without first checking the label for the appropriate dosage and checking when the previous dose was taken.

If a child/young person suffers regularly from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's GP.

A child under 16 should never be given aspirin unless prescribed by a doctor.

Early Years providers should follow the EYFS guidance:

'Medicines must not usually be administered unless they have been prescribed for a child/young person by a doctor, dentist, nurse or pharmacist (EYFS Statutory Guidance 2012).'

### **Guidelines for administering Paracetamol**

Paracetamol is a widely used drug for controlling pain and reducing temperature. Despite its prevalence, it can be very dangerous if taken inappropriately. Overdose requires immediate medical attention.

Administering paracetamol to children under 5 is not usually recommended.

Early Years providers should follow the EYFS guidance:

'Medicines must not usually be administered unless they have been prescribed for a child/young person by a doctor, dentist, nurse or pharmacist (EYFS Statutory Guidance 2012).'

For older pupils, it is sometimes appropriate to give paracetamol to control specific pain such as migraine or period pain. Schools administering paracetamol to children should adhere to the following conditions:

- The member of staff responsible for giving medicines must be wary of routinely giving paracetamol to children.
- If a child/young person complains of pain as soon as they arrive at school and asks for painkillers, it is not advisable to give paracetamol until the amount given over the past 24 hours has been established.
- No more than 4 doses should be given in a 24 hour period.

- There should be at least 4 hours between any 2 doses of paracetamol containing medicines.
- No more than 4 doses of any remedy containing paracetamol should be taken in any 24 hours.
- Always consider whether the child/young person may have been given a dose of paracetamol before coming to school.
- Many non-prescription remedies such as Beechams Powders, Lemsip, Night Nurse etc. contain paracetamol. If paracetamol tablets are taken soon after taking these remedies, it could cause an unintended overdose.
- Staff must gain parental consent to give paracetamol the parental consent form must be completed to ensure allergies and last dosage are logged.
- Paracetamol must be administered according to the instructions on the box or label. Stronger doses or combination drugs, which contain other drugs besides paracetamol must not be administered.
- It is recommended that the school keep its own stock of tablets. This reduces the risk of pupils carrying medicines.
- Paracetamol must be stored securely and should not be kept in first aid boxes.

If school's does not stock paracetamol, there must be a clear and safe arrangement for parents/carers to supply them to the school for the child/young person. Children are not allowed to carry paracetamol around school.

Children should only be given one dose during the school day. If this does not relieve the pain, contact the parent/carer or the emergency contact.

The member of staff responsible for giving medicines must witness the child/young person taking the paracetamol, and make a record of it (appendix 3b). The school must notify the parent/carer on the day, stating the time and the amount of the dose.

The pupil should be made aware that paracetamol should only be taken when absolutely necessary, that it is an ingredient in many cold and headache remedies and that great care should be taken to avoid overdosing.

### **Safe Storage – Emergency Medication**

The Education Learning Trust has clear guidance on the storage of medication at school.

- a. Emergency medication is readily available to pupils who require it at all times during the school day. If the emergency medication is a controlled drug and needs to be locked up, it is kept in the school office/first aid room and the keys are readily available.
- b. Emergency medication for asthma is readily available in the child's classroom or First Aid room depending upon the individual school, in a clearly identifiable box. Spare inhalers for trips may also be kept in the locked cupboard in the school office/first aid room.

- c. Emergency medication and IHP are taken with the child to off-site activities.
- d. If the pupil concerned is involved in extended school services then specific arrangements and risk assessments should be agreed with the parent/carer and appropriate staff involved.
- e. Where medication needs to be stored in the fridge, each school has a designated labelled box for this purpose.

#### **Safe Storage – Non-Emergency Medication**

- f. All non-emergency medication is kept in a dedicated cupboard or fridge in a staff access only room e.g. the school office or first aid room. Pupils with medical conditions know where their medication is stored and how to access it.
- g. Staff ensure that prescribed medication is accessible only to those for whom it is prescribed.

#### **Safe Storage – General**

##### **Identified staff – School Administrator/Pastoral Manager/First Aider**

- h. This school has identified member of staff / designated person(s) who ensures the correct storage of medication at school.
- i. All controlled drugs are kept in a locked headnd only named staff will have access to these.
- j. Identified member of staff checks the expiry dates for all medication stored at school at the end of each term (i.e. three times a year).
- k. Identified member of staff, along with the parents/carers of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labelled with the pupil's name, the name of the medication, route of administration, dose and frequency, an expiry date of the medication.
- l. All medication is supplied and stored in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- m. Medication is stored in accordance with the manufacturer's instructions, paying particular note to temperature. If appropriate medication is stored in a dedicated fridge.

- n. Some medication for pupils at our school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are inaccessible to unsupervised pupils or lockable as appropriate.
- o. All medication (including blue inhalers) and equipment such as spacers or blood sugar monitoring kits are sent home with pupils as requested by parents/carers or at the end of the school term.
- p. It is the parent's/carer's responsibility to ensure adequate supplies of new and in date medication comes into school at the start of each term with the appropriate instructions and ensures that the school receives this.

#### **Safe Disposal**

- q. Parents/carers at this school are asked to collect out-of-date medication. Schools may choose to speak to parents/carers about collecting out of date medication or at the request of parents/carers may take to the pharmacy for safe disposal.
- r. If parents/carers do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.
- s. The named member of staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least 3 times a year and is always documented.
- t. Sharps boxes are used for the disposal of needles. Parents/carers obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in this school are stored safely and securely and in a convenient location.
- u. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy, to school or to the pupil's parent/carer.
- v. Disposal of sharps boxes - the sharps bin should be closed securely and returned to parents/carers who then need to take the sharps bin to the GP for disposal.
- w. Hazardous waste is disposed of in a dedicated hazardous waste bin and collected and disposed of by an external contractor.

## Record Keeping for Pupils with medical conditions

The Education Learning Trust has clear guidance about record keeping for pupils with medical conditions.

### Enrolment Forms

- a. Parents/carers at this school are asked if their child has any medical conditions.
- b. If a pupil has a short-term medical condition that requires medication during school hours (e.g. antibiotics to cover a chest infection), a medication form plus explanation is given to the pupil's parents/carers to complete (appendix 2).

### Individual Health Plans (Forms 1 – 1g)

#### Drawing up Individual Health Plans

- c. We use an Individual Health Plan for children with more complex health needs to record important details about the individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation, specific to an individual child, can be attached to the Individual Health Plan if required (appendix 1).
- d. Examples of complex health needs which may generate an Individual Health Plan following discussion with the school nurse and the school are listed below.

The child has:

- diabetes
  - gastrostomy feeds
  - a tracheostomy
  - anaphylaxis
  - a central line or other long term venous access
  - severe asthma that has required a hospital admission within the last 12 months
  - epilepsy with rescue medication
- e. An Individual Health Plan, accompanied by an explanation of why and how it is used, is sent to all parents/carers of pupils with a complex health need, for revision:
    - at the start of the school year / review date
    - at enrolment
    - when a diagnosis is first communicated to the school
    - transition discussions
    - new diagnosis



This is sent by the school's Learning Manager/Pastoral Manager or First Aider depending upon the individual school staffing structure.

- f. It is the parents/carers responsibility to fill in the Individual Health information and return the completed form to the Learning Manager/Pastoral Manager/First Aider. If the school nurse does not receive an Individual Health Plan, all school staff should follow standard first aid measures in an emergency. The school will contact the parent/carer if health information has not been returned. If an Individual Health Plan or permissions has not been completed or agreed, the school nurse will contact the parents/carers and may convene a TAC meeting or consider safeguarding procedures if necessary.
- g. The finalised plan will be given to the parents / carers, school and school nurse.
- h. This school ensures that a relevant member of school staff is present, if required, to help draw up an Individual Health Plan for pupils with complex health or educational needs.
- i. Plans should be clear and staff confident to follow procedures independent of parent / medical support. Parents/carers should not be required to advise on or support their child in school.

### **School Individual Health Plan Register**

#### **Identified staff – Learning Manager/Pastoral Manager/First Aider**

- j. Individual Health Plans are used to create a centralised register of pupils with complex health needs. An identified member of school staff has responsibility for the register at this school.
- k. Pupils with Health Care Plans / medical needs can be identified on the SIMS system and through a paper filing system stored in the school office.
- l. Any changes to the administration of medicines, condition, treatment or incidents of ill health in the school are updated on the school's record system.
- m. The responsible member of school staff follows up with the parents/carers and health professional if further detail on a pupil's Individual Health Plan is required or if permission or administration of medication is unclear or incomplete.

#### **On-going Communication and Review of Individual Health Plans**

- n. Parents/carers at our school are required to inform the school of any possible updates

to their child's Individual Health Plan at the start of each school year or if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication equipment and treatments change. Each Individual Health Plan will have a review date.

- o. Parents/carers have a designated route/person to direct any additional information, letters or health guidance to in order that the necessary records are altered quickly and the necessary information disseminated.

#### **Storage and Access to Individual Health Plans**

- p. Parents/carers are provided with a copy of the pupil's current agreed Individual Health Plan.
- q. Individual Health Plans are kept in the school office.
- r. Apart from the central copy, all staff securely hold copies of Individual Health Plans as they relate to their teaching supervision groups. Reviewed Health Care Plans are circulated as appropriate.
- s. When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of the Individual Health Plans and needs of the pupils in their care.
- t. This school ensures that all staff protects pupil's confidentiality.
- u. This school informs parents/carers that the Individual Health Plan would be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This is included on the Individual Health Plan.
- v. The information in the Individual Health Plan will remain confidential unless needed in an emergency.

#### **Use of Individual Health Plans**

Individual Health Plans are used by our schools to:

- inform the appropriate staff about the individual needs of a pupil with a complex health need in their care.
- identify important individual triggers for pupils with complex health needs at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of triggers.
- ensure our school has an accurate summary of a pupil's current medical

management and healthcare in an emergency.

### **Consent to Administer Medicines**

- w. If a pupil requires regular prescribed medication at school, parents/carers are asked to provide consent on their child's medication plan (appendix 2) giving the pupil or staff permission to administer medication on a regular/daily basis, if required. This form is completed by parents/carers for pupils taking short courses of medication.
- x. All parents /carers of pupils with a complex health need who may require medication in an emergency are asked to provide consent on the Individual Health Plan for staff to administer medication.
- y. For children presenting with moderate or severe conditions antihistamine / paracetamol medicine will be administered following liaison with parents / carers. In an emergency school will act in loco parentis.

### **Residential Visits**

- z. Parents / carers are sent a residential visit form to be completed and returned to school before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours.
- aa. All residential visit forms are taken by an identified staff member on visits where medication is required. These are accompanied by a copy of the pupil's Individual Health Plan.
- bb. All parents / carers of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to supervise administration of medication at night or in the morning if required.
- cc. The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away. A copy of the Individual Health Plan and equipment / medication must be taken on off-site activities.
- dd. Parents/carers are required to supply medicine for residential visits in a named container with the prescribed times and dosage clearly labelled and the name of the medicine clearly identifiable.

### **Record of Awareness Raising Updates and Training**

- ee. Our schools hold updates on common medical conditions once a year. A record of the content and attendance of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receives updates.
- ff. All school staff who volunteer or who are contracted to administer emergency medication are provided with training, if needed, by a specialist nurse, doctor or school nurse. We maintain a log indicating all staff training in relation to medical conditions and an up to date record of first aid, including paediatric, trained staff. (see appendix 3).

### **The School Environment for Children with Medical Conditions**

The Education Learning Trust ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

#### **Physical Environment**

- a. We are committed to providing a physical environment that is as accessible as possible to pupils with medical conditions.
  - a. We are committed to making out of school visits accessible to all children including those with medical conditions; this may sometimes mean reshaping or changing activities or locations which are proportionate and are implemented to remove any disadvantage that pupils may otherwise be subjected to because of their disability or medical condition, if it is serious.

#### **Social Interactions**

- b. We ensure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.
- c. We ensure the needs of pupils with medical conditions are adequately considered to ensure they have access to extended school activities such as school discos, school productions, after school clubs and residential visits.

- d. We are aware of the potential social problems that pupils with medical conditions may experience and actively promote social interaction.
- e. Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

### **Exercise and Physical Activity**

- f. We understand the importance of all pupils taking part in sports, games and activities.
- g. We seek to ensure all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.
- h. All classroom teachers, PE teachers and sports coaches understand that if a pupil reports they are feeling unwell, the teacher should seek appropriate guidance before considering whether they should take part in an activity.
- i. Teachers, educational support staff and sports coaches are aware of pupils in their care who have been advised, by a healthcare professional, to avoid or to take special precautions with particular activities.
- j. We ensure teachers educational support staff and sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimise these triggers.
- k. We ensure that all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.
- l. We ensure all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports with adaptations made where necessary.

### **Education and Learning**

- m. We ensure that pupils with medical conditions can participate fully in all aspects of the curriculum and that appropriate adjustments and extra support is provided if needed as far as is reasonably practicable.
- n. We are aware that pupils with medical conditions may also have special educational needs (SEN). Pupils with medical conditions who are finding learning difficult are referred to the designated person in each school.

- o. We ensure that lessons about common medical conditions are incorporated into our wider curriculum.
- p. Pupils across the trust are encouraged to be independent in managing their own medical needs with wider school learning and how to respond to common medical conditions.

### **Risk Assessments**

- q. Risk assessments are carried out by school staff prior to any out-of-school visit or off site provision and medical conditions are considered during this process. We consider: how all pupils will be able to access the activities proposed; how routine and emergency medication will be stored and administered, where help can be obtained in an emergency, and any other relevant matters.
- r. The Education Learning Trust understands that there may be additional medication, equipment or other factors to consider when planning residential visits or off site activities.

### **Reasonable Adjustments**

When considering the reasonableness or proportionality of making any adjustments this School will have regard to:

- The extent to which the adjustment removes the disadvantage,
- The extent to which it is practicable,
- The financial and other costs of making the adjustments,
- The extent to which the step would disrupt the school's activities,
- The financial and other resources available to the school,
- The availability of external financial and other assistance,
- The nature of the school's activities and the size of the undertaking,
- The level of disruption to other pupils and their needs or facilities.

In addition, if an adjustment is reasonable to apply then the school will not pass on the cost of making such an adjustment to the pupil or parents/carers.

### **Reducing Medical emergency Triggers**

The Education Learning Trust is aware of the triggers that can make medical conditions worse or can bring on an emergency. We are actively working towards reducing these health and safety risks.

- a. We are committed to working towards reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.
- b. Members of school staff are updated on medical conditions and consult with specific parents/carers where applicable. This update includes information on how to avoid and reduce exposure to triggers for common medical conditions.

### **Roles and Responsibilities in the School Community**

Each member of the school and health community knows their roles and responsibilities in maintaining an effective medical conditions policy.

- a. We work in partnership with all stakeholders including the school's governing body, school staff, and community healthcare professionals and any relevant emergency practitioners to ensure the policy is planned, implemented and maintained successfully.
- b. The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly.

### **Governor Responsibility**

#### **Nominated Governor**

The nominated governor has responsibility to:

- ensure the health and safety of their staff and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips.
- ensure the schools health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions and reviewed annually.
- make sure the medical conditions policy is effectively implemented, monitored and evaluated and regularly updated.
- ensure that the school has robust systems for dealing with medical emergencies and critical incidents (see Stockport's Critical Incidents Guidelines), at any time when pupils are on site or on out of school activities

## Headteacher Responsibility

The Headteacher has a responsibility to:

- ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks.
- ensure the policy is put into action, with good communication of the policy to all staff, parents/carers and governors.
- ensure every aspect of the policy is maintained.
- ensure that if the oversight of the policy is delegated to another senior member of staff that the reporting process forms part of SLT meetings
- monitor and review the policy at regular intervals, with input from governors, parents/carers, staff and external stakeholders.
- ensure that an evaluation of the policy takes place with governors about implementation of the medical conditions policy.
- ensure through consultation with the governors that the policy is adopted and put into action.

## All School Staff and Support Staff Responsibility

Staff have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- call an ambulance in an emergency and liaise with emergency services.
- understand the school's medical conditions policy.
- know which pupils in their care have a complex health need and be familiar with the content of the pupil's Individual Health Plan.
- know the school's registered first aiders and where assistance can be sought in the event of a medical emergency.
- know the members of the schools Senior Incident Management Team if there is a need to seek assistance in the event of an emergency.
- maintain effective communication with parents/carers including informing them if their child has been unwell at school.
- ensure pupils who need medication have it when they go on a school visit or out of the classroom.
- be aware of the social integration of pupils with medical conditions and promote positive interactions.
- understand the common medical conditions and the impact these can have on pupils.
- ensure that all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- ensure that pupils have the appropriate medication or food during any exercise



- and are allowed to take it when needed.
- follow universal hygiene procedures if handling body fluids.
  - ensure that pupils who presents as unwell should be questioned about the nature of their illness, if anything in their medical history has contributed to their current feeling of being unwell, if they have felt unwell at any other point in the day, if they have an Individual Health Plan and if they have any medication. The member of staff must remember that while they can involve the pupil in discussions regarding their condition, they are in loco parentis and as such must be assured or seek further advice from a registered first aider if they are in doubt as to the child's health, rather than take the child's word that they feel better.
  - ensure that parents/carers are contacted by telephone, as well as by accident form if their child has sustained **any** head injury or bump to the head. A text message can be sent when school have been unable to contact parent by phone.
  - ensure that parents/carers are contacted by telephone (or text – see above), prior to their child being collected from school, when there is a **clearly visible** mark.

### Teaching Staff Responsibility

They have an additional responsibility to also:

- be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it, in liaison with the Learning Manager/Pastoral Manager
- liaise with parents/carers and welfare officers if a child is falling behind with their work because of their condition.
- use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

### School Nurse or Healthcare Professional Responsibility

They have a responsibility to:

- help provide regular updates for school staff in managing the most common medical conditions at school at the schools request.
- provide information about where the school can access other specialist training.
- update the Individual Health Plans in liaison with appropriate school staff and parents/carers.
- Deliver training as requested by the school where appropriate

### First Aiders Responsibility

They have an additional responsibility to:

**Commented [JJ1]:** BG First aiders commented that they contact parents by text instead of phoning in some cases – ie when there is no visible mark. Are HTs happy that the term telephone covers text messages or does process need aligning or separating out?

01/07/20 SLT zoom. Included text messaging to enable school to contact parents when phoning hasn't been successful.

- give immediate, appropriate help to casualties with injuries or illnesses.
- when necessary ensure that an ambulance is called.
- ensure they are trained in their role as first aider.

### **Learning Manager/Pastoral Manager Responsibility**

They have the additional responsibility to:

- ensure the necessary arrangements are made to keep children with medical conditions safe in school.
- ensure that children with medical conditions are able to appropriately access learning, with any barriers to learning minimised as far as possible.
- ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in tests, exams or coursework.

### **Pupils Responsibility**

Pupils a responsibility to:

- treat other pupils with and without a medical condition equally.
- tell their parents/carers, teacher or nearest staff member when they are not feeling well.
- let a member of staff know if another pupil is feeling unwell.
- treat all medication with respect.
- know how to gain access to their medication in an emergency.
- ensure a member of staff is called in an emergency situation.

### **Parents / Carers Responsibility**

They have a responsibility to:

- tell the school if their child has a medical condition or complex health need
- ensure the school has a complete and up-to-date Individual Health Plan if their child has a complex health need
- inform the school about the medication their child requires during school hours
- inform the school/provider of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- tell the school about any changes to their child's medication, what they take, when, and how much
- inform the school of any changes to their child's condition
- ensure their child's medication and medical devices are labelled with their child's full name
- ensure that the school has full emergency contact details for them

- provide the school with appropriate spare medication labelled with their child's name
- ensure that their child's medication is within expiry dates
- keep their child at home if they are not well enough to attend school
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- if the child has complex health needs, ensure information from medical professionals is communicated to the school
- have completed/signed all relevant documentation including form 3a and the Individual Health Plan if appropriate
- support the school in adhering to the plan
- ensure communication
- understand staff are not medical practitioners and not make unreasonable requests
- attend at the school when requested

### Legislation and Guidance

Trusts are responsible for the health and safety of pupils in their care.

Areas of legislation that directly affect a medical conditions policy are described in more detail in Managing Medicines in Schools and Early Years Settings (2005). The main pieces of legislation are the Equality Act (2010) and the Children & Families Act (2014). These acts make it unlawful for service providers, including schools, to discriminate against disabled people. Other relevant legislation includes the Education Act 1996, the Care Standards Act 2000, the Health and Safety at Work Act etc. 1974, the Management of Health and Safety at Work Regulations 1999 and the Medicines Act 1968.

This section outlines the main points from the relevant legislation and guidance that schools should consider when writing a medical conditions and first aid policy.

The following policies need to be considered:-

- Department for Education and Department of Health Special Educational Needs and Disability Code of Practice 0-25 years.
- Health and Safety Policy
- Critical Incidents Policy and Plan
- Visits and Journeys policy
- Records Management Policy
- Reporting of Injuries, Diseases & Dangerous Occurrences Regulations. (R.I.D.D.O.R)

This form can be downloaded at:

<http://intranet/smbcintr/new/content/directorates/bs/hr/shrfirst/documents/RIDDOR.pdf>

### **Managing Medicines in Schools and Early Years Settings (2015)**

This provides guidance from the DFE on managing medicines in schools and early year's settings. The document includes the following chapters:

- developing medicines policies
- roles and responsibilities
- dealing with medicines safely
- drawing up an Individual Health Plan
- relevant forms.

Medical Conditions at School: A Policy Resource Pack is designed to work alongside Managing Medicines in Schools and Early Years Settings.

### **Equality Act (2010) (EA) and The Children and Families Act 2014 (CFA).**

- Many pupils with medical conditions are protected by the EA and CFA, even if they don't think of themselves as 'disabled'.
- The Equality and Human Rights Commission (EHRC) (previously the Disability Rights Commission) publishes a code of practice for schools, which sets out the duties under the EA and gives practical guidance on reasonable adjustments and accessibility. The EHRC offers information about who is protected by the EA, schools' responsibilities and other specific issues.

### **Schools' Responsibilities Include:**

- Not to treat any pupil less favourably in any school activities without material and sustainable justification.
- To make reasonable adjustments that cover all activities – this must take into consideration factors such as financial constraints, health and safety requirements and the interests of other pupils. Examples of reasonable adjustments can be found in the Department for Education & Department of Health Special Educational Needs and Disability Code of Practice 2015 and is dealt with here on page 19. \*
- To eliminate discrimination and promote equality of opportunity in accordance with the provisions of Section 149 of the Equality Act 2010, which came in to force on 5 April 2011 relating to the public sector equality duty.
- To promote disability equality in line with the guidance provided by the DFE and EHRC through the Disability Equality Scheme.

*\*DfES publications are available through the DFE.*

### **The Education Act 1996**

Section 312 of the Education Act covers children with special educational needs, the provisions that need to be made and the requirements local health services need to make

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to help a local authority carry out its duties.

### **The Care Standards Act 2000**

This act covers residential special schools and responsibilities for schools in handling medicines.

### **Health and Safety at Work Act etc. 1974**

This act places duties on employers for the health safety and welfare of their employees and anyone not in their employment who may be affected by the activity. This covers the head teacher and teachers, non-teaching staff, pupils, visitors and contractors.

### **Management of Health and Safety at Work Regulations 1999**

These regulations require employers to carry out risk assessments, manage the risks identified and to communicate these risks and measures taken to employees.

### **Medicines Act 1968**

This act specifies the way that medicines are prescribed, supplied and administered.

### **Additional Guidance**

Other guidance resources that link to a medical conditions policy include:

- Department for Education & Department of Health Special Educational Needs and Disability Code of Practice 2015.
- Equality Act 2010: Advice for Schools.
- Reasonable Adjustments for disabled pupils (2012).
- Supporting pupils at school with medical conditions (2014).
- The Mental Capacity Act Code of Practice: Protecting the vulnerable (2005).
- Every Child Matters: Change for Children (2004). The 2006 Education Act ensures that all schools adhere to the five aims of the Every Child Matters agenda.
- National Service Framework for Children and Young People and Maternity Services (2004) – provides standards for healthcare professionals working with children and young people including school health teams.
- Health and Safety of Pupils on Educational Visits: A Good Practice Guide (2001) – provides guidance to schools when planning educational and residential visits.
- Misuse of Drugs Act 1971 – legislation on the storage and administration of controlled medication and drugs.
- Home to School Travel for Pupils Requiring Special Arrangements (2004) –

provides guidance on the safety for pupils when travelling on local authority provided transport.

- Including Me: Managing Complex Medical Needs in School and Early Years Settings (2005).
- Medical Conditions at School Website - <http://medicalconditionsatschool.org.uk/>
- Managing Medicines and Providing Medical Support in Schools and Early Years Settings UNISON - <http://www.unison.org.uk/file/A14176.pdf>

### Further Advice and Resources

The Anaphylaxis Campaign  
PO Box 275  
Farnborough  
Hampshire GU14 6SX  
**Phone 01252 546100**  
**Fax 01252 377140**  
**[info@anaphylaxis.org.uk](mailto:info@anaphylaxis.org.uk)**  
**[www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)**

Asthma UK  
Summit House  
70 Wilson Street  
London EC2A 2DB  
**Phone 020 7786 4900**  
**Fax 020 7256 6075**  
**[info@asthma.org.uk](mailto:info@asthma.org.uk)**  
**[www.asthma.org.uk](http://www.asthma.org.uk)**

Diabetes UK  
Macleod House  
10 Parkway  
London NW1 7AA  
**Phone 020 7424 1000**  
**Fax 020 7424 1001**  
**[info@diabetes.org.uk](mailto:info@diabetes.org.uk)**  
**[www.diabetes.org.uk](http://www.diabetes.org.uk)**

Epilepsy Action  
New Anstey House  
Gate Way Drive  
Yeadon  
Leeds LS19 7XY  
**Phone 0113 210 8800**  
**Fax 0113 391 0300**  
**[epilepsy@epilepsy.org.uk](mailto:epilepsy@epilepsy.org.uk)**  
**[www.epilepsy.org.uk](http://www.epilepsy.org.uk)**

Long-Term Conditions Alliance



202 Hatton Square  
16 Baldwins Gardens  
London EC1N 7RJ  
Phone 020 7813 3637  
Fax 020 7813 3640  
info@ltca.org.uk  
[www.ltca.org.uk](http://www.ltca.org.uk)

Department for Education  
Sanctuary Buildings  
Great Smith Street  
London SW1P 3BT  
Phone 0870 000 2288  
Textphone/Minicom 01928 794274  
Fax 01928 794248  
info@dcsf.gsi.gov.uk  
[www.dcsf.gov.uk](http://www.dcsf.gov.uk)

Council for Disabled Children  
National Children's Bureau  
8 Wakley Street  
London EC1V 7QE  
Phone 020 7843 1900  
Fax 020 7843 6313  
cdc@ncb.org.uk  
[www.ncb.org.uk/cdc](http://www.ncb.org.uk/cdc)

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London EC1V 7QE  
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[www.ncb.org.uk](http://www.ncb.org.uk)