Policy Information Sheet

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1. Introduction

The aims of this policy are to ensure that students with medical conditions are well supported in school and have full access to all aspects of education, including physical education and educational visits.

2. Aims

Our policy and procedures are written so that when implemented we will:

- welcome and support students with medical conditions and make arrangements for them based on good practice
- adopt and implement the statutory guidance and the policy
- assist parents in providing medical care for their children by developing healthcare plans on notification of their child's medical condition where appropriate
- educate staff and students in respect of providing support to students with medical conditions
- arrange suitable training for staff, as required, to support students with medical conditions
- liaise, as necessary, with parents and medical services in support of individual students as required
- provide emergency support to students with medical conditions in line with their individual healthcare plans
- ensure that all students with medical conditions participate in all aspects of school life
- respond sensitively, discreetly and quickly to situations where a child with a medical condition requires emergency support
- keep, monitor and review appropriate records
- ensure consistent good practice in relation to medical needs and conditions across the school

3. Contents

This policy/procedural document contains the following:

- Section 4: Definition of medical needs
- Section 5: Storage of and access to information
- Section 6 Responsibilities of Trustees, staff, parents and students
- Section 7: Issuing prescribed and non-prescribed medication
- Section 8: Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)
- Section 9: Storage of medication
- Section 10: Emergency procedures
- Section 11: Emergency equipment storage and access
- Section 12: Educational visits
- Section 13: Unacceptable practice
- Section 14 Individual Health Care Plans (IHCPs)
- Section 15: Supply teachers
- Section 16: Staff training
- Section 17: Transition and new student procedures
- Section 18: Staff medication
- Section 19: Complaints
- Section 20: Flow chart of procedures
- Section 21: Appendices

4. Definition of Medical Needs

Students' medical conditions may be summarised as being of two types:

- short-term needs affecting their participation in school activities while they are on a course of medication (requiring a Medical Information Consent Form – Appendix 3)
- long-term needs which potentially limit their access to education and require extra care and support (requiring an Individual Healthcare Plan – Appendix 2)

5. Storage of and access to Information

The medical needs of students are stored in the school's Management Information System. This contains an overview of all students' medical needs as well as reference to Individual Health Care Plans where appropriate. All teachers and relevant support staff will familiarise themselves with this information at the beginning of every academic year, and where there is a change in class, mid-year. Appendix 1 provides an example of the information which will be held by school for each child with medical needs.

6. Responsibilities of Trustees, staff, parents and students

<u>The Trust Board will:</u>

- ensure arrangements are in place to support students with medical conditions in school, including making sure that a policy for supporting students with medical conditions is developed and maintained
- ensure students with medical conditions have the same rights of admission as other children
- have arrangements in place to meet its statutory responsibilities and ensure policies, plans, procedures and systems are properly and effectively implemented
- ensure this policy is accessible to parents and school staff
- review this policy at least annually as part of their wider safeguarding duties
- oversee the school's management of medicines to ensure that health & safety standards are met and that parents have confidence in the school's ability to support their child's medical needs

<u>The Principal will:</u>

- ensure this policy is developed and effectively implemented with Trustees, school staff and any relevant external partners
- ensure all staff are aware of this policy and understand their role in its implementation
- ensure that all staff who need to know are aware of a child's condition
- ensure sufficient trained numbers of staff are available to implement this policy and deliver against all individual healthcare plans, including in contingency and emergency situations
- ensure staff are appropriately insured and that they are aware that they are insured to support students in this way
- make arrangements through a named person to manage the following;
    - prescription medicines in school
    - prescription medicines on trips and outings, including school transport
    - maintenance of accurate record keeping when holding medicines

  - the safe storage of medicines
  - procedures for access to medicines during emergency situations
  - adhering to risk management procedures involving medicines
- ensure that risk assessments and arrangements for off-site visits are checked

The named person/people with responsibility for medical needs will:

- issue a medical needs information request document to all parents of students who are new to the school (Appendix 3)
- contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- ensure staff work in partnership with parents or carers to ensure the well-being of a child
- ensure that interruption to school attendance for medical reasons will be kept to a minimum
- ensure staff who have volunteered to administer medicines will receive the appropriate training
- update the medical information on the school Management Information System
- devise and adhere to individual healthcare plans, liaising with parents as appropriate
- oversee the medical needs aspect of the transition process and regularly review the proforma and information to parents that is completed prior to induction
- ensure that all in year transfer information is added to the relevant information systems and shared with appropriate staff
- ensure all cultural and religious views, made known to the school in writing, are respected.

All staff will:

- understand they may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so
- receive sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility to support a child with medical conditions
- know what to do and respond accordingly when they become aware that a student with a medical condition needs help
- regularly access updates on student medical needs on all appropriate school systems.
- know which students have a medical condition and which have special educational needs because of their condition
- ensure all students with medical conditions are not excluded unnecessarily from activities they wish to take part in.

First Aiders have additional responsibilities to:

- 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.

Parents/carers should:

- provide the school with sufficient and up-to-date information about their child's medical needs using a standard form (Appendix 3) and be involved in the arrangements to develop and review their child's individual healthcare plan

- deliver any medicine, which cannot be administered outside the school day, to the school in its original container(s) ensuring that the medicine is not out of date and that it has previously been stored correctly
- clearly mark all medicines with the following information;
    - the child's name on the medicine
    - when the medicine should be given
    - the prescribed dose and pharmacist's instruction, e.g. after meals
- notify the school immediately (in writing) of any changes or alteration to a prescription or recommended treatment so that adjustment can be made to individual healthcare plans or previous agreement
- ensure that they or another nominated adult are contactable at all times. It must be remembered that the prime responsibility for a child's health rests with parents or carers

Students

Following discussion with parents or carers, children who are deemed competent are;

- encouraged to take responsibility for managing their own health needs and medicines. We will continue to ask staff to supervise so that the appropriate records can be completed for safeguarding purposes. When this occurs parents should request permission from the named person/people in writing and provide relevant details about the type and dosage of the medicine. We recommend that only one dose be brought to school at any one time in order to reduce potential risk of medicines being abused
- 'over the counter medicines' (non-prescribed medicines) for their own purposes can only be administered by parent/carer
- asked to adhere to the procedures in their individual healthcare plan.

7. Issuing prescribed and non-prescribed medication

Prescribed Medication

Teachers are not legally or contractually required to give children their medicine, or to supervise them taking it. Those who agree to administer medication do so voluntarily. Parents are therefore encouraged to schedule their child's medication so that they do not need a dose during the school day. For example, a child who is on antibiotics to be taken three times a day can usually take all three doses outside school hours. If, however, a child does need medication during school hours, the following guidelines must be followed.

- only prescription medication should be brought into schools. This includes antibiotics, asthma inhalers, AAIs, insulin syringes etc.
- medications must be brought into school in their original container, as dispensed by a pharmacist, labelled with the child's name. They must include instructions for administration, dosage and storage, as well as possible side effects. The exception to this is insulin, which can be brought into school inside an insulin injector pen or pump, rather than its original packaging
- parents must provide written consent for their child to be given the medication. Parents must complete the medical consent form to administer medication (Appendix 4)
- all medications must be in date
- the smallest possible amount of medication should be brought into school. The exception to this is liquid medication, which can only be accurately and safely dispensed from the original container

- any prescribed medication which needs to be taken for a short-term illness or condition, will be kept at the main reception, as long as it is in the original packaging with the prescription label attached. This will then be issued as required
- medication will be kept in a secure place such as a locked cabinet or a sealed box in a fridge, according to storage instructions. Students must know where their medication is, and who to ask when they need it. However, medications that children may need to access quickly in an emergency should not be locked away. This includes asthma reliever inhalers and AAIs. These storage requirements apply not just on school premises, but also on trips and residential visits
- if a sharps box is required for the disposal of injectors, parents should obtain it on prescription and pass it on to the school
- parents should collect any leftover medication that their child no longer needs, or medicines that have passed their expiry date, from the school. This should be done routinely at the end of every term. If this is not collected the school will dispose of it in a safe way
- the school will keep a record (Appendix 5) of student's medication administration details for each individual child. This will include details of the medication to be issued and a table for when the medication is issued including the date and time of each dose, how much was taken, and whether there were any side effects.

Non-prescribed Medication

Paracetamol is a widely used drug for controlling pain and reducing temperature. If a child is needing pain relief, then the Parent/Carer will be contacted to bring the medication to school and administer it to their child.

The school will hold asthma inhalers for emergency use. The inhalers will be stored in the Main Office and their use will be recorded. Inhalers will be used in line with the school's Asthma Policy.

If a pupil is deemed too unwell to be in school, they will be advised to stay at home or parents/carers will be contacted and asked to take them home.

8. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

The school's Allergen and Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies.

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The Principal and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

The catering team will also to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law. Further information relating to how the school operates in line with Natasha's Law can be found in the Whole-School Food Policy.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held on the management information system and in the Main Office for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Pupils who have prescribed AAI devices, can keep their device in their possession.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted via What's App. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a **monthly** basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in **the Main Office**, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents/carers will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

For children aged over 12, a dose of 300 or 500 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

Further information relating to the school's policies and procedures addressing allergens and anaphylaxis can be found in the Allergen and Anaphylaxis Policy.

9. Storage of Medication

All medication is stored in locked cabinets in the main reception area.

10. Emergency procedures

The safety of our students is of paramount importance. For all students deemed to have 'complex' or 'serious' medical conditions we hold emergency contact details on the management information system. All relevant staff are aware of individual emergency symptoms and procedures, and other students know to contact a member of staff immediately if they think help is needed. If a child needs to be taken to hospital, a designated member of staff will stay with the child until a parent or carer arrives, or they will accompany the child in the ambulance. Parents and Carers must be informed immediately.

11. Emergency equipment storage and access

A defibrillator is stored at main reception. No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

Maintenance checks will be undertaken on AEDs on a weekly basis by the Site Manager, who will also keep an up-to-date record of all checks and maintenance work.

12. Educational visits

The school will actively support students with medical conditions participating in school trips, residential visits and sporting activities by providing flexibility and reasonable adjustments in consultation with parents and students, and advice from healthcare professionals. All arrangements for medicines, including the storage, individual healthcare plans, and risk management programmes will apply for all off-site activities or school trips. A member of staff will be designated to ensure there are suitable off-site arrangements for storage and recording of the medicines when assessing any risks associated for the trip, particularly for those students with long term or complex health conditions. All plans and risk assessments will be discussed with parents or carers in preparation for the activity in advance of the departure day. All off-site activities will be evaluated in terms of proximity and accessibility to emergency services.

13. Unacceptable practice

Hartlepool Free School acknowledges that the following are considered unacceptable practice, which will be avoided at all costs:

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assuming that every child with the same condition requires the same treatment
- ignoring the views of the child or their parents/carers
- ignoring medical evidence or opinion

- sending children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCPs
- sending an ill child to the school office unaccompanied
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- preventing students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- requiring parents/carers, or otherwise making them feel obliged, to attend school to administer medication or provide medical support to their child, when staff are available to do this
- preventing children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips.

14. IHCP (Individual Health Care Plans) – Appendix 2

Individual Health Care Plans will be developed in partnership with parents, students and healthcare professionals. These will set out the support that is needed so that the impact on school attendance, health, social well-being and learning is minimised. Not all conditions will require an IHCP. In some cases, the request to hold medicines will be sufficient to cover short term conditions and treatment. The IHCP will be tailored to meet the child's best interests and the needs of short term, long term and/or complex medical conditions. The plans will be kept under review by the named person and revised as required, or at least annually, to ensure that they reflect current medical needs (e.g. changes in medication). IHCPs will include details on emergency arrangements, and these will be shared with all relevant staff, first aiders and school office staff, where necessary. Where students have been issued with an EHC plan by the local authority, any IHCP will be linked to, or become part of that EHCP.

15. Supply teachers

Teachers who are on supply to the school will be made aware of any medical needs of a particular class by the lead person in charge of supply.

16. Staff training

Most medicines to be administered will not require staff to be professionally trained; the school however will ensure that staff are supported in carrying out their role to support students with medical conditions. Those supervising the administering of medicines will be trained to a level of competence and understand the requirement for accurate and timely record keeping. Staff who maintain these records are trained to know what action to take, (such as referring to the Designated Safeguarding Lead) if they have a concern around the welfare of an individual student. If an IHCP is applied to particular students / young people, additional training will be given by a nominated healthcare professional, e.g., use of a nebuliser, using adrenaline pens. Training received or cascaded from parents will not be accepted unless otherwise instructed by a healthcare professional. A record of training will be completed, maintained and held securely.

17. Transition and new student procedures

Parents of students who are new to the school and transfer in year will be issued a request for medical information document (Appendix 3) and will have their medical needs information shared with all relevant staff. This information will also be added to the medical section of the management information system.

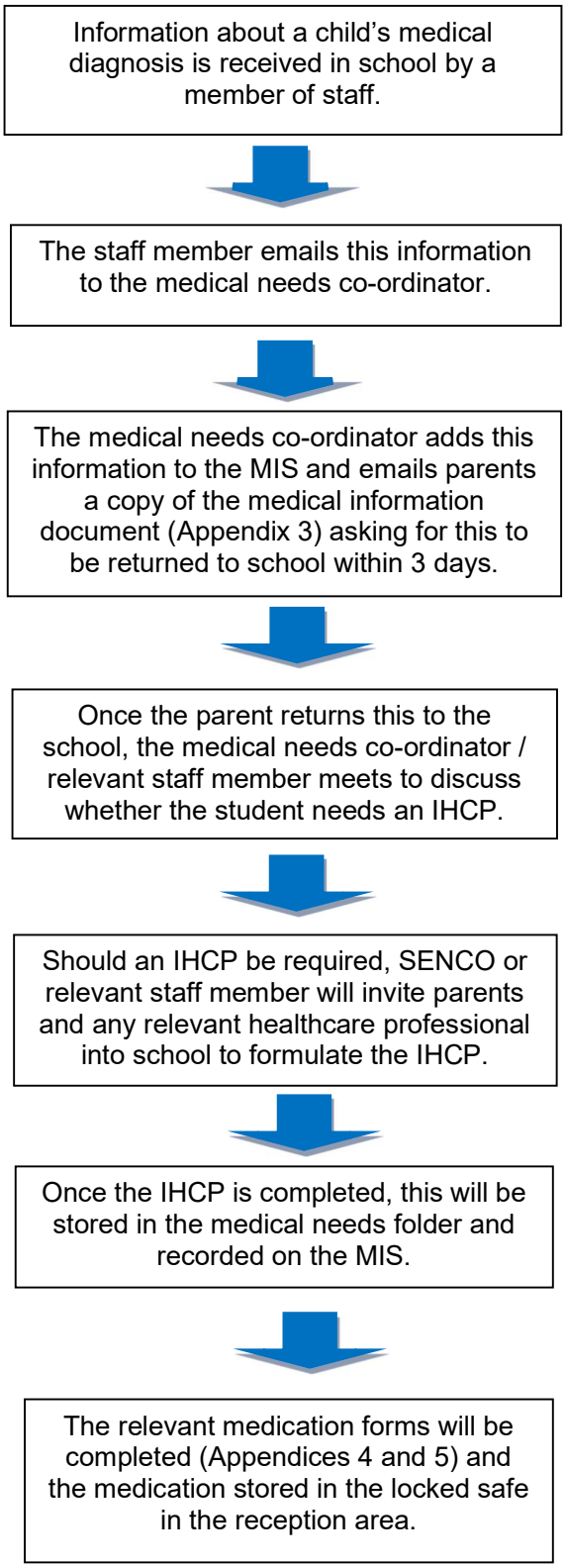
18. Staff medication

All staff must make sure any medications they bring in are for personal use only. It is the responsibility of every staff member to ensure all medication brought into school is stored safely and securely so students are unable to access it. Medication MUST NOT be taken into or left in classrooms. Any member of staff bringing in powerful or potentially dangerous medications into school, or who need to carry their medication with them, must inform the Principal. A safe procedure for self-administering medication with the school can then be agreed and this information will be treated in the strictest confidence. It is a requirement that where staff are taking powerful medication, they will be required to seek medical advice to ensure they are able to carry out their duties and to confirm that their ability to work directly with students is not impaired.

19. Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy.

20. Flow Chart of Procedures



21. Appendices

Appendix 1
Medical Register Overview
E.g.

Name	Year Gp	Medical Condition	Medication Required?	Emergency Contact details	IHCP?
EG Jane Doe	8	Peanut allergy	Carries own epipen. Spare held in main reception	Mrs Doe- 07988345678	Yes
EG John Doe	7	Mild asthma	Carries own inhaler	Mr Doe- 07555443210	No

Appendix 2
Individual Health Care Plan Template

Individual Health Care Plan (IHCP)

Student's name			
Date of birth		**Class / Tutor group**	
Student's address			
Medical diagnosis or condition			
Date		**Review date**	
Family Contact Information			
1) Name		**Relationship to student**	
Phone no. home	**Phone no. mobile**	**Phone no. work**	
2) Name		**Relationship to student**	
Phone no. home	**Phone no. mobile**	**Phone no. work**	
Clinic/Hospital Contact			
Name		**Phone number**	
Hospital		**Dept (if relevant)**	
GP			
Name		**Phone number**	
Surgery address			
Who is responsible for providing support in school?			
Name		**Role**	
Name		**Role**	
Name		**Role**	
Name		**Role**	
Describe medical needs and give details of student's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc			
Name of medication, dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision			
Where will the medication be stored and who will have access?			

☐ **Signed agreement for administration of medication form completed**
Daily care requirements
Specific support for student's educational, social and emotional needs
Arrangements for school visits/trips etc
Other information
Describe what constitutes an emergency and the action to take if this occurs
Who is responsible in an emergency (state if different for off-site activities)
Plan developed with
Staff training needed undertaken – who, what, when?

Form copied to:	

Appendix 3
Request for Medical Information Document

Medical Information Document

Student's name			
Date of birth			
Student's address			
Medical diagnosis or condition (include any information about how the student is affected by their medical condition)			
Medication Taken (include dosage amounts and times and whether or not the medication is administered by the student)			
Are there any side effects of the medication?			
Emergency Procedures?			
Family Contact Information			
3) Name		Relationship to student	
Phone no. home	Phone no. mobile		Phone no. work
4) Name		Relationship to student	
Phone no. home	Phone no. mobile		Phone no. work
GP			
Name		Phone number	
Surgery address			

Appendix 4
Medical Consent form to administer medication

Parental Agreement to Administer Medicine

Hartlepool Free School will not give your child medicine unless this form is completed and signed.

Date for review to be initiated:

Name of child			
Date of birth		Class / Tutor group	
Medical condition or illness			

Medicine

Name/type of medicine (as described on the container)				
Expiry date				
Dosage and method				
Timing				
Special precautions/other instructions				
Any side effects the school needs to know about				
Student to self-administer	Yes/No* **delete as appropriate*	Student to carry his/her own medicine	Yes/No* **delete as appropriate*	School use only Approved by school? Yes/No Staff initials:

NB: Medicines must be in the original container as dispensed by the pharmacy

In Emergency

Procedures to take in an emergency

Emergency Contact Details

1) Name		
Phone no. home	Phone no. mobile	Phone no. work
Relationship to child		

2) Name		
Phone no. home	Phone no. mobile	Phone no. work
Relationship to child		

I understand that I must deliver the medicine personally to the medical needs co-ordinator / school reception

To be completed where the administration of asthma/anaphylaxis medication is requested by this form

Emergency provision of salbutamol inhalers/adrenaline auto injectors (AAI)*

In the event of my child displaying symptoms of asthma/anaphylaxis*, and if his/her inhaler/AAI* is not available or is unusable, I consent for my child to receive treatment from an emergency inhaler;/AAI* held by the school for such emergencies (**delete as appropriate*)

☐ Tick to consent

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

Signature(s)	Date

Appendix 5 -
Medication Administration Form

Student Name:		Administration Instructions:	
Medication Name:			

Date	Time	Medication	Dose	Administered Successfully Y/N	Any side effects	Staff member	Witness