

SUPPORTING PUPILS WITH A MEDICAL CONDITION POLICY



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Legislative Context

This policy complies Section 100 of the Children and Families Act 2014 which places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions. It complies with the Statutory Guidance issued by the DfE on Supporting Pupils at School with Medical conditions – April 2014.

Early years settings should continue to apply the [Statutory Framework for the Early Years Foundation Stage](#).

Policy Statement

Bishop Hogarth Catholic Education Trust is an inclusive community of schools that aims to support and welcome pupils with medical conditions.

We aim to provide all pupils with all medical conditions the same opportunities as others at school.

We will help to ensure they can through the following:

- Ensuring all staff understand their duty of care to children and young people in the event of an emergency (**see Appendix 1– Emergency Procedures**).
- All staff feel confident in knowing what to do in an emergency.
- By understanding that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- By understanding the importance of taking medication as prescribed.
- All staff understand the common medical conditions that affect children and allowing adequate time for staff to receive training on the impact medical conditions can have on pupils.
- Staff receive additional training about any children they may be working with who have complex health needs supported by an Individual Healthcare Plan (IHP).

Policy Aims

This Policy has the following aims:

1. Our schools are inclusive communities that aim to support and welcome pupils with medical conditions.

2. The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation.
3. Relevant staff understand and are updated in what to do in an emergency for the most common serious medical conditions at this school.
4. There is clear guidance on the administration, storage and disposal of medication at school.
5. There are clear and understood procedures for record keeping and the development, monitoring and review of Individual Healthcare Plans for pupils with medical conditions.
6. Our schools ensure 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.
7. Schools are aware of the triggers that can make medical conditions worse or can bring on an emergency. The school is actively working towards reducing these health and safety risks.
8. Each member of the school and health community knows their roles and responsibilities in maintaining an effective medical conditions policy.

Aim 1: Our schools are inclusive communities that aim to support and welcome pupils with medical conditions.

1. Our schools understand that they have 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.
2. Our schools aim to provide all children with all medical conditions the same opportunities as others at school.
3. Pupils with medical conditions are encouraged to take control of their condition.
4. Our schools aim to include all pupils with medical conditions in all school activities.
5. Parents/carers of pupils with medical conditions are aware of the care their children receive at this school.
6. Our schools ensure all staff understand their duty of care to children and young people in the event of an emergency.
7. All staff have access to information about what to do in an emergency.
8. Our schools understand that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
9. All staff have an understanding of the common medical conditions that may affect children and receive annual updates. The Headteacher/Head of School is responsible for ensuring staff receive annual updates.
10. The Medical Conditions Policy is understood and followed by the whole school and the local health community that interacts with our schools.

Aim 2: The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation.

1. Pupils are informed and reminded about the Medical Conditions Policy:
2. Parents/carers are informed about the Medical Conditions Policy and that information about a child's medical condition will be shared with relevant staff and healthcare professionals including the School Nurse:
 - by including a policy statement within the schools' admissions and enrolment packs at the start of the school year when communication is sent out about Individual Healthcare Plans
 - in the School Newsletter at intervals in the year
 - As part of regular updates within school letters
 - via the school's website, where it is available all year round
3. School staff are informed and regularly reminded about the Medical Conditions Policy:
 - through staff induction and staff meetings and by accessing SharePoint
 - through scheduled medical conditions updates
 - through the key principles of the policy being displayed in several prominent staff areas
 - all supply and temporary staff are informed of the policy and their responsibilities including who is the designated person for medical conditions, any medical needs or Individual Healthcare Plans related to the children in their care and how to respond in emergencies
 - Staff are made aware of Individual Healthcare Plans as they relate to their teaching/supervision groups. This is a role for the designated person.

Aim 3: Relevant staff understand and are updated in what to do in an emergency for the most common serious medical conditions at this school.

4. Relevant staff are aware of the most common serious medical conditions at this school (see **Appendix 1**).
5. 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. This may include administering medication.
6. 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 Healthcare Plan.
7. The action required for staff to take in an emergency for the common serious conditions is displayed in prominent locations for all staff including classrooms, kitchens in the school staff room, and electronically on Sharepoint.
8. Schools use Individual Healthcare 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.
9. Each school has procedures in place so that a copy of the pupil's Individual Healthcare Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.
10. 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. Our schools will try to ensure that the staff member will be one the pupil knows. The staff member concerned should inform a member of the schools Senior Management Team.

Aim 4: There is clear guidance on the administration, storage and disposal of medication at school.

Administration – Emergency Medication

1. Our schools will ensure that pupils with medical conditions have **easy access to their emergency medication.**
2. Our schools 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.
3. Our Schools will maintain a Register of Pupils who may require emergency medication.
4. Our Schools will ensure that spare EpiPens or other adrenaline auto-injectors (AAIs) are kept for emergency use with pupils at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

Administration – General

1. Our schools understand the importance of medication being taken as prescribed.
2. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
3. All use of medication is done under the appropriate supervision of a member of staff unless there is an agreed plan for self-medication. Staff should be aware if pupils are using their medication in an abnormal way and should discuss this with the child.
4. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or 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.
5. No child under 16 should be given prescription or non-prescription medicines without their parent's written consent (**See Appendix 2**) - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. **The form should be retained for the period that medication is given, and for 1 month afterwards if no issue is raised by child/parent. If no issue is raised in that time that feels a reasonable window to assume all was administered satisfactorily.**
6. Staff must not give prescription medicines or undertake health care procedures without appropriate training

7. We will ensure that specific training and updates will be given to all staff members who agree to administer medication to pupils if necessary.
8. 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.
9. In some circumstances, medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult. This will be agreed in the Individual Healthcare Plan.
10. A record of all medicines administered is completed (see **Appendix 3**). This template is attached to a child's Individual Healthcare Plan so it is available for use on off-site educational visits. **The form should be retained for the period that medication is given, and for 1 month afterwards if no issue is raised by child/parent. If no issue is raised in that time that feels a reasonable window to assume all was administered satisfactorily.**
11. 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.
12. If a pupil refuses their medication, staff will record this and follow the defined procedures. Parents/carers will be informed of this non-compliance as soon as possible.
13. All staff attending off-site visits are aware of any pupils on the visit who have medical conditions. The Visit Leader is responsible for liaison with the Medical Conditions Co-ordinator to identify children with medical conditions and to conduct risk assessments. Staff 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.
14. If a trained member of staff, who is usually responsible for administering medication, is not available alternative arrangements to provide the service will be made. This is always addressed in the risk assessment for off-site activities.
15. If a pupil misuses medication, either their own or another pupil's, their parents/carers are 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 disciplinary procedures.
16. Where the Headteacher/Head of School agrees that staff may administer non-prescribed medicine, it must be in accordance with the school's medication policy and procedures.

Safe Storage

1. All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips

Safe Storage – General

1. This school has an identified member of staff/designated person who ensures the correct storage of medication at school (Mrs Kirsty Evans / Mrs Emma Lowery)
2. A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
3. A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. 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 in school.
4. 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. Schools should keep a record 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.
5. The identified member of staff checks the expiry dates for all medication stored at school each term (i.e. three times a year).
6. The 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.

7. 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. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
8. Medication is stored in accordance with the manufacturer's instructions, paying particular note to temperature.
9. Some medication for pupils 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.
10. All medication (including blue inhalers) and equipment such as spacers or blood sugar monitoring kits are sent home with pupils at the end of the school term.
11. It is the parents/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

1. Parents/carers are asked to collect out-of-date medication.
2. 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.
3. A named member of staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired.
4. 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 in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.
5. 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.
6. Disposal of sharps boxes - the sharps bin should be closed securely and returned to parents. Parents then need to take the sharps bin to the GP for disposal.

Aim 5: There are clear and understood procedures for record keeping and the development, monitoring and review of Individual Healthcare Plans for pupils with medical conditions.

Enrolment Forms

1. Parents/carers are asked if their child has any medical conditions on enrolment.
2. If a pupil has a short-term medical condition that requires medication during school hours (e.g. antibiotics to cover a chest infection), a parental agreement to administer form is sent to the pupil's parents/carers to complete (**See Appendix 2**).

Individual Healthcare Plans

Drawing up Individual Healthcare Plans

1. Our schools will use an Individual Healthcare Plan for children with complex health needs to record important details about the individual children's medical needs, their triggers, signs, symptoms, medication and other treatments (**see Appendix 4**). Where the child has a special educational need (SEN) identified in a statement or Education, Health and Care Plan (EHCP), the Individual Healthcare Plan will be linked to or become part of that statement or EHCP. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be recorded in their individual healthcare plan.
2. Examples of complex health needs which may generate an Individual Healthcare Plan following are listed below.

The child has:

- diabetes
 - gastrostomy feeds
 - a tracheostomy
 - anaphylaxis
 - a central line or other long term venous access
 - asthma
 - epilepsy
3. An Individual Healthcare 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.
 - at the start of the school year
 - at enrolment
 - when a diagnosis is first communicated to the school
 - transition discussions
 - new diagnosis

4. Individual Healthcare Plans, and their review, may be initiated, in consultation with the parent, by a member of school staff (Mrs Emma Lowery) or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, 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. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which the school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.
5. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), our schools will work with the local authority and education provider to ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.
6. The process for developing an Individual Healthcare Plan is described overleaf.

Medical Conditions Information Pathway

School informed of medical conditions through:

- Annual data collection exercise at the start of the school year
- Transition discussion (year 6) and data exchange
- New enrolment during school year
- New/changed diagnosis informed by parents/carers & healthcare professionals
- School visit consent forms
- On return from long term absence – Return to School Review
- School Nursing Service

School collates information (insert who) and records on SIMS. Medical conditions flagged.

SIMS report produced and reviewed by Medical Conditions Co-ordinator (insert who). Half-termly meeting held to identify children with complex medical conditions and identify a member of staff who will provide support to identified pupils. Individuals identified as requiring an Individual Healthcare Plan identified and flagged on SIMS

Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional, clinician as appropriate (or to consider written evidence provided by them). See **Appendix 5** for model letter to parents / carers.

Develop IHCP in partnership – agree who leads on writing it. Input from healthcare professional should be provided.

School staff training needs identified and met and review date agreed (see **Appendix 6**)

IHCP circulated via SIMS to all relevant staff.

IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate

School Individual Healthcare Plan Register

1. Individual Healthcare Plans are used to create a centralised register of pupils with complex health needs. An identified member of school staff (Mrs Emma Lowery) has responsibility for maintaining the register on the School Information Management System. Robust procedures are in place to ensure that the child's record, contact details and any changes to the administration of medicines, condition, treatment or incidents of ill health in the school are updated on the system.
2. The responsible member of school staff follows up with the parents/carers and health professional if further detail on a pupil's Individual Healthcare Plan is required or if permission or administration of medication is unclear or incomplete.

On-going Communication and Review of Individual Healthcare Plans

1. Parents/carers are reminded on an annual basis to update their child's Individual Healthcare Plan and if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change. Each Individual Healthcare Plan has a review date and will be reviewed at least annually.
2. 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

1. Parents/carers and pupils (where appropriate) are provided with a copy of the pupil's current agreed Individual Healthcare Plan.
2. Individual Healthcare Plans are kept in a secure central location at school.
3. Apart from the central copy, specified members of staff (agreed by the pupil and parents/carers) securely hold copies of pupils' Individual Healthcare Plans. These copies are updated at the same time as the central copy. The school must ensure that where multiple copies are in use, there is a robust process for ensuring that they are updated, and hold the same information.
4. 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 Healthcare Plans and needs of the pupils in their care.
5. All staff will protect pupil's confidentiality.
6. The information in the Individual Healthcare Plan will remain confidential unless needed in an emergency.

Use of Individual Healthcare Plans

1. Individual Healthcare Plans are used 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. Our schools use this information to help reduce the impact of triggers.
 - Ensure that during an emergency the school has an accurate summary of the pupil's current medical management.

Consent to Administer Medicines

2. If a pupil requires regular prescribed medication at school, parents/carers are asked to provide consent on their child's medication plan (**see 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.
3. All parents/carers of pupils with a complex health need who may require medication in an emergency including **EpiPens** are asked to provide consent on the Individual Healthcare Plan for staff to administer medication.

Residential Visits

1. Parents/carers are sent an annual consent/indemnity form for school trips and for all activities that involve a residential, hazardous or foreign visit form to be completed and returned. This form requests up-to date information about medical conditions and medication. 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.
2. All residential visit forms are taken by the relevant staff member on visits where medication is required. These are accompanied by a copy of the pupil's Individual Healthcare Plan.
3. 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.
4. The residential visit form also details what medication and what dose the pupil is currently taking and frequency. It helps to provide up-to-date information to relevant staff and Visit Leaders to help the pupil manage their condition while they are away). A copy of the Individual Healthcare Plan and equipment/medication must be taken on off-site activities.
5. **Consideration on whether it may be appropriate, under some circumstances, to take spare Adrenaline Auto-injectors (AAIs) AI(s) obtained for emergency use on some trips.**

Record of Awareness Raising Updates and Training

1. Our schools provide regular updates to staff on common medical conditions. 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 receive updates.
2. All school staff who volunteer or who are contracted to administer emergency medication are provided with training. The school keeps a register of staff who have had the relevant training; it is the school's responsibility to arrange this.
3. School should risk assess the number of first aiders it needs and ensure the first aiders are suitably trained to carry out their responsibilities. It is recommended that Primary Schools and Early Years settings should have at least one first aider who has undertaken the paediatric first aid course.

Aim 6: Our schools ensure 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

1. Our schools are committed to providing a physical environment that is as accessible as possible to pupils with medical conditions.
2. Our schools commitment to an accessible physical environment includes off-site education visits and recognises that this may sometimes mean changing activities or locations.

Social Interactions

1. The needs of pupils with medical conditions are considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.
2. All staff are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.
3. 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

1. The importance of all pupils taking part in sports, games and activities is understood.
2. Classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.
3. Teachers 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.
4. PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimise these triggers.
5. Our schools will seek to ensure that all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.
6. All pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

Education and Learning

1. Our schools will ensure that pupils with medical conditions can participate fully in all aspects of the curriculum and that reasonable adjustments and extra support are provided wherever possible.
2. Our schools ensure that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.

Risk Assessments

1. Risk assessments are carried out prior to any off-site educational visit and medical conditions are considered during this process. Visit Leaders 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.
2. Schools carry out risk assessments before pupils start any work experience or off-site educational placements. It is this school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the pupil. Permission is sought from the pupil and their parents/carers before any medical information is shared with an employer or other education provider. Copies of Individual Health Care Plans are sent to off-site placements with parental consent.

Aim 7: Schools are aware of the triggers that can make medical conditions worse or can bring on an emergency. The school is actively working towards reducing these health and safety risks.

1. Schools 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.
2. School staff have been updated on medical conditions and are aware of Emergency Procedures (**Appendix 1**). This update includes information on how to avoid and reduce exposure to triggers for common medical conditions.

Aim 8: Each member of the school and health community knows their roles and responsibilities in maintaining an effective medical conditions policy.

1. Our schools will work in partnership with all interested and relevant parties including the school's local governing body, school staff, and community healthcare professionals and any relevant emergency practitioners to ensure this policy is implemented and maintained successfully.
2. The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly.

Directors

Have a responsibility to:

- Make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented.
- Ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
- Exercise overall responsibility for the health, safety and welfare of all staff, pupils and visitors to Trust premises and Trust activities

Governors

Have a responsibility to:

- Ensure the health, safety and well-being of staff, students and visitors and ensure that adequate resources are allocated to provide a safe environment.
- Ensure the schools health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions.
- Make sure the medical conditions policy is effectively implemented, monitored within the school.
- Ensure that the school has robust systems for dealing with medical emergencies and critical incidents (at any time when pupils are on site or on out of school activities).

Headteacher/Head of School (Medical Conditions Co-ordinator)

Has a responsibility to:

- Ensure that this Policy is effectively implemented with partners.
- Ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Ensure that all staff who need to know are aware of the child's condition.

- Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all Individual Healthcare Plans, including in contingency and emergency situations.
- Develop Individual Healthcare Plans and ensure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- 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
- The Headteacher/ Head of School may designate a person to undertake these responsibilities.

All School Staff and Support 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.
- Know which pupils in their care have a complex health need and be familiar with the content of the pupil's Individual Healthcare Plan.
- Know the schools registered first aiders and where assistance can be sought in the event of a medical 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.
- Understand the common medical conditions and the impact these can have on pupils.
- Take into account the needs of pupils with medical conditions that they teach
- 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.
- Ensure that pupils who present as unwell should be questioned about the nature of their illness.

School Nurse

Has a responsibility to:

- Notify the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs

Other Healthcare Professionals including GPs and paediatricians

Have a responsibility to:

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

First Aiders

Have an additional responsibility 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.
- It is recommended that first aiders are trained in paediatric first aid.

Special Educational Needs Coordinators

Have the additional responsibility to:

- Ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or coursework.

Pupils

Have 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.
- Comply with their Individual Healthcare Plan

Parents/Carers

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 Healthcare Plan
- 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 catches up on any school work they have missed.
- Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional.
- Have completed/signed all relevant documentation
- Participate in the development and review of their child's Individual Healthcare Plan
- Ensure they or another nominated adult are contactable at all times

Unacceptable Practice

The following types of practice are unacceptable to the Trust:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Policy Review

This policy will be reviewed every three years or sooner if required by revised guidance or changes in practice.

Emergency Procedures

Contacting Emergency Services

Dial 999, ask for an ambulance and be ready with the following information:

1. Your telephone number.
2. Give your location as follows.
3. State the postcode.
4. Give exact location in the school of the person needing help.
5. Give your name.
6. Give the name of the person needing help.
7. Give a brief description of the person's symptoms (and any known medical condition).
8. Inform ambulance control of the best entrance and state that the crew will be met at this entrance and taken to the pupil.
9. Do not hang up until the information has been repeated back to you.
10. Ideally the person calling should be with the child, as the emergency services may give first aid instruction.
11. Never cancel an ambulance once it has been called.

Speak clearly and slowly

Insert school address and postcode

Put a completed copy of this form by phones around the school

Asthma Emergency Procedures

Common signs of an asthma attack:

- coughing
- shortness of breath
- wheezing
- feeling tight in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest and a tummy ache.

Do . . .

- keep calm
- encourage the pupil to sit up and slightly forward – do not hug them or lie them down + make sure the pupil takes two puffs of their reliever inhaler (usually blue) immediately – preferably through a spacer + ensure tight clothing is loosened
- reassure the pupil.

If there is no immediate improvement

- Continue to make sure the pupil takes two puffs of reliever inhaler every two minutes for five minutes or until their symptoms improve.

999

Call an ambulance urgently if any of the following:

- the pupil's symptoms do not improve in 5–10 minutes
- the pupil is too breathless or exhausted to talk
- the pupil's lips are blue
- you are in any doubt.

Ensure the pupil takes two puffs of their reliever inhaler every two minutes until the ambulance arrives.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school.
- When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in an asthma attack

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send a pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents/carers immediately after calling the ambulance.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent arrives.
- Generally staff should not take pupils to hospital in their own car.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Anaphylaxis Emergency Procedures

Anaphylaxis has a whole range of symptoms

Any of the following may be present, although most pupils with anaphylaxis would not necessarily experience all of these.

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Do...

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

Airway:

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

Breathing:

- Difficult or noisy breathing
- Wheeze or persistent cough

Consciousness:

- Persistent dizziness
- Becoming pale or floppy
- Suddenly sleepy
- Collapse
- unconscious

Do . . .

If a pupil with allergies shows any possible symptoms of a reaction, immediately seek help from a member of staff trained in anaphylaxis emergency procedures. Ensure all members of staff know who is trained.

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised (if breathing is difficult allow child to sit) and provide reassurance
2. Use Adrenaline autoinjector* without delay (administer the pupil's own AAI if available, if not use the spare AAI)
3. Dial 999 to request ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up (standing someone up with anaphylaxis can trigger cardiac arrest).
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further dose of

*Anaphylaxis may occur without initial mild signs: ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Practical points:

- Try to ensure that a person suffering an allergic reaction remains as still as possible, and does not get up or rush around. Bring the AAI to the pupil, not the other way round.
- When dialling 999, say that the person is suffering from anaphylaxis ("ANA-FIL-AX-IS").
- Give clear and precise directions to the emergency operator, including the postcode of your location.
- If the pupil's condition does not improve 5 to 10 minutes after the initial injection you should administer a second dose. If this is done, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Arrange to phone parents/carer.
- Tell the paramedics:
 - if the child is known to have an allergy;
 - what might have caused this reaction e.g. recent food;
 - the time the AAI was given.

Recording use of the AAI and informing parents/carers

The use of any AAI device should be recorded. This should include:

- Where and when the REACTION took place (e.g. PE lesson, playground, classroom).
- How much medication was given, and by whom.
- Any person who has been given an AAI must be transferred to hospital for further monitoring. The pupil's parents should be contacted at the earliest opportunity. The hospital discharge documentation will be sent to the pupil's GP informing them of the reaction.

Diabetes Emergency Procedures

Hyperglycaemia

If a pupil's blood glucose level is high (over 10mmol/l) and stays high.

Common symptoms:

- thirst
- frequent urination
- tiredness
- dry skin
- nausea
- blurred vision.

Do . . .

Call the pupil's parents who may request that extra insulin be given. The pupil may feel confident to give extra insulin.

999

If the following symptoms are present, then call the emergency services:

- deep and rapid breathing (over-breathing)
- vomiting
- breath smelling of nail polish remover.

Hypoglycaemia

What causes a hypo?

- too much insulin
- a delayed or missed meal or snack
- not enough food, especially carbohydrate
- unplanned or strenuous exercise
- drinking large quantities of alcohol or alcohol without food no obvious cause

Watch out for:

- hunger
- trembling or shakiness
- sweating
- anxiety or irritability
- fast pulse or palpitations
- tingling
- glazed eyes
- pallor

- mood change, especially angry or aggressive behaviour
- lack of concentration
- vagueness
- drowsiness.

Do . . .

Immediately give something sugary, a quick-acting carbohydrate such as one of the following:

- a glass of Lucozade, coke or other non-diet drink
- three or more glucose tablets
- a glass of fruit juice
- five sweets, e.g. jelly babies, GlucoGel

The exact amount needed will vary from person to person and will depend on individual needs and circumstances. After 10 – 15 minutes recheck the blood sugar again. If it is below 4 give another sugary quick acting carbohydrate. This will be sufficient for a pump user but for pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again.

- roll/sandwich
- portion of fruit
- one individual mini pack of dried fruit
- cereal bar
- two biscuits, e.g. garibaldi, ginger nuts
- or a meal if it is due.

If the pupil still feels hypo after 15 minutes, something sugary should again be given. When the child has recovered, give them some starchy food, as above.

999

If the pupil is unconscious do not give them anything to eat or drink; call for an ambulance and contact their parents/carers.

Epilepsy Emergency Procedures

First aid for seizures is quite simple, and can help prevent a child from being harmed by a seizure. First aid will depend on the individual child's epilepsy and the type of seizure they are having. Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

Tonic-clonic seizures

Symptoms:

- the person loses consciousness, the body stiffens, then falls to the ground.
- this is followed by jerking movements.
- a blue tinge around the mouth is likely, due to irregular breathing.
- loss of bladder and/or bowel control may occur.
- after a minute or two the jerking movements should stop and consciousness slowly returns.

Do . . .

- Protect the person from injury – (remove harmful objects from nearby).
- Cushion their head.
- Look for an epilepsy identity card or identity jewellery. These may give more information about a pupil's condition, what to do in an emergency, or a phone number for advice on how to help.
- Once the seizure has finished, gently place them in the recovery position to aid breathing.
- Keep calm and reassure the person.
- Stay with the person until recovery is complete.

Don't . . .

- Restrain the pupil.
- Put anything in the pupil's mouth.
- Try to move the pupil unless they are in danger.
- Give the pupil anything to eat or drink until they are fully recovered.
- Attempt to bring them round.

999

Call for an ambulance if . . .

- You believe it to be the pupil's first seizure.
- The seizure continues for more than five minutes.
- One tonic-clonic seizure follows another without the person regaining consciousness between seizures.
- The pupil is injured during the seizure.
- You believe the pupil needs urgent medical attention.

Seizures involving altered consciousness or behaviour

Simple partial seizures

Symptoms:

- twitching
- numbness

- sweating
- dizziness or nausea
- disturbances to hearing, vision, smell or taste
- a strong sense of déjà vu.

Complex partial seizures

Symptoms:

- plucking at clothes
- smacking lips, swallowing repeatedly or wandering around
- the person is not aware of their surroundings or of what they are doing.

Atonic seizures

Symptoms:

- sudden loss of muscle control causing the person to fall to the ground. Recovery is quick.

Myoclonic seizures

Symptoms:

- brief forceful jerks which can affect the whole body or just part of it. The jerking could be severe enough to make the person fall.

Absence seizures

Symptoms:

- the person may appear to be daydreaming or switching off. They are momentarily unconscious and totally unaware of what is happening around them.

Do . . .

- Guide the person away from danger.
- Look for an epilepsy identity card or identity jewellery. These may give more information about a person's condition, what to do in an emergency, or a phone number for advice on how to help.
- Stay with the person until recovery is complete.
- Keep calm and reassure the person.
- Explain anything that they may have missed.

Don't . . .

- Restrain the person.
- Act in a way that could frighten them, such as making abrupt movements or shouting at them.
- Assume the person is aware of what is happening, or what has happened.

- Give the person anything to eat or drink until they are fully recovered. Attempt to bring them round.

999

Call for an ambulance if . . .

- One seizure follows another without the person regaining awareness between them.
- The person is injured during the seizure.
- You believe the person needs urgent medical attention.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

PARENTAL AGREEMENT TO ADMINISTER MEDICINE

Trust schools will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

Signature(s) _____

Date _____

RECORD OF MEDICINE ADMINISTERED

Name of school	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent /Carer _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

INDIVIDUAL HEALTHCARE PLAN

Name of school	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

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

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
--	--

Describe medical needs and give details of child'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, contra-
indications, administered by/self-administered with/without supervision

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

**MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO INDIVIDUAL
HEALTHCARE PLAN DEVELOPMENT**

Dear Parent/Carer

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible. If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES

Name of school	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____