



# Welbeck Primary School

## Supporting Pupils with Medical Needs Policy

### January 2022

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# Contents

1. Policy Statement.....	4
2. Consultation.....	5
3. Policy Communication .....	6
4. Responsibilities.....	7
4.1 Governing Body .....	7
4.2 Head Teacher .....	7
4.3 All school staff.....	7
4.4 School nurse or school healthcare professional.....	8
4.5 Special educational needs coordinators .....	8
4.6 Pastoral support/welfare officers .....	<b>Error! Bookmark not defined.</b>
4.7 Pupils .....	8
4.8 Parents and Carers.....	8
4.9 Insurance .....	9
5. Training.....	10
5.1 Policy Awareness .....	10
5.2 Common Medical Conditions Awareness.....	10
5.3 Administration of Medicines Training.....	10
5.4 General Emergency Procedures .....	10
5.5 Pupil Specific Emergency Procedures .....	11
5.6 Specific Medical Conditions .....	11
5.6.1 Asthma.....	11
5.6.2 Allergic reactions .....	11
5.6.3 Attention Deficit Hyperactivity Disorder .....	11
5.6.4 Cystic Fibrosis .....	12
5.6.5 Diabetes.....	12
5.6.6 Eczema.....	12
5.6.7 Epilepsy .....	12
5.7 Records.....	12
5.8 Training Providers.....	12
6. Understanding Pupils' Medical Needs .....	13
6.1 Admissions.....	13
6.2 Enrolment forms.....	13
6.3 Individual Healthcare Plans .....	13
6.3.1 Healthcare Plan Initiation.....	14
6.3.2 School Individual Healthcare Plan register .....	14
6.3.3 Storage and sharing Individual Healthcare Plans .....	14
6.3.4 Review of Individual Healthcare Plans .....	15
6.4 School Asthma Card .....	15
6.5 Individual Healthcare Plan Flowchart .....	15
7. Administration of medication .....	17
7.1 Policy .....	17
7.2 Types of Medication.....	17
7.2.1 Controlled Drugs.....	17
7.2.2 Non-Prescription Medicines.....	18
7.2.3 Prescribed Medicines .....	18
7.3 Self-administration / Assistance / Supervision .....	18
7.4 Emergency Inhalers and Adrenaline Auto-injector- AAI (e.g. EpiPens™) .....	19
7.5 Safe Storage .....	19
7.6 Refusing / Misusing Medicines .....	19
7.7 Safe disposal .....	20
7.8 Records.....	20
8. Accessing the School and the Curriculum .....	21
8.1 Physical environment.....	21

8.2	Education and learning .....	21
8.3	Exercise and physical activity .....	21
8.4	Social interactions.....	21
9.	Home to School Transport .....	23
9.1	General .....	23
9.2	Passenger Transport Epilepsy Procedures .....	23
10.	Off-Site Visits .....	24
10.1	Principles .....	24
10.2	Planning- Accessing visits .....	24
10.3	Minor ailments occurring during a visit .....	24
10.4	Pre-existing medical conditions .....	25
10.5	Overseas visits.....	25
11.	Reducing the Risk .....	26
11.1	Food Allergies / Intolerances .....	26
11.1.1	School Catering .....	26
11.1.2	Packed Lunches / Snacks .....	26
11.1.3	Other food.....	26
11.2	Activities.....	26
11.3	Additional Strategies .....	27
11.4	References.....	27
12.	Intimate Care .....	28
12.1	Principles .....	28
12.2	Definition .....	28
12.3	Procedures.....	28
12.4	Soiling .....	29
12.5	The Protection of Children .....	30
13.	Forms / Reference Documents .....	31
14.	Policy Review .....	32

## Templates

- A1 Individual Healthcare Plan General
- A2 Individual Healthcare Plan including Diabetes
  - Individual Healthcare Plan Epilepsy (Young Epilepsy)
  - Individual Healthcare Plan Bowel Bladder conditions (ERIC)
  - School Asthma Card
- B Parental Agreement for Setting to Administer Medicine
- C Record of Medicine Administered to an Individual Child
- D Record of Medicine Administered to all Children
- E Staff Training Record - Administration of Medicines
- F Contacting Emergency Services
- G Model Letter Inviting Parents to Contribute to Individual Healthcare Plan Development
- H Dietary Requirement Request Form
- I Dietary Requirements Chart

# 1. Policy Statement

- This school is an inclusive community that welcomes and supports pupils with medical conditions.
- This school provides all pupils with any medical condition the same opportunities as others at school (both school based and out-of-school).
- The school will help to ensure they can:
  - be healthy
  - stay safe
  - enjoy and achieve
  - make a positive contribution
  - achieve economic well-being once they leave school.
- All staff feel confident in knowing what to do in an emergency.
- This school understands that certain medical conditions are debilitating and potentially life threatening, adversely affect a child's quality of life and impact on their ability to learn particularly if poorly managed or misunderstood.
- This school understands the importance of medication and care being taken as directed by healthcare professionals and parents.
- All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.
- The school understands that all children with the same medical condition will not have the same needs.
- The school will listen to the views of parents and carers.
- The school recognises that duties in the Children and Families Act, the Equality Act relate to children with disabilities.
- The whole school supports this policy.

## 2. Consultation

- The school has consulted on the development of this medical condition policy with a wide-range of key stakeholders within both the school and health settings. These key stakeholders include:
  - Head Teacher
  - Special educational needs coordinator
  - Members of staff trained in first aid
  - Other school staff
  - School governors
- All key stakeholders were consulted in two phases:
  - initial consultation during development of the policy
  - comments on a draft policy before publication.
- This school recognises the importance of providing feedback to those involved in the development process and is committed to acknowledging input and providing follow-up to suggestions put forward.

### 3. Policy Communication

- Parents/carers are informed and regularly reminded about the medical conditions policy:
  - at the start of the school year when communication is sent out about Individual Healthcare Plans
  - in the school newsletter at intervals in the school year
  - when their child is enrolled as a new pupil
  - via the school's website
- School staff are informed and regularly reminded about the medical conditions policy:
  - during INSET days
  - at scheduled medical conditions training
  - via the staff handbook / H&S policy
  - through school-wide communication about results of the monitoring and evaluation of the policy
  - all supply and temporary staff are informed of the policy and their responsibilities.

## 4. Responsibilities

- This school works in partnership with all interested and relevant parties including the school's governing body, all school staff, parents/carers and community healthcare professionals to ensure the policy is planned, implemented and maintained successfully.
- The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly.

### 4.1 Governing Body

- Ensure the medical conditions policy is effectively monitored and evaluated and regularly updated. Sign off the policy.
- Investigating and resolving any complaints brought to the attention of the Governing Body.

### 4.2 Head Teacher

- ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- consult on the creation of the policy (Section 2).
- liaise between interested parties including pupils, school staff, special educational needs coordinators, teaching assistants, school nurses, parents/carers, governors, the school health service, the local authority transport service, and local emergency care services
- ensure the policy is put into action, and maintained
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils' Healthcare Plans
- ensure necessary training is provided (Section 5).
- ensure pupil confidentiality
- assess the training and development needs of staff and arrange for them to be met
- ensure all staff (including supply teachers and new staff) know the medical conditions policy
- delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register
- monitor and review the policy on an annual basis taking into account any recommendations and recent local and national guidance and legislation
- listen to the views of parents/carers in any aspect of the supporting of the medical needs of the child.

### 4.3 All school staff

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- understand the school's medical conditions policy
- know which pupils in their care have a medical condition and be familiar with the content of the pupil's Healthcare Plan
- allow all pupils to have immediate access to their emergency medication
- maintain effective communication with parents/carers including informing them if their child has been unwell at school
- ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom
- be aware of pupils with medical conditions who may be experiencing bullying or need extra social support
- understand the common medical conditions and the impact it can have on pupils

- ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed
- do not undertake any administration of medicine or undertake medical procedures for which they are not trained
- report any concerns they may have to school management.
- ensure pupils who have been unwell catch up on missed school work
- be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it
- liaise with parents/carers, the pupil's healthcare professionals, special educational needs coordinator 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.

#### **4.4 School nurse or school healthcare professional**

- help provide regular training for school staff in managing the most common medical conditions at school
- provide information about where the school can access other specialist training.

#### **4.5 Special educational needs coordinators**

- help update the school's medical condition policy
- know which pupils have a medical condition and which have special educational needs because of their condition
- ensure pupils who have been unwell catch up on missed schoolwork
- ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or course work
- support teaching staff.

#### **4.6 Pupils**

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

#### **4.7 Parents and Carers**

- tell the school if their child has a medical condition
- ensure the school has a complete and up-to-date Healthcare Plan for their child
- inform the school about the medication their child requires during school hours
- inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- inform 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



- 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 or if the child is infectious (ref. the "recommended period to be kept away from school" in the DfE document "Guidance on infection control in schools and other childcare settings")
- 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
- ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

#### **4.8 Insurance**

- The school's Public Liability policies cover the insured, school governing body, teachers, other employees and volunteers should a claim be made against them from a pupil who alleges that they have sustained an injury or damage to their property as a result of the negligent provision of medical treatment.

## 5. Training

### 5.1 Policy Awareness

All staff are made aware of this policy. See section 3.

### 5.2 Common Medical Conditions Awareness

The most common medical conditions in school age children which require support, are:

- Asthma
- Diabetes
- Epilepsy
- Eczema
- Allergic reactions (anaphylaxis if severe)
- Cystic fibrosis.

Irrespective of whether staff have volunteered to support pupils with healthcare needs and administer medication, all staff have an awareness as they may come into contact with such pupils during the course of a school day. A **basic understanding** of these common conditions will be given to help staff recognise symptoms and seek appropriate support. Training is provided as part of staff induction and refreshed at least once a year.

### 5.3 Administration of Medicines Training

All members of school staff providing support to a pupil with medical needs will receive suitable training as identified during the development or review of Healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professional will normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. Typical content is included below.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in Individual Healthcare Plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals, including the school nurse, will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. The school will ask the family of a child to provide relevant information to school staff about how their child's needs can be met, and parents/carers should be asked for their views.

### 5.4 General Emergency Procedures

All staff know what action to take in the event of a medical emergency. This includes:

- the procedure for contacting emergency services and what information to give
- who to contact within the school

Training is provided as part of staff induction and refreshed at least once a year.

Action to take in a general medical emergency is displayed in the staffroom for staff. (Ref: **Template F** - contacting emergency services)

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 arrives.

Staff should only take pupils to hospital in their own car in exceptional circumstances (ref: risk assessment).

### **5.5 Pupil Specific Emergency Procedures**

- All staff are aware of the most common serious medical conditions that pupils have in the school.
- Staff understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required to act like any reasonably prudent parent. This may include administering medication.
- All staff who work with groups of pupils at this school receive training and know what to do in an emergency for the pupils in their care with medical conditions. This is recorded on the Healthcare Plans.
- Training is refreshed for all staff at least once a year or in the event that the emergency procedure changes.
- Action for staff to take in an emergency for the common serious conditions at this school is displayed in the staff room/school office.
- Allergy Action plans (see reference) have been created and displayed in the staff room for pupils as necessary.

### **5.6 Specific Medical Conditions**

#### **5.6.1 Asthma**

The training gives a basic understanding of the condition and the possible triggers and develops competence in the administration of medicine including the use of inhalers and spacer devices. The training will also cover the possible side effects of medication and what to do if they occur. The type of training necessary will depend on the individual case.

All staff and particularly PE teachers will have training or be provided with information about asthma once a year. This should support them to feel confident about recognising worsening symptoms of asthma, knowing about asthma medicines and their delivery and what to do if a child has an asthma attack.

Normally children should not need to use a nebuliser in school. If a doctor or nurse does advise that a child needs to use a nebuliser in school, the staff involved will be provided with training by a health professional.

#### **5.6.2 Allergic reactions**

Training will include the recognition of the signs and symptoms of mild and severe allergic reactions, first aid procedures including the protection of airways and the recovery position, administration of medication including the use of auto-injectors and emergency procedures.

#### **5.6.3 Attention Deficit Hyperactivity Disorder**

Training for staff should cover the symptoms of the condition, treatment and management of ADHD.

Attention Deficit and Hyperactivity Disorder (ADHD) occurs in 3-5% of children. It is characterised by inattention, over-activity and impulsiveness and is usually present from early childhood. It can have a very detrimental effect on the child's life and development. Education

is often disrupted, family life is commonly stressful and peer relations may suffer. In the majority of cases, ADHD will persist into the secondary school age group.

Many children will be prescribed stimulant medication, commonly methylphenidate which is now sold under two brand names “Ritalin” and “Equasym”. A single dose of methylphenidate is effective for about 4 hours. Commonly children will have a dose at about 8am, when they leave home for school and therefore need a second dose around 12 noon, which will usually need to be administered at school. Methylphenidate is a class A drug and it is important that accurate records are maintained.

#### **5.6.4 Cystic Fibrosis**

Training will cover a basic understanding of the disease, including its genetic origins, the maintenance treatment involved including the use of therapies, mobility and drugs for a range of reasons and the effect the disease has on the child’s family and their education.

#### **5.6.5 Diabetes**

Training will cover an understanding of the condition, the importance of diet and the symptoms of a hypoglycaemia (low blood sugar) episode. Staff should be aware of appropriate emergency treatment for low blood sugar. For some cases, identified through the individual health care plan, knowledge of how to measure blood sugar levels may be helpful.

#### **5.6.6 Eczema**

Training will cover the origins of the condition and the possible triggers and an understanding of the treatments available.

#### **5.6.7 Epilepsy**

Training will conform to nationally agreed training standards published by the Joint Epilepsy Council for the emergency treatment of seizures.

### **5.7 Records**

A log of all training is kept by the school and reviewed every 12 months to ensure all staff (including new starters) receive training (**Template E**).

### **5.8 Training Providers**

<b>Name of Trainer</b>	<b>Type of Training</b>
St John Ambulance	First aid at work
St John Ambulance (Stacey Dalus/ Ruth Bell)	Emergency first aid at work
St John Ambulance	Paediatric first aid
Debra Forster (Children’s respiratory, allergy & community nurse)	EpiPen Training

## 6. Understanding Pupils' Medical Needs

### 6.1 Admissions

This school may initially learn of a child's specific medical needs through the admissions process in the event that the parent believes that the medical needs can only be met this (preferred) school.

### 6.2 Enrolment forms

Parents/carers are asked if their child has any health conditions or health issues on the enrolment form, completed at the start of each school year. Parents/carers of new pupils starting at other times during the year are also asked to provide this information on the enrolment form.

### 6.3 Individual Healthcare Plans

Individual Healthcare Plans (**Templates A1, A2 and the external templates covering Epilepsy and bowel/bladder conditions**) are used to:

- Detail exactly what care a child needs in school, when they need it and who is going to give it.
- Help to ensure that the school effectively supports pupils with medical conditions.
- Additional information on the impact any medical condition may have on a child's learning, behaviour or classroom performance.
- Identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers.
- Ensure the local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency.

The following information is recorded:

- Personal Details
- Family contact information
- Medical Services contact information
- Details of any medication needed, the dose needed, when it's needed and the procedure for using any equipment.
- Written permission from the parent/carer and the head teacher for any medication to be administered by a member of staff, or self-administered by the child during school hours.
- Exactly what help the child needs, what they can do themselves and what they need from somebody else (and who does it).
- Details of any testing the child needs to do, the procedures involved and the action to be taken depending on the result.
- General arrangements, considerations for school visits/trips etc.
- Description of what constitutes an emergency, and the action to take if this occurs
- Who is responsible in an emergency (and state if different for off-site activities)
- Description of the symptoms and possible triggers of any emergency situation which requires urgent attention and what staff will do if any of these occurs. It should also include when the parent/carer should be contacted and when an ambulance should be called.
- The things that need to be done before, during or after PE.
- What plans need to be put in place for exams (if appropriate).

- Details of where medication and other supplies will be stored and who will have access to them. It should also include what supplies will be needed, how often the supplies should be checked and by whom
- Any support needed around the child's educational, emotional and social needs, e.g. how absences will be managed, support for catching up with lessons or any counselling arrangements.
- A description of the training that has been given to whom.
- Any details of when the child needs to eat meals and snacks, what help they need around meal or snack time

This is not an exhaustive list, and the IHP might also include other aspects of a child's care. Other documents that are relevant to a child/young person's care to the plan will be attached.

The flowchart in section 6.5 summarises the process for developing individual healthcare plans.

### **6.3.1 Healthcare Plan Initiation**

Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child.

A letter inviting parents to contribute to individual healthcare plan development will be used (**Template G**). They will be used in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and in other cases where medical conditions are long-term and complex. The school, healthcare professional and parent will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher will make the decision.

### **6.3.2 School Individual Healthcare Plan register**

A centralised register of pupils with medical needs which details all pupils with Healthcare Plans is stored in the main school office. The SENCO has responsibility for updating the register at this school.

The SENCO follows up with the parents/carers any further details on a pupil's Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

### **6.3.3 Storage and sharing Individual Healthcare Plans**

Individual Healthcare Plans are kept in a secure central location at school at these locations – main office, staffroom, kitchen, in individual SEN folders.

Parents/carers are provided with a copy of the pupil's current agreed Healthcare Plan. All members of staff (including supply) who work with groups of pupils have access to the Healthcare Plans of pupils in their care.

The school will seek permission parents/carers before sharing any medical information with any other party.

Copies of the pupil's Healthcare Plan will be sent to any 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.

The school will ensure the timely transfer of Individual Healthcare Plans to the hospital in the event of an emergency.

#### **6.3.4 Review of Individual Healthcare Plans**

Parents/carers at this school are regularly reminded to update their child's Healthcare Plan 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.

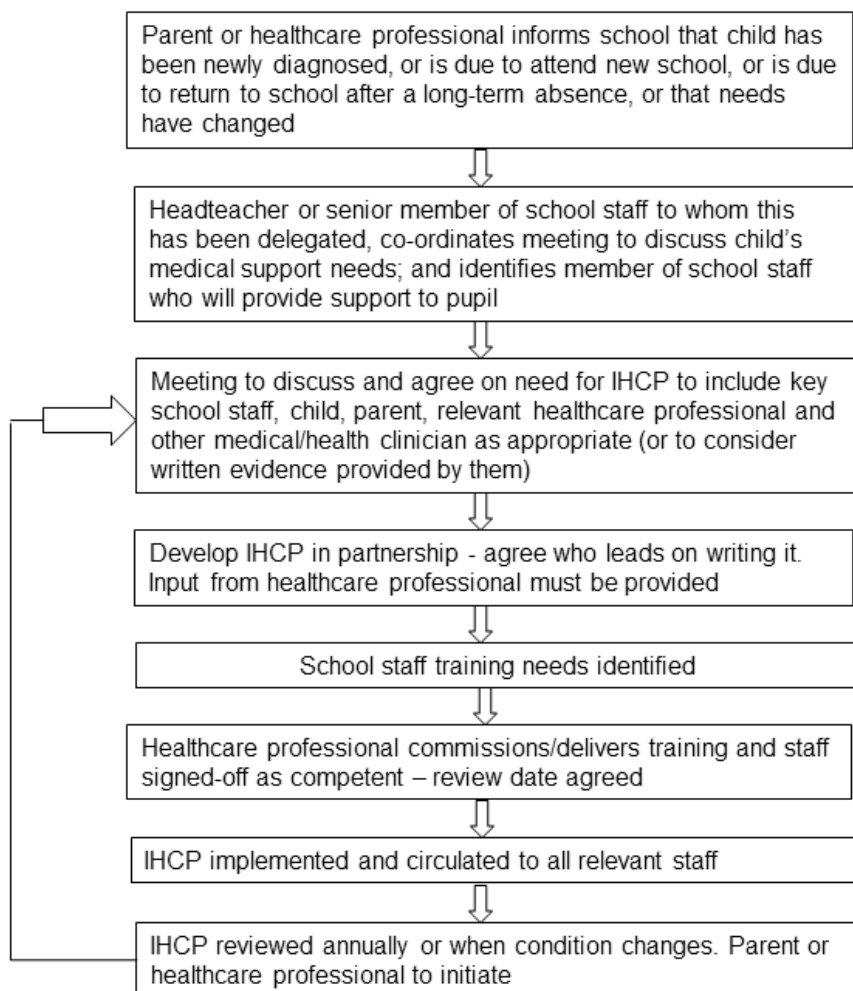
Staff at this school use opportunities such as teacher-parent interviews and home-school diaries to check that information held by the school on a pupil's condition is accurate and up to date.

Every pupil with an Individual Healthcare Plan at this school has their plan discussed and reviewed at least once a year.

#### **6.4 School Asthma Card**

The Asthma UK School Card is a document for parents/healthcare professionals to complete to keep the school updated on their child's medication/asthma control and update the individualised healthcare plan for the child.

#### **6.5 Individual Healthcare Plan Flowchart**





## 7. Administration of medication

### 7.1 Policy

- Medicines are only administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Parents are encouraged to administer medicines outside of the school day wherever possible or asked to visit the school at lunchtime when required. This will depend in part whether the prescription states a particular time rather than simply the frequency of dosage.
- This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.
- If a pupil requires regular prescribed or non-prescribed medication at school or has a medical condition which may require medication in an emergency, parents/carers are asked to provide consent giving the pupil or staff permission (**Template B**)
- The school understands the importance of medication being taken as prescribed.
- 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.
- Staff will not give prescription medicines or undertake healthcare procedures without appropriate training. Training is given to all staff members who agree to administer medication to pupils, where specific training is needed (see section 4). The named member of staff is recorded on the child's Individual Healthcare plan.
- In certain specified circumstances as described on the healthcare plan, medication is only administered by an adult of the same gender as the pupil.

### 7.2 Types of Medication

#### 7.2.1 Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations.

Any trained member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine will do so in accordance with the prescriber's instructions. A child who has been prescribed a controlled drug may legally have it in their possession. The school will make the ultimate decision on a pupil by pupil basis.

The schools will keep controlled drugs in a locked non-portable container and only named staff should have access. A record of the drugs in school (type, quantity and pupil/s name) should be kept for audit and safety purposes.

Misuse of a controlled drug, such as passing it to another child for use, is an offence (ref. drugs policy).

All controlled drugs, even if the pupil can administer the medication themselves, are done under the supervision of a named member of staff at this school.

### **7.2.2 Non-Prescription Medicines**

A child under 16 will not be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Non-prescribed or “over the counter” medicines include types of painkillers, anti-allergy tablets, laxative medication and skin creams.

The school generally discourages non-prescribed medicines to be administered; however it will consider this on case by case basis, considering the medicine, the child and any detrimental effect that not allowing the medicine could have (e.g. reduced attendance). Parents / carers are asked to speak to school management in the first instance.

In any event, staff will never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

If a child suffers regularly from frequent or acute pain the parents will be encouraged to refer the matter to the child’s GP.

### **7.2.3 Prescribed Medicines**

Parents/carers of pupils with medical conditions will ensure that **all** prescribed medication brought in to school is clearly labelled with:

- the pupil’s name
- the name of the medication
- the amount and frequency of dose
- expiry date
- the prescriber’s instructions for administration

Medicines should always be provided in the original container as dispensed by a pharmacist.

Parents/carers are been informed that if their child’s medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.

## **7.3 Self-administration / Assistance / Supervision**

Pupils are encouraged to carry and administer their own **emergency** medication, when their parents/carers and health specialists determine they are able to start taking responsibility for their condition.

Parents/carers of pupils with medical conditions at this school are all asked at the start of the school year via the Individual Healthcare Plan if they and their child’s healthcare professional believe the child is able to manage, carry and administer their own emergency medication.

If a pupil requires regular/daily help in administering their medication then the school outlines the school’s agreement to administer this medication on the pupil’s healthcare plan.

Where children have been determined not yet able or old enough to self-manage and carry their own emergency medication, they know exactly where to access their emergency medication. Where relevant they are informed who holds the key to the storage facility.

All controlled drugs, even if the pupil can administer the medication themselves, are done under the supervision of a named member of staff at this school.

#### **7.4 Emergency Inhalers and Adrenaline Auto-injector- AAI (e.g. EpiPens®)**

The school has made provision for emergency inhalers to be made available for pupils.

The school has made provision for emergency adrenaline auto-injectors to be made available for pupils.

Parents/carers of pupils that have been diagnosed with asthma and prescribed an inhaler or prescribed a reliever inhaler have been specifically asked whether they give permission for their child to have access to the school's emergency inhaler in an emergency situation.

The schools may administer the "spare" adrenaline auto-injector obtained, without prescription, for use in emergencies to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

The School's processes in obtaining and managing these emergency devices are described in the following documents (see references):

- How to Implement Emergency Inhalers in School Procedure
- DoH- Guidance on the use of adrenaline auto-injectors in schools

#### **7.5 Safe Storage**

- Medication is stored in accordance with instructions, paying particular note to temperature.
- Some medication 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 in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away.
- Pupils are regularly reminded to carry their emergency medication with them where applicable.
- All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place in the main school office. Pupils with medical conditions know where their medication is stored and how to access it.
- Staff ensure that medication is only accessible to those for whom it is prescribed.
- All medication is sent home with pupils at the end of the school year- medication is not stored on site in the summer holidays.

#### **7.6 Refusing / Misusing Medicines**

If a child refuses to take medicine, staff will not force them to do so, but will note this in the records and follow agreed procedures set out in the individual child's health care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

If a pupil misuses medication, either their own or another pupil's, their parents/carers are informed as soon as possible. These pupils are subject to the school's usual disciplinary procedures.

### **7.7 Safe disposal**

The SENCO is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done on at least a termly basis and is always documented.

Parents/carers are asked to collect out of date medication.

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.

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.

Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

### **7.8 Records**

This school keeps an accurate record (**Template C**) of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents/carers are informed as soon as possible.

## 8. Accessing the School and the Curriculum

### 8.1 Physical environment

- This school is committed to providing a physical environment that is accessible as is reasonably practicable to pupils with medical conditions.
- This school's commitment to an accessible physical environment includes off site visits. The school recognises that this sometimes means changing activities or locations.
- Health and Safety inspections of the school have due regard for the needs of pupils with medical conditions.

### 8.2 Education and learning

- This school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.
- Teaching staff are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school's SEN coordinator consults the pupil, parents/carers and the pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is properly considered.
- This school ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs. Individual healthcare plans are shared as necessary with external providers (see also section 6.3.3)
- If a pupil is missing significant time at school, they have limited concentration or they are frequently tired, all teachers at this school understand that this may be due to their medical condition.
- The school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO.

### 8.3 Exercise and physical activity

- This school believes that all pupils, irrespective of any medical need have an entitlement to a meaningful and fulfilling experience of PE and sport.
- Pupils with medical needs will not be treated less favourably and will be enabled to participate in sport and PE as far as is reasonably practicable. Teachers will be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The schools will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. The school uses guidance from the afpe book "*Safe Practice in Physical Education & Sport*".
- Any restrictions on a child's ability to participate in PE will be recorded in their individual health care plan.
- All PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimize these triggers.

### 8.4 Social interactions

- 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.

- The needs of pupils with medical conditions are adequately considered to ensure they have full access to extended school activities.
- All staff are aware of the potential social problems that pupils with medical conditions may experience. Staffs use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.
- 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.

## 9. Home to School Transport

### 9.1 General

- The Local Authority Home to School transport organiser (Passenger Transport Team) has the duty to ensure that pupils are safe during any home to school journey. The arrangements are described in detail in their **Home to School Transport Medicines Policy**.
- The school will provide the Passenger Transport Team copies of Healthcare plans as necessary and when they are updated. The Passenger Transport Team will then extract information from this form to create a transport specific healthcare plan.
- Most pupils with medical needs will not require supervision on school transport, but the Local Authority will provide appropriate trained escorts if they consider them necessary. Guidance will be sought from the child's GP or paediatrician.
- Drivers and escorts know what to do in the case of a medical emergency- they receive training on an annual basis and support and fully understand what procedures to follow.
- All drivers and escorts will have basic first aid training. Additionally trained escorts may be required to support some pupils with complex medical needs. These can be healthcare professionals or escorts trained by them.
- The risk of severe allergic reactions will be minimised by restricting anyone allowed to eat on the vehicle.

### 9.2 Passenger Transport Epilepsy Procedures

- Passenger Transport have a specific policy regarding the management of pupils with epilepsy. These are available from Passenger Transport.
- Where pupils have been provided the medication, Buccal (oromucosal) midazolam for the emergency treatment of epilepsy, the Transport of Controlled Medication Log (available from Passenger Transport) will be completed by the escort:
  - on receipt of the controlled medicine from the parent/carer
  - when passing the controlled medicine to the school
  - on receipt of the controlled medicine from the school
  - when passing the controlled medicine back to the parent/carer

The form will be retained by Passenger Transport.

# 10. Off-Site Visits

## 10.1 Principles

Planning arrangements for visits and activities are sufficiently flexible to support the inclusion of pupils with medical conditions. Staff are made aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

## 10.2 Planning- Accessing visits

As part of any planning that supports residential or day visits the risk assessment will ensure all pupils with medical conditions are included. Factors to be considered include:

- How all pupils will be able to access the activities proposed
- How routine and emergency medication will be stored and administered
- Whether additional staff support is needed and if this will be required overnight, where can help be obtained in an emergency.
- Consider if any additional staff training is required to effectively manage medicines
- Consider whether insurance policies cover staff and pupils with pre-existing medical needs.

As part of any visit planning arrangements should be made to take sufficient supplies of any necessary medicines, ensuring they are safely labelled, transported, stored (refrigerated if necessary), controlled and administered and that records are kept of their use.

All staff supervising visits should be made aware of individuals' medical needs and any medical emergency procedures. Summary sheets held by all staff, containing details of each individual's needs and any other relevant information provided by parents/carers, is one way of achieving this. You should consider how individuals' confidentiality can be protected, and ensure that personal information is securely disposed of when it is no longer needed.

Risk assessments are carried out before pupils start any work experience or off-site educational placement. 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.

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 or to school or the pupil's parent.

## 10.3 Minor ailments occurring during a visit

Depending upon the duration and type of visit, it is likely that some participants may require medication for the prevention or treatment of minor ailments, for example:

- sunburn
- heat rash
- insect bites
- period pains, headaches
- athlete's foot
- indigestion



- sore throats, colds and coughs
- cuts and grazes
- muscle stiffness

Parents/carers are provided with a list of common non-prescription medicines and they are asked to indicate if there are any which they do not want administered to their child. At the same time parents/carers are asked about allergies to adhesive plasters. This process is carried out when sending consent forms for off-site activities to parents/carers at the start of each academic year.

If a condition arises which requires medication which had not been anticipated, parental permission should be obtained, and a doctor's prescription may be necessary.

#### **10.4 Pre-existing medical conditions**

Parents/carers will be sent an OV1 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 and should include; written details of medical conditions and of any medication required (including instructions on dosage/times), and for their permission for staff to administer medication, or for their child to administer their own if this is appropriate.

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.

For residential visits and extended day visits OV1 visit forms, or summary forms containing the relevant information in the OV1 are taken by the visit leader or nominated staff member on visits and for all out-of-school hours activities where medication is required. It may also be essential to take a copy of the pupil's Healthcare Plan.

All parents/carers of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required, within the OV1 form.

The OV1 form also details what medication and 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.

#### **10.5 Overseas visits**

Medicines which may be legally held in one country may be illegal in another. The rules of any country to be visited will be checked. Medicines will be properly labelled, and prescription medicines will be accompanied by a copy of the prescription. Where medication includes delivery by syringe, it may be necessary to show an accompanying doctor's note at border security. [A one-page Medical authorisation to carry AAI on-board airplanes document is available here.](#) A personal licence may be required to take certain controlled medicines abroad.

In some countries, it is possible to purchase medicines over the counter which would require a prescription in the UK. These should not be used unless prescribed by a qualified medical practitioner.

# 11. Reducing the Risk

This school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.

The school has a list of common triggers for the common medical conditions. A trigger reduction schedule has been created and the school is actively working towards reducing or eliminating these health risks.

Written information about how to avoid common triggers for medical conditions has been provided to all school staff.

## 11.1 Food Allergies / Intolerances

### 11.1.1 School Catering

The school will request parents and carers to provide food allergy information using **Template H**. This will be supplemented with information from their GP or the hospital dietician explaining what the child can and can't eat. (This form will also record religious diet requirements but not to be used to record a child's likes or dislikes).

This form will be kept in the pupil's file and communicated to school catering, teaching staff, breakfast club staff, after-school club staff (if necessary) and information made available for school trips.

School catering holds a full list of allergens for all their products and their cooks are supported in menu planning and provision for children with food allergies. The kitchen will display **Template I** in the kitchen which compiles the pupil's dietary needs into an easy to view format.

### 11.1.2 Packed Lunches / Snacks

The school has a no food-sharing policy, meaning that all children, not just those with allergy, only eat their own food. In this way there can be no confusion or need for decisions to be made about whether a child with a food allergy can or cannot have some of their friend's food.

Parents / carers are encouraged to prepare healthy packed lunches. Further information is available here:

<http://www.nhs.uk/change4life/Pages/healthy-lunchbox-picnic.aspx>

### 11.1.3 Other food

Staff have been informed that they must have due regard to potential allergens in other food brought into school (e.g. birthday treats, taste testing). Allergen free alternatives will be brought in if necessary.

## 11.2 Activities

Activities such as playdough, art lessons, nature tables and care of the class pets will be considered. Contact allergies, such as eczema, could be made worse by some activities and alternative activities may be necessary. This includes work with glues, paints, and old food cartons that may include food allergens i.e. for crafts and models.

Information on distraction techniques to prevent focusing on factors such as itchy eczema is available from the National Eczema Society (☎0207 5618230).

### 11.3 Additional Strategies

- Children with asthma, eczema or house dust mite allergy are not sat on carpets which may be dusty.
- Children with hay fever are not positioned near open windows in the summer.
- Exposure to heat sources for children with eczema is minimised.
- Care is taken when creating nature tables or pet corners with animal foods and touching of pets.

### 11.4 References

- Anaphylaxis Campaign- “Catering for Allergy – practical measures”  
[www.anaphylaxis.org.uk/food-industry/catering-for-allergy---practical-measures](http://www.anaphylaxis.org.uk/food-industry/catering-for-allergy---practical-measures)
- Medical Conditions Awareness Sessions Session 5: Epilepsy  
[http://medicalconditionsatschool.org.uk/dl/hcp-speaker-notes/HCP\\_epilepsy\\_spknotes.pdf](http://medicalconditionsatschool.org.uk/dl/hcp-speaker-notes/HCP_epilepsy_spknotes.pdf)

## 12. Intimate Care

### 12.1 Principles

All staff, following a clear management lead, are positive in their attitude to intimate care. The School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children have a high awareness of safeguarding issues. Staff will work in partnership with parents/carers to provide continuity of care.

A risk assessment will be undertaken on any matter of intimate care which presents a significant risk (e.g. exposure to bodily fluids, manual handling) and hygiene procedures followed to avoid infection.

### 12.2 Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of associated equipment as part of the staff member's duty of care. In the case of specific procedures only the staff suitably trained and assessed as competent should undertake the procedure (e.g. the administration of rectal diazepam).

### 12.3 Procedures

The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance. Any historical concerns (such as past abuse) should be noted and taken into account.

Staff who provide intimate care are fully aware of best practice. The school has a "named doctor/nurse" to whom they can refer for advice. The Head Teacher will arrange appropriate training for school staff who are willing to administer intimate care.

Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from the appropriate agencies. These will include disposable gloves and aprons.

It is essential that the adult who is going to change the child informs the teacher and/or another member of staff that they are going to do this. There is no written legal requirement that two adults must be present. However, in order to completely secure against any risk of allegation, a second member of staff may be present where resources allow.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty or menstruation. Wherever possible staff involved in intimate care will not be involved in the delivery of sex education to the children in their care as an extra safeguard to both staff and children involved.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as they are able. Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers will need to be present when the child is toileted.

Wherever possible the child should be cared for by an adult of the same sex. However, in certain circumstances this principle may need to be waived where the failure to provide appropriate care would result in negligence for example, female staff supporting boys in our school, as no male staff are available.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's personal care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

#### **12.4 Soiling**

Intimate care for soiling will only be given to a child after the parents have given permission for staff to clean and change the child in the event of the child soiling themselves:

- Parents who have children in the Nursery will be asked to sign a permission form.
- Permission for staff to clean children of a statutory school age is included in the school's parental/carer consent form which is signed at the start of the school year.
- The need for changing may also be included in a child's healthcare plan.

If a child needs to be cleaned, staff will make sure that:

- Protective gloves and aprons are worn
- The procedure is discussed in a friendly and reassuring way with the child throughout the process
- The child is encouraged to care for him/herself as far as possible
- Physical contact is kept to the minimum possible to carry out the necessary cleaning.
- Privacy is given appropriate to the child's age and the situation
- All spills of vomit, blood or excrement are wiped up and flushed down the toilet
- Any soiling that can be, is flushed down the toilet
- Soiled clothing is put in a double bagged, unwashed, and sent home with the child

All staff will be familiar with normal precautions for avoiding infection and will follow basic hygiene procedures and have access to protective, disposable gloves.

Nappies and wipes can be double bagged and placed in the domestic waste bins. If a nappy disposal unit is used, the contents should be put into a sealed bag (if not double bagged already) and placed in the main bin: soiled nappies will not be given to parents at the end of the session.

Members of staff need to have regard to the danger of allegations being made against them and take precautions to avoid this risk. These should include:

- Gaining a verbal agreement from another member of staff that the action being taken is necessary.
- Allow the child, wherever possible, to express a preference to choose his/her carer and encourage them to say if they find a carer to be unacceptable
- Allow the child a choice in the sequence of care.
- Be aware of and responsive to the child's reactions.

### **12.5 The Protection of Children**

Safeguarding procedures will be adhered to. Where parents do not co-operate with intimate care agreements concerns should be raised with the parents in the first instance. A meeting may be called that could possibly include the health visitor and Head Teacher to identify the areas of concern and how all present can address them.

If these concerns continue there should be discussions with the school's safeguarding co-ordinator about the appropriate action to take to safeguard the welfare of the child.

If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for safeguarding or Local Authority Designated Officer as necessary.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of the process in order to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.

## 13. Forms / Reference Documents

### Schools and Academies Guidance Sheets

- Supporting Pupils with Medical Needs

### Risk Assessment

- Supporting Pupils with Medical Needs

### General Guidance

- DfE- Supporting pupils at school with medical conditions
- DfES- Managing Medicines in Schools and Early Years Settings (Historical 2005 Document)
- OSCAR- School Policy Sickle Cell and Thalassaemia
- DfE- Guidance on infection control in schools and other childcare settings
- DoH- Guidance on the use of adrenaline auto-injectors in schools
- BSACI- Allergy Action Plans
- Spare Pens in School website- A one-stop resource for anyone who wants to know about anaphylaxis and adrenaline auto-injector “pens” in schools.

### Emergency Inhalers in Schools

1. How to Implement Emergency Inhalers in School Procedure
2. DoH- Guidance on use of emergency inhalers in schools September 2014
3. Emergency asthma inhaler kit contents and monthly check
4. Sample contents for letter to a pharmacist when purchasing emergency inhalers spacers
5. Sample letter to inform parents regarding new policy- emergency inhalers
6. Consent form- Use of emergency salbutamol inhaler
7. Asthma Inhaler Pupil Register
8. How to deal with an asthma attack Schools Poster (Asthma UK)
9. Sample statement regarding new policy emergency inhalers
10. Specimen letter to inform parents of emergency salbutamol inhaler usage

### Management of Medicines Templates (Schools)

- A1 Individual Healthcare Plan General
- A2 Individual Healthcare Plan incl Diabetes
- Individual Healthcare Plan Epilepsy (Young Epilepsy)
- Individual Healthcare Plan Bowel / bladder conditions (ERIC)
- B Parental Agreement for Setting to Administer Medicine
- C Record of Medicine Administered to an Individual Child
- D Record of Medicine Administered to all Children
- E Staff Training Record - Administration of Medicines
- F Contacting Emergency Services
- G Model Letter Inviting Parents to Contribute to Individual Healthcare Plan Development
- H Dietary Requirement Request Form
- I Dietary Requirements Chart

### Supporting pupils with medical conditions: links to other useful resources

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2>

## 14. Policy Review

This school's medical condition policy is reviewed, evaluated and updated every year in line with the school's policy review timeline.

Any new governmental or guidance from the Schools H&S Team is used in this review.

In evaluating the policy, this school seeks feedback on the effectiveness and acceptability of the medical conditions policy with a wide-range of key stakeholders within the school and health settings.

The views of pupils with various medical conditions are actively sought and considered central to the evaluation process.

In the event that significant changes are made, the consultation process in Section 2. is repeated.