



SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

Introduction

This school is an inclusive community that welcomes and supports pupils with medical conditions. We provide all pupils with any medical condition the same opportunities as others at school (both school based and out-of-school).

Meadow Farm Primary 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. We understand the importance of medication and care being taken as directed by healthcare professionals and parents.

Staff receive training on the impact medical conditions can have on pupils. They know that all children with the same medical condition will not have the same needs.

Meadow Farm Primary School recognises that duties in the Children and Families Act, the Equality Act relate to children with disabilities.

Consultation

Meadow Farm Primary 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
- SEND coordinator
- School nurse
- Teachers/Teaching Assistants
- Local healthcare professionals
- School governors

Aims and Objectives

Pupils are informed and reminded about the medical conditions policy:

- In the school newsletter at intervals in the school year
- In personal, social and health education (PSHE) classes

Parents/carers are informed and 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:

- Through copies handed out at the first inset day of the school year and before Individual Healthcare Plans are distributed to parents/carers
- At scheduled medical conditions training
- Via the staff handbook / H and S policy
- Through school-wide communication about results of the monitoring and evaluation of the policy

Implementation of the policy

Responsibilities

Meadow Farm Primary School works in partnership with all interested and relevant parties including the school's governing body, all school staff, parents/carers, community healthcare professionals and pupils 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.

Governing Body

Ensure the medical conditions policy is effectively monitored and evaluated and regularly updated.

Investigating and resolving any complaints brought to the attention of the Governing Body.

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.
- Liaise between interested parties including pupils, school staff, special educational needs coordinators, welfare officers, 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.
- Ensure pupil confidentiality.
- Assess the training and development needs of staff and arrange for them to be met.

- Ensure all 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 (HLTA).
- 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.

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.

School nurse or school healthcare professional

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

Special Educational Needs Coordinator

- 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.

Education Welfare Officer

- Help update the school's medical conditions policy.
- know which pupils have a medical condition and which have special educational needs because of their condition.
- Ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- Support teaching staff.

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.

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.

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.

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.

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 but training will still 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.

Training organisations, 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.

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 the contact within the school. Training is refreshed at least once a year.

Action to take in a general medical emergency is displayed in the Staff Room and school office for all staff. (Ref: **Template F**- contacting emergency services) and school office.

If a pupil needs to be taken to hospital, a member of staff will always dial 999 for the emergency services and contact parents immediately.

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 change. A log of training is kept in the office.
- Action for staff to take in an emergency for the common serious conditions at this school is displayed in the staff room and school office. This is kept up to date by the member of staff in charge of first aid. **Template F**

Specific Medical Conditions

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 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.

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.

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.

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.

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.

Eczema

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

Epilepsy

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

Records

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

Training Providers

| Name of Trainer | Type of Training |
|------------------------|-------------------------|
| School Nurse | Epipen Training |
| Speech and Language | Drinking and Feeding |
| Epilepsy Nurse | Epilepsy medication |

Understanding Pupils' Medical Need

Admissions

This school will 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 by (preferred) school.

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.

Individual Healthcare Plans

Individual Healthcare Plans (**Templates A1**) 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.

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.

School Individual Healthcare Plan register

A centralised register of pupils with medical needs which details all pupils with Healthcare Plans is stored in the meeting room. The SEND coordinator has responsibility for updating the register at this school. The SEND coordinator 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.

Storage and sharing Individual Healthcare Plans

Individual Healthcare Plans are kept in a secure central location at school is on the server. 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 from the pupil and 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. A duplicate copy will be stored in the school office.

Review of Individual Healthcare Plans

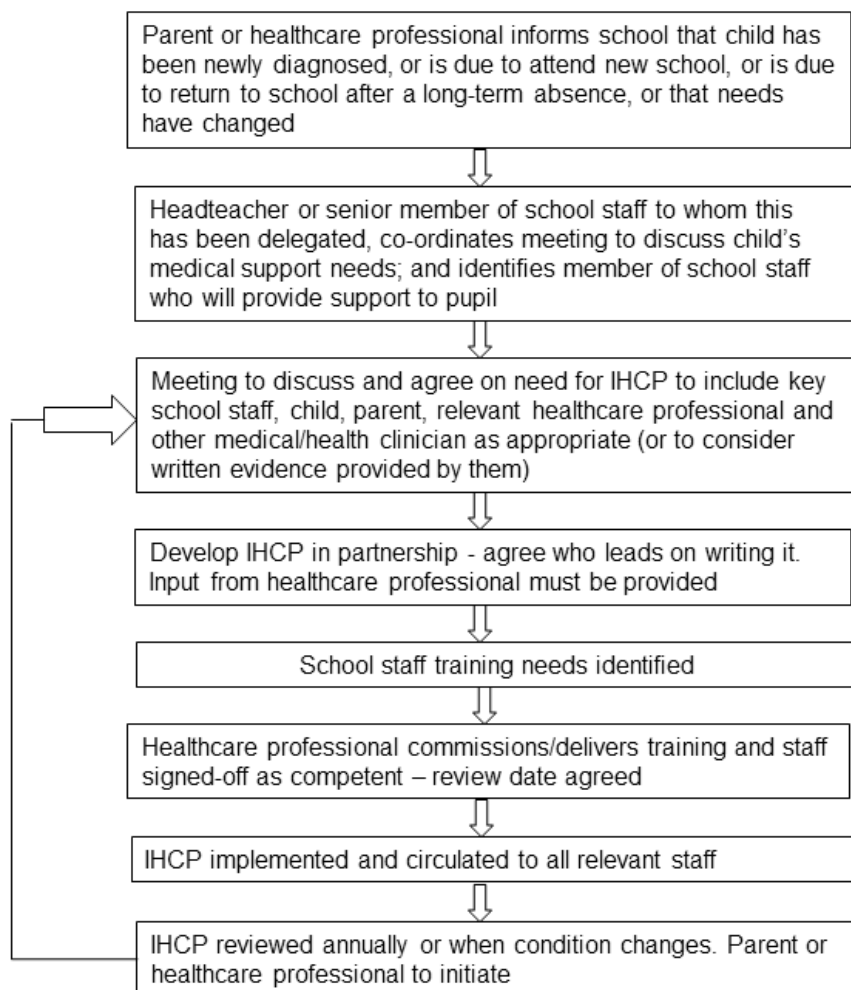
Parents/carers at this school are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change. Staff at this school use opportunities such as teacher-parent 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.

School Asthma record

Parents must complete our asthma paperwork to keep the school updated on their child's medication/asthma control and update the individualised healthcare plan for the child. This can be found on our school website under medicines.

Individual Healthcare Plan Flowchart



Administration of medication 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. 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. This form is located on our website under medicines.

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. The named member of staff is recorded on the child's Individual Healthcare plan.

Types of Medication

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 and this will be published to all staff. 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 named members of staff at this school. In practise this is TAs with First Aid training and senior members of staff. On a day to day basis when this is necessary, daily medication may be administered with training, by the class teacher if they are willing due to unavoidable staff absence.

Non-Prescription Medicines

No child under 16 will be given medicine containing aspirin or medicines containing ibuprofen unless prescribed by a doctor or provided by the parent. 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. Non-prescribed medication includes types of painkillers, anti-allergy tablets, laxative medication and skin creams.

Any non-prescription medication (OTC) should never be given to a child under 16 without their parents' written consent.

Parents will need to fill in a form detailing the requirements and administration or supervision will be recorded in line with the medicine policy. Each case will be discussed and agreed in consultation with the head teacher. The medication provided to school should be shared under doctor's advice.

The care of the medications, labelling and administration will be in line with that for prescribed medications.

Prescribed Medicines

Parents/carers of pupils with medical conditions will ensure that **all** prescribed medication brought in to the school office 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.

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.

Access to their Blue Inhalers

Parents/carers of pupils that have been diagnosed with asthma and have been prescribed an inhaler, can leave one in date and labelled in the class cupboard. *In year 5 and 6* the children take more responsibly for their blue inhalers.

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 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.

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.

Safe disposal

The lead first aider 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. The expiry date will be recorded when medication is provided. 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.

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.

Accessing the School and the Curriculum

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.

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 (SEND). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEND coordinator. The school's SEND 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.

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 SEND coordinator.

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 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.

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.

Home to School Transport

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 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.

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.

Off-Site Visits

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.

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.

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 – self-administer as with sun cream
- heat rash – first aid
- insect bites – first aid
- period pains, headaches – see below
- sore throats, colds and coughs – see below
- muscle stiffness – first aid

In the case of mild sunburn, the child depending on age can self-apply a suitable after sun brought from home in conjunction with their own sun cream. In the case of severe sunburn they should be taken to a walk-in medical centre.

Medication, e.g. for pain relief. Should never be administered without first checking maximum dosages and when the previous dose was taken if it is the first day of a residential trip. Parents should be informed.

Any non-prescription medication (OTC) should never be given to a child under 16 without their parents' written consent. Parents will need to fill in a form detailing the requirements and administration or supervision will be recorded in line with the medicine policy. Each case will be discussed and agreed in consultation with the head teacher.

The care of the medications, labelling and administration will be in line with that for prescribed medications.

If children are very unwell then parents will need to be contacted to collect from the visit.

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.

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 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.

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.

Food Allergies / Intolerances

School Catering

The school will request parents and carers to provide food allergy information. 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 in the kitchen which compiles the pupil's dietary needs into an easy to view format.

Packed Lunches / Snacks

Nut products are not allowed in packed lunches to protect other pupils in the school. 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/Livewell/childhealth6-15/Pages/Lighterlunchboxes.aspx>

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

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.

Activities

Activities such as play dough, 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).

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.

References

Anaphylaxis Campaign- "Catering for Allergy – practical measures"

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

Intimate Care

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.

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).

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.

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 should be present.

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.

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.

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/carers 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 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. Allowing 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.

Allowing the child a choice in the sequence of care. Staff will be aware of and responsive to the child's reactions.

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.

Forms / Reference Documents

Schools and Academies Guidance Sheets

Supporting Pupils with Medical Needs

Risk Assessment

Supporting Pupils with Medical Needs

General Guidance

DfES- 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

DfES- Guidance on infection control in schools and other childcare settings

Emergency Inhalers in Schools

How to Implement Emergency Inhalers in School Procedure

DOH- Guidance on use of emergency inhalers in schools September 2014

Emergency asthma inhaler kit contents and monthly check

Sample contents for letter to a pharmacist when purchasing emergency inhalers spacers

Sample letter to inform parents regarding new policy- emergency inhalers

Consent form- Use of emergency salbutamol inhaler

Asthma Inhaler Pupil Register

How to deal with an asthma attack Schools Poster (Asthma UK)

Sample statement regarding new policy emergency inhalers

Specimen letter to inform parents of emergency salbutamol inhaler usage

Management of Medicines Templates

A Individual Healthcare Plan General

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

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>

Other School Documents

Asthma Policy
First Aid Policy

Monitoring and 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.

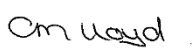
The views of pupils with various medical conditions are actively sought and considered central to the evaluation process.

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

Policy prepared by: Samantha Eyre

Date prepared: October 2024

Date ratified by the Strategic Committee: 23.10.24


Signed:
Mrs C Lloyd 23.10.24

(Chair of the Resources Committee)


Signed:
Mrs S Eyre 23.10.24

(Head Teacher)

Review date: October 2027

Template A: individual healthcare plan

Name of school/setting

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

Template B: parental agreement for setting to administer medicine

The school/setting 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/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

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Medicine

Name/type of medicine
(as described on the container)

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

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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, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Template C: record of medicine administered to an individual child _____

Name of school/setting

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

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Staff signature _____

Signature of parent _____

Date

Time given

Dose given

Name of member of staff

Staff initials

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| | | |

Date

Time given

Dose given

Name of member of staff

Staff initials

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

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

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|-------------------------|--|--|--|
| 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 | | | |

Template D: record of medicine administered to all children

Name of school/setting

[illegible]

Template E: staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

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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

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number 01332 662631
2. your name
3. your location as follows: Meadow Farm Primary School, Foyle Avenue, Chaddesden. Access can also be off Meadow Lane. If you request the ambulance to Meadow Lane, please organise for someone to open the gate.
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code DE21 6TZ
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

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