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## Medical Needs Policy

### Aims

The Children and Families Act 2014 places a duty on maintained schools and academies to make arrangements to support pupils with medical conditions. Individual healthcare plans will normally specify the type and level of support required to meet the medical needs of such pupils. Where children and young people also have SEN, their provision should be planned and delivered in a co-ordinated way with the healthcare plan or Education and Health Care (EHC) plan.

### Individual Healthcare Plans (IHP) and Education and Health Care (EHC) Plans

An individual health care plan (IHP) is used when there is a medical condition for example diabetes, allergies or any health condition that does not need special educational provision to be made (the health condition does not need to be short term).

The purpose of the EHC plan is used where there is a need for SEN provision in order for the special needs of the child to be met to secure the best possible outcomes across education, health and social care. For children with SEN this guidance should be read in conjunction with the SEND Code of Practice 2015

**The purpose and scope of this policy is to clearly lay out the responsibilities for everyone involved in looking after children with medical conditions including guidance on the protocols and procedures which should be followed.**

**Early recognition of any condition and subsequent communication with appropriate parties including parents, school nurses and staff is essential**

A medical condition or need may be:

- short term (such as finishing a course of medication)
- acute (such as an allergic reaction)
- recurrent (such as recurrent asthma or epilepsy)
- long term and persistent (such as conditions experienced by children with complex medical needs).
- Mental health needs
- Learning difficulties

### Role of the Governing Bodies, Management Teams, Proprietors and Management Committees

Almost all children at some time will have a medical condition or need that affects their attendance or ability to take part in play, attend school or take part in extra-curricular activities.

Any condition must be managed so that each child's access to a learning, social and caring environment is safeguarded and that no child is discriminated against on the basis of disability caused by a medical condition. Medicines must be managed and administered safely.

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We aim to provide all children with medical conditions the same opportunities as others. We will endeavour to ensure they can receive a full education and ensure we have plans in place to reintegrate them back into the setting after periods of absence.

We are committed to providing, as far as reasonably practicable, a physical environment that is accessible to children with medical conditions and that relevant children are included in the consultation process (as far as is possible).

We are aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it and that certain conditions are serious and can be potentially life-threatening.

We will ensure the needs of each child with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after the main activities.

We will endeavour to ensure that parents of children with medical conditions feel secure in the care their children receive and that the staff understand the common conditions that affect children and the importance of protecting the dignity of pupils.

We will ensure that staff are aware of the potential social problems children with such conditions may experience. Staff must use this knowledge to try to prevent and deal with problems in accordance with the setting's anti-bullying and behaviour policies.

Staff will aim to include all children with medical conditions, to raise awareness of medical conditions and to help create a positive environment. This can be done by a variety of means such as PSHE, play activities etc.

All staff are informed and regularly reminded about the medical conditions policy:

- through copies handed out at induction training
- through setting communication about results of the monitoring and evaluation of the policy
- all supply and temporary staff (and volunteers where appropriate) are informed of the policy and their responsibilities.
- the Governing Body ensures health and safety policies and risk assessments are inclusive of the needs of children with medical conditions.

### **Developing the Setting's Policy**

This policy will be reviewed regularly and will ensure that we:

- Make sure the medical conditions policy is effectively monitored and evaluated and regularly updated
- Monitor and review the policy at least once a year, with input from children (as appropriate), parents, staff and external stakeholders
- Review the policy on an annual basis taking into account any recommendations and/or changes in legislation and local or national guidance

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- Report to parents, children, staff and the local authority and other key stakeholders about the implementation, successes and areas for improvement of this setting’s medical conditions policy

Parents are informed and regularly reminded about the medical conditions policy through the school website.

### Policy Implementation

The headteacher has the overall responsibility for the implementation of this policy. They will delegate responsibility to the deputy headteacher in their absence

They have the responsibility for:

- Ensuring sufficient staff are suitably trained in dealing with medical conditions and administration of medicines (Section 7)
- A commitment that all relevant staff will be made aware of the child’s condition (Section 6)
- Cover arrangements in case of staff absence or staff turnover to ensure someone is always available.
- Briefing for supply staff and volunteers in ensuring they are aware of the policy and those children affected.
- Risk assessments for establishment visits, holidays and other social activities outside of the setting’s normal routine.
- Monitoring of individual healthcare plans.

### Procedure to be Followed when Notification is Received that a Pupil has a Medical Condition

Appoint a named person(s) who is responsible for supporting the child with medical needs.

This role includes any transitional arrangements between schools is in place, or when the child’s condition changes and further staff training is required.

- Ensure the right support is in place when the child starts. This may require consultation with parents, often several weeks beforehand, and any medical evidence available if the condition is unclear.
- If a child leaves our school, arrangements are in place **before** the child starts the new setting
- Ensuring that health care plans or EHCs have been completed/updated.

<p style="text-align: center;"><b>ACTION</b></p> <p><b>Form sent out by school asking parents to identify any medical conditions.</b></p> <ul style="list-style-type: none"> <li>• <b>Transition discussions</b></li> <li>• <b>At start of school year</b></li> <li>• <b>New enrolment (during the school</b></li> </ul>	<p style="text-align: center;">Office staff SENCO</p>
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<b>year)</b> <b>• New diagnosis informed by parents</b>	
School collates response and identifies those needing individual health plans .	Parents SLT Medicines Coordinator
Parents and SENCO/ medicines coordinator work together to write individual healthcare plan	Parents SLT Medicines Coordinator
Review the IHP, contacts parents if necessary and discuss with school designated person. Stored in school according to policy.	Parents SLT Medicines Coordinator

### **MEDICAL CONDITIONS INFORMATION PATHWAY**

Pupils with medical conditions requiring Individual Health Plan are: diabetes, epilepsy with rescue medication, anaphylaxis, gastronomy feeds, central line or other long term venous access, tracheotomy, severe asthma that has required a hospital admission within the last 12 months and others.

### **Individual Healthcare Plans**

Not all children with medical needs will require an individual plan. A short written agreement with parents may be all that is necessary.

Consultation with the healthcare professional and parent should determine whether a healthcare plan is appropriate.

If a consensus cannot be reached the decision will be taken by the head teacher. A healthcare plan should be in place where there is a high risk that emergency intervention will be needed and/or where medical conditions are long-term and complex.

The plan should include arrangements for all activities where arrangements need to be put in place to ensure the well-being of the child e.g. transport arranged by the setting or the Council, off-site visits, provision of meals, curricular activities etc

The level of detail within a plan will depend on the complexity of the child's condition and the degree of support needed. Different children with the same condition may require very different support.

### **USE OF INDIVIDUAL HEALTHCARE PLANS**

Individual Healthcare Plans are used for planning the child's medical needs to;

- inform the appropriate staff about the individual needs of a child with a medical condition in their care
- remind children with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times

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- identify common or important individual triggers for children with medical conditions that bring on symptoms and can cause emergencies.
- ensure that all medication stored in school is within the expiry date
- ensure local emergency services have a timely and accurate summary of a child's current medical management and healthcare in the event of an emergency
- remind parents of children with medical conditions to ensure that any medication kept at our school for their child is within its expiry dates. This includes spare medication.
- Ensure IHPs are reviewed on a regular basis considering changes in the medical condition or changes in medication.

Further documentation can be attached to the Healthcare Plan if required.

If a child has a short-term medical condition that requires medication during setting hours, a medication form must be completed by the parents.

The parents should confirm all the medical information, in writing, and, in cases of complex or serious conditions this should be verified by the GP, consultant, specialist nurse or dietician, also in writing.

### **ONGOING COMMUNICATION AND REGULAR REVIEW OF HEALTHCARE PLANS**

Parents at Pattishall CE Primary School are regularly reminded to update their child's Individual 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 have changed.

Staff use opportunities such as parents' consultation evenings to check that information held by the school on a child's condition is accurate and up to date.

Every pupil with an Individual Healthcare Plan will need to have their plan discussed and reviewed if there are any changes in the child's medical needs/condition.

### **STORAGE AND ACCESS TO INDIVIDUAL HEALTHCARE PLANS**

Parents and children are provided with a copy of the child's current agreed Individual Healthcare Plan.

Individual Healthcare Plans are kept in a secure central location in the headteachers office.

Specified members of staff (class teachers) securely hold copies of children's Individual Healthcare Plans. When the central copy is updated all specified members of staff will be given a copy of the updated version.

All members of staff who work with groups of children have access to the Healthcare Plans of children in their care.

When a member of staff is new to a group of children, for example due to staff absence, we make sure that they are made aware of (and have access to) the Healthcare Plans of children in their care.

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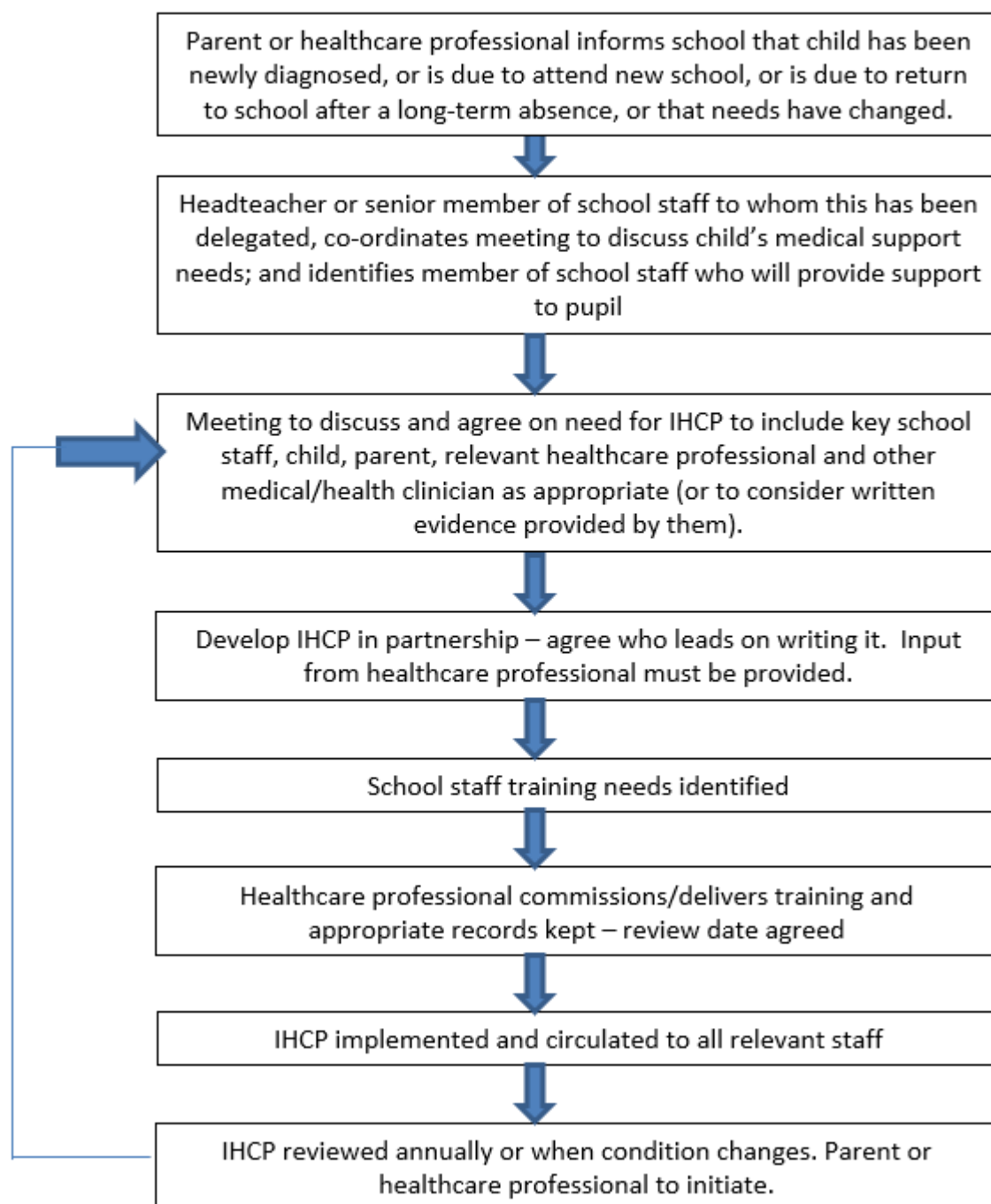


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The child's confidentiality is protected at all times.

Permission from the child and parents is sought before sharing any medical information with any

**Model process for developing individual healthcare plans  
(DfE Supporting pupils with medical needs 2016)**



other party

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An Individual Healthcare Plan is completed for all children with a long-term medical condition. This is completed and/or reviewed

- at the start of the setting year
- at enrolment
- when a diagnosis is first communicated to the setting.
- when the situation changes as informed by the parents/carers

Some consultant paediatricians, GP's and specialist nurses may routinely provide a specialist individual healthcare plan. Depending on the nature and severity of the child's medical needs this may negate the need for an additional health care plan to be produced by the childcare setting or school.

For the most severe conditions it is important to establish the team around the child in consultation with the parents, appropriate healthcare professionals and other specialists. In some situations, it may be necessary to involve specialist nursing support or the community nursing team. In some circumstances it may also be appropriate to involve the child/young person themselves.

### **COMMON CHRONIC CONDITIONS**

Some children suffer from chronic medical conditions, which may require urgent action to prevent a possible life-threatening situation from developing. The following chronic or potentially life-threatening medical conditions are commonly found amongst the children:

- Anaphylaxis (severe allergic reaction)
- Epilepsy
- Asthma
- Diabetes

In these cases, it will usually be necessary to draw up an **individual health care plan**.

Children with any chronic illness will not be excluded from any activity unless it is deemed unsafe for them to participate. Their medical needs will be assessed in line with their individual health care plan. They will be fully supported to complete any activity if it is deemed safe.

### **LESS COMMON CONDITIONS AND MORE COMPLEX NEEDS**

It is beyond the scope of this document to cover every medical condition that may be encountered. However, all staff should follow the principles of this guidance and develop relevant health care plans where necessary.

### **MEDIC ALERT – BRACELETS/NECKLACES**

These are worn to alert others of a specific medical condition in case of an emergency. As these items can be a source of potential injury in games or practical activities, please consider whether, in certain circumstances, it would be appropriate to remove them temporarily and have them kept safe by the person in charge of the activity. In such cases, staff need to be alert to the significance



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of these bracelets/necklaces and be clear to whom they belong when removing and taking charge of them.

## **OFF-SITE EDUCATION**

The school has the primary duty of care to assess the suitability of all off site provision. Equally there is a responsibility on the provider to undertake a risk assessment to identify significant risks and necessary control measures when children/young people are on site.

## **Confidentiality**

School staff should always treat medical information confidentially. They should agree with the child/young person where appropriate, or otherwise the parent, who else should have access to records and other information about the student. It is essential that relevant staff are informed on a strictly need to know basis. However, there may be circumstances where a significant number of staff would need to be informed of a child's condition e.g. anaphylaxis.

Young people and parents will be informed that certain medical information may have to be shared with third parties when involved in off-site activities such as outdoor centres, swimming pools, travelling abroad and/or where a condition may impact on the activity.

## **Roles and Responsibilities**

We work in partnership with all interested and relevant parties e.g. the senior leadership team/governing body, all staff, parents, employers, community healthcare professionals and pupils and young people in our care to ensure the policy is planned, implemented and maintained successfully.

The following roles and responsibilities are used for the medical conditions policy. These roles are understood and communicated regularly.

### *Head Teacher:*

- Ensure that Pattishall CE Primary School is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- Liaise between interested parties including children as appropriate, named staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, setting nurses, parents, governors, the setting health service, local health care professional the local authority transport service, catering providers and local emergency care services
- Ensure the policy is put into action, with good communication of the policy to all
- Ensure every aspect of the policy is maintained
- Ensure that information held by the setting is accurate and up to date and that there are good information sharing systems in place using Healthcare Plans
- Ensure confidentiality
- Ensure staff are appropriately insured.
- Assess the training and development needs of staff and arrange for them to be met

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- Ensure all temporary and new staff, including trainees and work placements and those on work experience, know the medical conditions policy.
- Inform and share information with community nurses, LAC nurses, school nurses if any new information comes to light.

*All staff have a responsibility to:*

- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- Understand the school medical conditions policy
- Ensure they are trained to achieve the necessary competence.
- Know what to do and respond accordingly when a pupil with medical conditions needs help.
- Know which children in their care have a medical condition and be familiar with the content of the child's Healthcare Plan
- Allow all children where appropriate to have immediate access to their emergency medication
- Maintain effective communication with parents including informing them if their child has been unwell.
- Ensure children who carry their medication with them have it with them at all times including off site visits or where they may be relocated to another part of the setting
- Be aware of children 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 children (children should not be forced to take part in any activity if they feel unwell)
- Ensure all children with medical conditions are not excluded unnecessarily from activities they wish to take part in
- Ensure children have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

*School staff have a responsibility to:*

- Manage the day to day protocols around the condition of the child/ren.
- 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, 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.

*First aiders have a responsibility to:*

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- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the setting
- When necessary, ensure that an ambulance or other professional medical help is called and as prescribed in the healthcare plan.

*Special educational needs coordinators have the responsibility to:*

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

*The school nurse or healthcare professional (Paediatrician, specialist nurses, GPs) has a responsibility to:*

- Help update the school medical conditions policy
- Inform the school when a child has been identified as having a medical condition, if known, which requires support.
- Help provide advice and training for staff in managing the most common medical conditions at this setting
- Liaise with lead clinicians locally on appropriate support and to provide information about where the school can access other specialist training.
- Obtain consent from the parent to share information with the school.
- Working alongside the parent, LA and school to ensure the child remains in the setting.

*Individual doctors and specialist healthcare professionals have a responsibility to:*

- To assist in the child's Healthcare Plans provided by parents for those children with complex medical needs
- Notify the school nurse when a child has been identified as having a medical condition.
- Ensure children and young people have regular reviews of their condition and their medication
- Provide the setting with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents)
- Understand and provide input in to the setting's medical conditions policy.

*The children at the setting as far as is reasonably practicable have a responsibility to:*

- Treat other children with and without a medical condition equally
- Tell their parents or teacher or nearest staff member when they are not feeling well
- Let a member of staff know if another child is feeling unwell

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- Let any child 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
- Subject to their age and understanding to know how to take their own emergency medication and to take it when they need it
- Ensure a member of staff is called in an emergency situation.

*The parents of a child have a responsibility to:*

- Tell the school if their child has a medical condition and ensure the school has sufficient and up to date information including the Healthcare Plan, where appropriate, for their child
- Inform school about the medication their child requires whilst in their care
- Inform school of any medication their child requires while taking part in visits, outings or field trips and other off-site activity
- Inform school of any changes to their child's condition or changes to their child's medication, what they take, when, and how much
- Ensure their child's medication and medical devices are labelled with their child's full name and within expiry dates.
- Provide school with appropriate spare medication labelled with their child's name
- Keep their child at home if they are not well enough to attend setting
- Ensure their child catches up on any work they have missed
- Ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.
- Where a child has home to school transport, it is the parent's responsibility (not the setting) to inform Transport of any medical needs that their child suffers from before they sign the contract.

***Parents are respectfully reminded that they will need to ensure all necessary information is made available to other parties outside school who may care for their child e.g. out of school clubs. All organisations where you leave your child in their care will have similar arrangements in place to these.***

*The catering provider has responsibilities to:*

- Establish communications and training for all school food service staff
- Develop and review policies and procedures regarding the provision of special diets and severe food allergies
- To assist the head teacher to determine whether a school meal can be provided to children with food allergies and/or food intolerances.

*Lunch time supervisors have a responsibility to:*

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- In the event of a suspected allergic reaction, the nearest trained volunteer in administering the Adrenalin auto-injector will be called. In addition, the emergency medical services will be called immediately (999).

## **Staff Training and Support**

**Staff must not give prescription medicines or undertake health care procedures without appropriate training\* (updated to reflect any individual healthcare plans).**

**\*Appropriate training is described by the DfE as:** There may be some cases where written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils' individual health care plans.

Appropriate training will vary depending on the medication concerned and how it is to be administered. The governing body should ensure that the school has a clear policy on how staff training needs will be assessed, and how and by whom training will be commissioned and provided. Training needs should be identified during the development or review of individual healthcare plans. Relevant healthcare professional(s) should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained.

Staff should be aware that guidance from their unions may differ from this advice.

The Senior Leadership Team should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

Where specific training is needed, this is given to all staff members who agree to administer medication and should be supported by health professionals where needed eg using an EpiPen or responding to a child who is having an epileptic fit.

Settings should seek and receive advice and training from health professionals where children have long term or complex needs. Training is refreshed on a task needs analysis.

If a trained member of staff who is usually responsible for administering medication is not available, we will make alternative arrangements. This is always addressed in the risk assessment and management arrangements. This includes off-site activities.

## **The Child's Role in Managing their own Medical Needs**

Children with medical conditions are encouraged to take control of their condition subject to their age and understanding and where responsible enough to do so. They should feel confident in the support they receive from us to help them do this. This should be noted in the health care plan.

Emergency medication is kept in the classroom (inhalers and EpiPens). All other medication is kept in the school office. On off-site or residential visits, where children are deemed responsible enough, children carry their own emergency medication. Otherwise, a member of staff who is easily accessible is responsible for this.

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If a child refuses to take their own medicine, staff should not force them to do so. Parents should be informed as soon as is practicable.

### **Managing Medicines on the Premises**

It is not necessary for a prescription to be obtained for medicines readily available over the counter (e.g. paracetamol, ibuprofen etc.) however parental consent is necessary. Over the counter medicines are widely available without prescription and the full information is printed on the products; advice on individual products can be sought from a community pharmacy. NHS services are unlikely to provide a prescription for over the counter medicines as the expectation is that families self-care for minor illnesses.

Risk assessment and management procedures must be clearly understood by all.

The Headteacher is responsible for decisions regarding the administration of medicines and for assessing and managing risk and making sure all members of staff are aware of the policy for managing medicines.

Medicines should only be administered when it would be detrimental to a child's health or attendance not to do so. Medicines that need to be taken three times a day could be taken in the morning, after school and before bedtime without any detriment to the child's health.

All use of medication defined as a controlled drug, even if the child can administer the medication themselves, is done under the supervision of a named member of staff.

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 child taking medication unless they have been specifically contracted to do so.

For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to children under the age of 16 or 19 in sixth form colleges and special schools, but only with the written consent of the child's parent and information being available on dosage, timings etc.

Parents understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that **they** should notify the setting immediately.

All staff attending off-site visits are aware of any child with medical conditions on the visit.

They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

If a child misuses medication, their own or another child's, their parents are informed and medical advice is sought as soon as possible. These children are subject to the setting's usual disciplinary procedures.



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## **SAFE STORAGE – EMERGENCY MEDICATION**

Emergency medication is readily available to children and/or staff required to administer it at all times during the day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.

## **SAFE STORAGE – NON-EMERGENCY MEDICATION**

All non-emergency medication is kept securely, in a lockable cupboard in a cool dry place.

Staff ensure that medication is only accessible to those for whom it is prescribed.

## **SAFE STORAGE – GENERAL**

It is the parent's responsibility to ensure new and in date medication comes into us on the first day of the new academic year or when a child starts at a new setting.

All controlled drugs are kept in a locked cupboard and only named staff have access, even if a child normally administers the medication themselves.

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.

The identified member of staff, along with the parents of children with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labelled with the child's name, the name and dose of the medication and the frequency of dose. This includes all medication that children carry themselves.

All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the child's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.

The only exception to this will be insulin pens which have daily variable doses.

## **SAFE DISPOSAL**

Parents are asked to collect out-of-date medication.

If parents do not pick up out-of-date medication, it will be taken to a local pharmacy for safe disposal.

Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or consultant on prescription. All sharps boxes in are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.

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 the setting or the child's parent.





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Collection and disposal of sharps boxes can be arranged with the local authority's Environmental Services or alternatively the school should take them to the local pharmacy.

## **Record Keeping HEALTHCARE PLAN REGISTER**

Individual Healthcare Plans are kept with the child's individual records.

The responsible member of staff liaises with the parents on any details on a child's Individual Healthcare Plan and/or if permission for administration of medication is unclear or incomplete.

### **CONSENT TO ADMINISTER MEDICINES**

If a child requires regular prescribed or non-prescribed medication, parents are asked to provide consent on their child's Individual Healthcare Plan giving the child or staff permission to administer medication on a regular/daily basis, if required.

A medication request form must be completed and is required from parents for children taking short courses of medication that cannot be given to the child outside attendance at the setting.

All parents of children with a medical condition who may require medication in an emergency are asked to provide consent on the Healthcare Plan for staff to administer medication.

If a child requires regular/daily help in administering their medication then school outlines the arrangements to administer this medication on the child's Individual Healthcare Plan. School and parents keep a copy of the Healthcare plan.

Parents of children with medical conditions are all asked at the start of the school year if they and their child's healthcare professional believe the child subject to their age and understanding is able to manage, carry and administer their own emergency medication. This should be recorded on the HCP.

### **RESIDENTIAL VISITS**

Parents are sent a residential visit form to be completed and returned to the school. This should be completed as soon as possible after the initial plans for the trip have been confirmed. This form requests up-to-date information about the child's current condition and their overall health and provides essential and up-to-date information to relevant staff and setting supervisors to help the child manage their condition while they are away. This includes information about medication not normally administered by school.

Parents should be reminded that this information is accurate and up to date and that they need to inform the staff of any changes to the medical information regarding their child.

All residential visit forms are taken by the relevant staff member on visits and for all off-site activities where medication is required. These are accompanied by a copy of the child's Healthcare Plan.



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All parents of children with a medical condition attending an off-site visit or overnight visit are asked for consent, giving staff permission to administer medication at during their time away if required.

The residential visit form also details what medication and what dose the child 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 child manage their condition while they are away.

### **OTHER RECORD KEEPING**

When an individual child is given or is supervised taking medication details of the supervising staff member, child, dose, date and time are recorded. If a child refuses to have medication administered, this is also recorded and parents are informed as soon as possible.

When staff are trained, a log of the medical condition training is kept centrally and by the school/setting and is reviewed every 12 months to ensure all new staff receive training.

All staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The setting keeps a register of staff that have had the relevant training.

School keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

### **Emergency Procedures**

The governing body should ensure that the policy sets out what should happen in an emergency situation:

All staff have been informed that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.

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

- how to contact emergency services and what information to give
- who to contact within the school.

School ensures all staff are aware of the most common serious medical conditions and understand their duty of care to young people in the event of an emergency and feel confident in knowing what to do in an emergency.

All staff who work with groups of children and young people receive training and know what to do in an emergency for the children and young people in their care with medical conditions.

Our school uses Individual Healthcare Plans to inform the appropriate staff (including temporary staff and support staff) of children and young people in their care who may need emergency help.



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School has procedures in place so that should an emergency occur a copy of the child's Healthcare Plan is sent to the emergency care setting with the child. On occasions when this is not possible, the plan is sent (or the information on it is communicated) to the emergency staff as soon as possible.

If a child needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. Every effort will be made to send a member of staff whom the child is familiar with.

Generally, staff should not take pupils to hospital in their own car, but there may be times when this is appropriate. Permission must be sought from the most senior leaders present and the hospital and parents notified that this is happening.

### **ASTHMA – SCHOOL EMERGENCY INHALERS**

At Pattishall Primary School we recognise that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma. We ensure that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities.

This is achieved through:

1. Ensuring that children have access to asthma pumps as needed.
2. Keeping a record of all pupils with asthma and the medicines they take.
3. Creating a whole school environment, including the physical, social, sporting and educational environment, that is favourable to pupils with asthma.
4. Helping all pupils to understand asthma as a medical condition.
5. Making sure that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in the event of an asthma attack.
6. Working in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/carers, Local authority, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

### **ASTHMA MEDICINES**

7. Immediate access to reliever medicines is essential.
8. School staff are not required to administer asthma medicines to pupils (except in an emergency). All staff will let pupils take their own medicine when they need to. This is supervised either by a qualified first Aider, the Headteacher or the Deputy Headteacher.

### **Day Trips, Residential Visits and Sporting Activities**

We will take every reasonable measure to ensure that off-site visits and sporting events are available and accessible to all, irrespective of medical needs, but that this should not encroach unduly on the overall objectives of the activity or the rest of the group. Under the Equality Act (2010) if, after reasonable adjustments have been planned, the risk assessment indicates there is a risk to the health and safety of the individual or the group then this fact overrides the Equality Act.

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## **SPORTING ACTIVITIES**

We understand the importance of all children taking part in sports, games and activities and as such all staff and sports coaches make appropriate adjustments to sports.

Most children with medical conditions can take part in the PE curriculum, sports activities, extra-curricular sport and a range of sporting activities. Clearly identify any restrictions on a child's ability to take part in PE or sporting activities and incorporate these in their individual health care plan. Schools can find further guidance in the AfPE publication *Safe Practice in Physical Education and School Sport* – previously supplied to all schools.

## **RESIDENTIAL VISITS**

Individual risk assessments are carried out prior to any out-of-setting visit and medical conditions are considered during this process. Factors this setting considers include: how all children will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

It is understood that there may be additional medication, equipment or other factors to consider when planning residential visits. Consideration will be taken of additional medication and facilities that are normally available at the setting.

## **Unacceptable Practice**

Staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, but it is not generally acceptable practice to:

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

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## **Liability and Indemnity**

The leadership team has ensured appropriate insurance and indemnity is in place for all staff involved in the care of young people with medical conditions and those volunteers who administer medication to pupils with medical conditions **including appropriate training and/or qualifications which may be required.**

## **Complaints**

Any parents of pupils dissatisfied with the support provided should discuss their concerns directly with the school. If this cannot be resolved parents may make a formal complaint via the school's complaints procedure. The Headteacher will have overall responsibility that this Policy is implemented and that risk assessments for school visits are undertaken.

The SLT Team will ensure that sufficient staff are suitably trained, cover arrangements are in place, supply teachers are briefed and IHP's are monitored. This policy is reviewed, evaluated and updated in line with the school's policy review timeline – every year, or earlier if necessary. The views of pupils with various medical conditions may be sought and considered central to the evaluation process.