

CLINTON PRIMARY SCHOOL

MEDICAL CONDITIONS AT SCHOOL POLICY



NOVEMBER 2018

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1. This school is an inclusive community that aims to support and welcome pupils with medical conditions

a. This school understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enroll in the future.

b. This school aims to provide all children with all medical conditions the same opportunities as others at school. We will help to ensure they can:

- + be healthy
- + stay safe
- + enjoy and achieve
- + make a positive contribution
- + achieve economic well-being.

c. Pupils with medical conditions are encouraged to take control of their condition. Pupils feel confident in the support they receive from the school to help them do this.

d. This school aims to include all pupils with medical conditions in all school activities.

e. Parents* of pupils with medical conditions feel secure in the care their children receive at this school.

f. The school ensures all staff understand their duty of care to children and young people in the event of an emergency.

g. All staff feel confident in knowing what to do in an emergency.

h. This school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

i. All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact this can have on pupils.

j. The medical conditions policy is understood and supported by the whole school and local health community.

k. Where a child has been unwell at school and / or has had to take their medication out of the planned routine (for example use of inhaler as a result of breathlessness in PE), parents will be informed.

* The term 'parent' implies any person or body with parental

responsibility such as foster parent, carer, guardian or local authority.

2. Government advice followed by Clinton Primary School

- a. medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- b. no child under 16 will be given prescription or non-prescription medicines without their parent's written consent.
- c. a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.
- d. where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- e. We will only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- f. all medicines will be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips
- g. when no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
- h. a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. We will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held
- i. school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. We will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school

3. This school's medical conditions policy has been drawn up in consultation with a wide range of local key stakeholders within both the school and health settings

a. This 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:

- + pupils with medical conditions
- + parents
- + school nurse
- + head teacher
- + teachers
- + special educational needs coordinator
- + members of staff trained in first aid
- + all other school staff
- + school governors.

b. The views of pupils with various medical conditions were actively sought and considered central to the consultation process.

c. All key stakeholders were consulted in two phases:

- + initial consultation during development of the policy
- + comments on a draft policy before publication.

d. This school recognises the importance of providing feedback to those involved in the development process and is committed to acknowledging input and providing follow-up to suggestions put forward.

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

a. As part of PSHE and the wider school ethos of inclusivity and the importance we place on 'pupil voice', aspects of the medical conditions policy are discussed.

b. Parents are informed and regularly reminded about the medical conditions policy:

- + by including the policy statement in the school's prospectus and signposting access to the policy
- + at the start of the school year when communication is sent out about Healthcare Plans.
- + in the school newsletter at several intervals in the school year
- + when their child is enrolled as a new pupil
- + via the school's website, where it is available all year round
- + through governor meeting minutes where the success of the policy is reviewed.

c. School staff are informed and regularly reminded about the medical conditions policy:

- + through copies handed out at the first staff meeting of the school year and before Healthcare Plans are distributed to parents
- + at scheduled medical conditions training
- + through the key principles of the policy being displayed in several prominent staff areas at this school
- + through school-wide communication about results of the monitoring and evaluation of the policy
- + all supply and temporary staff are informed of the policy and their responsibilities.

d. Relevant local health staff are informed and regularly reminded about the school's medical conditions policy:

- + by letter accompanied with a printed copy of the policy at the start of the school year
- + via primary care trust (PCT) links and the school/community nurse
- + through communication about results of the monitoring and evaluation of the policy.

e. All other external stakeholders are informed and reminded about the school's medical conditions policy:

- + by letter accompanied with a printed copy of the policy summary at the start of the school year
- + through communication about results of the monitoring and evaluation of the policy.

5. All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school

- a. All staff at this school are aware of the most common serious medical conditions at this school.
- b. Staff at this school understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
- c. 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.
- d. Training is refreshed for all staff who have contact with children at least once a year. This will always include training for anaphylaxis and asthma as well as for other conditions that specific children in the school population have.
- e. Information is provided for staff as follows:
 - Action for staff to take in an emergency for the common serious conditions at this school is displayed in prominent locations for all staff, specifically in the staffroom, at the front of all registers and in all first aid boxes ('What to do in the event of an asthma attack' and 'anaphylaxis' notices).
 - This school uses Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help. A copy of each child's care plan should be kept with the first aid items in each classroom. These contain confidential information and should be kept securely. A copy is also kept with each child's data sheet in the office, and a further copy in a central file in the medical drawer in the office.
 - In addition, a photo sheet is created at the start of the school year showing each child who has asthma / allergies / other medical conditions (photo, name, year, brief description of condition / medication). Copies are provided for all class teachers, midday supervisors and the kitchen.
- f. Photographs of first aiders are made visible for all to see, in the entrance hall and at other points around school. Staff are regularly reminded who their first aiders are. Volunteers and those on work experience are also informed about what to do in case of an emergency as part of their induction.
- h. If a pupil needs to be sent to an emergency care setting, a copy of their Healthcare Plan will be taken from the central file in the office and sent with them.

6. All staff understand and are trained in the school's general emergency procedures

a. 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.

b. Training is refreshed for all staff at least once a year and the Headteacher is responsible for arranging this training.

c. Action to take in a general medical emergency is displayed in prominent locations for staff, with copies in first aid boxes.

d. Emergency inhalers are kept in the classrooms along with a list of those children for whom we have consent to use them. Epipens for food-related allergies are kept in the office. Epipens for other allergies will normally be kept in the classroom.

d. If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows.

e. Generally, staff should not take pupils to hospital in their own car. This should be undertaken only if all other means of transport have been ruled out, and the procedures in Section 3 of 'Transporting children, young people and adult customers safely guidance' should be followed (these apply to any instance where staff are transporting children). The document is available on the WCC Health & Safety web page.

7. The school has clear guidance on the administration of medication at school

Administration – emergency medication

a. All pupils at this school with medical conditions have **easy access to their emergency medication**. Medication is kept either in classrooms (in cupboards marked by a red cross) or in the office (again in a cabinet marked by a red cross).

b. All pupils are encouraged to carry and administer their own inhalers and certain emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition. Older pupils carry their emergency medication with them at all times when off site, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971.

For younger children, a key member of staff will carry the emergency medication. Parents of Y6 children will be asked at the start of the year whether they wish their child to carry their own inhaler rather than it being kept in the classroom. Epipens will continue to be kept in the classroom or office as appropriate.

c. Pupils who do not carry and administer their own emergency medication know where their medication is stored and how to access it.

d. Pupils who do not carry and administer their own emergency medication understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their medication safely.

Administration – general

e. All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under the supervision of a named member of staff at this school, and witnessed by another member of staff.

f. This school understands the importance of medication being taken as prescribed.

g. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so.

h. Many members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written consent of the pupil's parent.

i. Training is given to all staff members who agree to administer medication to pupils, where specific training is needed. The local authority provides full indemnity.

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

k. In some circumstances medication is only administered by an adult of the same gender as the pupil, and witnessed by a second adult.

l. Parents at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.

m. If a pupil at this school refuses their medication, the staff attempting to administer the medication consult another member of staff (child's teacher or TA,

SENCo, headteacher) to give them the opportunity to speak to the child. If the child continues to refuse, staff record this and inform parents as soon as possible.

n. If a pupil at this school needs supervision or access to medication during home to school transport organised by the local authority, properly trained escorts are provided. All drivers and escorts have the same training as school staff, know what to do in a medical emergency and are aware of any pupils in their care who have specific needs. If they are expected to supervise or administer emergency medication they are properly trained and have access to the relevant Healthcare Plans.

o. All staff attending off-site visits are aware of any pupils 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.

p. If a trained member of staff, who is usually responsible for administering medication, is not available this school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

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

8. This school has clear guidance on the storage of medication at school

Safe storage – emergency medication

a. Emergency medication is readily available to pupils who require it at all times during the school 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.

b. Medication is stored in classrooms for a lot of children, and there are strict rules for other children not to access this.

Safe storage – non-emergency medication

c. All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Pupils with medical conditions know where their medication is stored and how to access it.

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

Safe storage – general

- e. There is an identified member of staff who ensures the correct storage of medication at school.
- f. All controlled drugs are kept in a locked cupboard and only named staff have access, even if pupils normally administer the medication themselves.
- g. Three times a year the identified member of staff checks the expiry dates for all medication stored at school.
- h. The identified member of staff, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labelled with the pupil's name, the name and dose of the medication and the frequency of dose. This includes all medication that pupils carry themselves.
- i. All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- j. Medication is stored in accordance with instructions, paying particular note to temperature.
- k. Some medication for pupils at this school 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.
- l. All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays.
- m. It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

Safe disposal

- n. Parents at this school are asked to collect out-of-date medication.
- o. If parents 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.
- p. A named member of staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year and is always documented.

q. Sharps boxes are used for the disposal of needles. Parents 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.

r. 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.

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

9. This school has clear guidance about record keeping

Enrolment forms (Data Sheets)

a. Parents at this school are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year. Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.

Healthcare Plans

Drawing up Healthcare Plans

b. This school uses a Healthcare Plan to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Healthcare Plan if required.

See Appendix 1

c. A Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long-term medical condition. This is sent:

- + at the start of the school year
- + at enrolment
- + when a diagnosis is first communicated to the school.

d. If a pupil has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the pupil's parents to complete. This form is also used to record administration of the medicine.

See Appendix 2

e. A separate form is used to record the administration of controlled medication (which is usually being given on a long-term basis). The dosage would be as outlined on the Healthcare Plan.

See Appendix 3

f. The parents, healthcare professional and pupil with a medical condition, are asked to fill out the pupil's Healthcare Plan together. Parents then return these completed forms to the school.

g. This school ensures that a relevant member of school staff is also present, if required to help draw up a Healthcare Plan for pupils with complex healthcare or educational needs.

School Healthcare Plan register

h. Healthcare Plans and SIMS data are used to create a centralised register of pupils with medical needs. An identified member of staff has responsibility for the register at this school.

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

Ongoing communication and review of Healthcare Plans

j. Parents 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.

k. 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.

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

Storage and access to Healthcare Plans

m. Parents and pupils at this school are provided with a copy of the pupil's current agreed Healthcare Plan.

n. Healthcare Plans are kept in a secure central location at school.

o. Apart from the central copy, specified members of staff (agreed by the pupil and parents) securely hold copies of pupils' Healthcare Plans. These copies are updated at the same time as the central copy.

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

q. When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access

to) the Healthcare Plans of pupils in their care.

r. This school ensures that all staff protect pupil confidentiality.

s. This school seeks permission from parents to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Healthcare Plan.

t. This school seeks permission from the pupil and parents before sharing any medical information with any other party, such as when a pupil takes part in a work experience placement.

Use of Healthcare Plans

Healthcare Plans are used by this school to:

- + inform the appropriate staff and supply teachers about the individual needs of a pupil with a medical condition in their care
- + remind pupils 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
- + identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. The plan explains explicitly what constitutes an emergency for the child and the actions to take in such a case. This school uses this information to help reduce the impact of common triggers
- + ensure that all medication stored at school is within the expiry date
- + ensure this school's 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
- + remind parents of pupils with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

Consent to administer medicines

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

v. A separate form is sent to parents for pupils taking short courses of medication. Where appropriate, staff will check with parents on a daily basis (eg when a parent has asked for the medication to be given only if required and the medication involved is paracetamol or other drug where there is a minimum safe period between doses, staff will speak to parents before administering).

v. All parents of pupils 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.

w. 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. The school and parents keep a copy of this agreement.

x. Parents of pupils with medical conditions at this school are all asked at the start of the school year if they and their child's healthcare professional believe the child is able to manage, carry and administer their own emergency medication.

Residential visits

x. Parents are sent a residential visit form to be completed and returned to school shortly 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. 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.

See Appendix 4

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

z. All parents 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.

aa. The residential visit form also details what medication and what 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.

See Appendix 1 – Form 4

Other record keeping

bb. This school keeps an accurate record 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 are informed as soon as possible.

See Appendices 2 and 3

cc. This school holds training on common medical conditions once a year. All staff attending receive a certificate confirming the type of training they have had.

A log of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive training.

dd. All school staff who volunteer or who are contracted to administer medication or to provide medical attention beyond giving simple medication, are provided with training by a healthcare professional. This training is personalised depending on the medical needs of the child and will be provided to several staff in case of absence or turnover. The school keeps a register of staff who have had the relevant training, updating training where necessary

See Appendix 5

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

10. This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities

Physical environment

a. This school is committed to providing a physical environment that is accessible to pupils with medical conditions.

b. Pupils with medical conditions are included in the consultation process to ensure the physical environment at this school is accessible.

c. This school's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this sometimes means changing activities or locations.

Social interactions

d. This school ensures 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.

e. This school ensures the needs of pupils with medical conditions are adequately considered to ensure they have full access to extended school activities such as school discos, before school club, school productions, after school clubs and residential visits.

f. All staff at this school are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.

g. Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

Exercise and physical activity

h. This school understands the importance of all pupils taking part in sports, games and activities.

i. This school ensures all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.

j. This school ensures all classroom teachers, PE teachers and sports coaches understand that pupils should not be forced to take part in an activity if they feel unwell.

k. Teachers and sports coaches are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities.

l. This school ensures 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.

m. This school ensures all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.

n. This school ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

Education and learning

o. 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.

p. If a pupil is missing a lot of 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.

q. Teachers at this school are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school's SEN coordinator consults the pupil, parents and the pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is properly considered.

r. This school ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.

s. Pupils at this school learn about what to do in the event of a medical emergency.

Residential visits

t. Risk assessments are carried out by this school prior to any out-of-school visit and medical conditions are considered during this process. Factors this school considers include: how all pupils 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.

U. This school understands that there may be additional medication, equipment or other factors to consider when planning residential visits. This school considers additional medication and facilities that are normally available at school.

v. 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 before any medical information is shared with an employer or other education provider.

11. This school is aware of the common triggers that can make medical conditions worse or can bring on an emergency.

a. 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.

b. School staff have been given training on medical conditions. This training includes detailed information on how to avoid and reduce exposure to common

triggers for common medical conditions.

c. The school has a list of common triggers for the common medical conditions at this school.

See Appendix 1 – Form 6

e. This school uses Healthcare Plans to identify individual pupils who are sensitive to particular triggers. The school has a detailed action plan to ensure these individual pupils remain safe during all lessons and activities throughout the school day.

f. Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, including work experience placements and residential visits, taking into account the needs of pupils with medical conditions.

g. The school reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to this school's policy and procedures are implemented after each review.

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

a. This school works in partnership with all interested and relevant parties including the school's governing body, all school staff, parents, employers, community healthcare professionals and pupils to ensure the policy is planned, implemented and maintained successfully.

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

Employer

This school's employer has a responsibility to:

- a. ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips
- b. ensure health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions
- c. make sure the medical conditions policy is effectively monitored and

- evaluated and regularly updated
- d. report to parents, pupils, school staff and the local authority about the successes and areas for improvement of this school's medical conditions policy
- e. provide indemnity for staff who volunteer to administer medication to pupils with medical conditions.

Head teacher

This school's head teacher has a responsibility to:

- a. ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- b. liaise between interested parties including pupils, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents, governors, the school health service, the local authority transport service, and local emergency care services
- c. ensure the policy is put into action, with good communication of the policy to all
- d. ensure every aspect of the policy is maintained
- e. 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
- f. ensure pupil confidentiality
- g. assess the training and development needs of staff and arrange for them to be met
- h. ensure all supply teachers and new staff know the medical conditions policy
- i. delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register
- j. monitor and review the policy at least once a year, with input from pupils, parents, staff and external stakeholders
- k. update the policy at least once a year according to review recommendations and recent local and national guidance and legislation
- l. report back to all key stakeholders about implementation of the medical conditions policy.

All school staff

All staff at this school have a responsibility to:

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

- a. be aware of pupils with medical conditions who may be experiencing bullying or need extra social support
- b. understand the common medical conditions and the impact it can have on pupils (pupils should not be forced to take part in any activity if they feel unwell)
- c. ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in
- d. ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

Teaching staff

Teachers at this school have a responsibility to:

- a. ensure pupils who have been unwell catch up on missed school work
- b. be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it
- c. 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
- d. use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

School nurse or school healthcare professional

The school nurse at this school has a responsibility to:

- a. help update the school's medical conditions policy
- b. help provide regular training for school staff in managing the most common medical conditions at school
- c. provide information about where the school can access other specialist training.

First aider

First aiders at this school have a responsibility to:

- a. give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school
- b. when necessary ensure that an ambulance or other professional medical help is called.

Special educational needs coordinators

Special educational needs coordinators at this school have the responsibility to:

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

Pastoral support/welfare officers

The pastoral support/welfare officer at this school has the responsibility to:

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

Local doctors and specialist healthcare professionals

Individual doctors and specialist healthcare professionals caring for pupils who attend this school, have a responsibility to:

- a. complete the pupil's Healthcare Plans provided by parents
- b. where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours
- c. offer every child or young person (and their parents) a written care/self-management plan to ensure children and young people know how to self manage their condition
- d. ensure the child or young person knows how to take their medication effectively
- e. ensure children and young people have regular reviews of their condition and their medication
- f. provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents)
- g. understand and provide input in to the school's medical conditions policy.

Emergency care services

Emergency care service personnel in this area have a responsibility to:

- a. have an agreed system for receiving information held by the school about children and young people's medical conditions, to ensure best possible care
- b. understand and provide input in to the school's medical conditions policy.

Pupils

The pupils at this school have a responsibility to:

- a. treat other pupils with and without a medical condition equally
- b. tell their parents, teacher or nearest staff member when they are not feeling well
- c. let a member of staff know if another pupil is feeling unwell
- d. let any pupil take their medication when they need it, and ensure a member of staff is called
- e. treat all medication with respect
- f. know how to gain access to their medication in an emergency
- g. if mature and old enough, know how to take their own medication and to take it when they need it
- h. ensure a member of staff is called in an emergency situation.

Parents*

The parents of a child at this school have a responsibility to:

- a. tell the school if their child has a medical condition

- b. ensure the school has a complete and up-to-date Healthcare Plan for their child
- c. inform the school about the medication their child requires during school hours
- d. inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- e. tell the school about any changes to their child's medication, what they take, when, and how much
- f. inform the school of any changes to their child's condition
- g. ensure their child's medication and medical devices are labelled with their child's full name
- h. provide the school with appropriate spare medication labelled with their child's name
- i. ensure that their child's medication is within expiry dates
- j. keep their child at home if they are not well enough to attend school
- k. ensure their child catches up on any school work they have missed
- l. ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- m. ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

* The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

13. As advised by the DFE, this school is explicit about what practice is unacceptable.

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

- a. prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- b. assume that every child with the same condition requires the same treatment;
- c. ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- d. send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- e. if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- f. penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;

- g. prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- h. require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- i. prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

13. The medical conditions policy is regularly reviewed evaluated and updated. Updates are produced every year

- a. This school's medical condition policy is reviewed, evaluated and updated in line with the school's policy review timeline.
- b. New Department for Children, Families and Schools and Department of Health guidance is actively sought and fed into the review.
- c. 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. These key stakeholders include:
 - + pupils
 - + parents
 - + school nurse and/or school healthcare professionals
 - + headteacher
 - + teachers
 - + special education needs coordinator
 - + pastoral support/welfare officer
 - + first aider
 - + all other school staff
 - + local emergency care service staff (including accident & emergency and ambulance staff)
 - + local health professionals
 - + the school employer
 - + school governors.
- c. The views of pupils with various medical conditions are actively sought and considered central to the evaluation process.
- d. If a flaw is identified in the policy, then an update will be made immediately.
- e. Where parents are unhappy with how this policy is applied, then they are

encouraged to share their experience with the Headteacher. The Complaints Procedure sets out how to raise any grievance with the school.

Legislation and guidance

Introduction

Local authorities, schools and governing bodies are responsible for the health and safety of pupils in their care.

Areas of legislation that directly affect a medical conditions policy are described in more detail in *Managing Medicines in Schools and Early Years Settings*. The main pieces of legislation are the Disability Discrimination Act 1995 (DDA), amended by the Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability Act 2005. These acts make it unlawful for service providers, including schools, to discriminate against disabled people. Other relevant legislation includes the Education Act 1996, the Care Standards Act 2000, the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Medicines Act 1968. This section outlines the main points from the relevant legislation and guidance that schools should consider when writing a medical conditions policy.

Managing Medicines in Schools and Early Years Settings (2004)

This provides guidance from the DfES (now DCFS) and DH on managing medicines in schools and early years settings. The document includes the following chapters:

- a. developing medicines policies
- b. roles and responsibilities
- c. dealing with medicines safely
- d. drawing up a Healthcare Plan
- e. relevant forms.

Medical Conditions at School: A Policy Resource Pack is designed to work alongside *Managing Medicines in Schools and Early Years Settings*.

Disability Discrimination Act 1995 (DDA) and the Special Educational Needs and Disability Acts (2001 and 2005)

- a. Many pupils with medical conditions are protected by the DDA and SENDA, even if they don't think of themselves as 'disabled'.
- b. The Commission for Equality and Human Rights (CEHR) (previously the Disability Rights Commission) publishes a code of practice for schools,

which sets out the duties under the DDA and gives practical guidance on reasonable adjustments and accessibility. The CEHR offers information about who is protected by the DDA, schools' responsibilities and other specific issues.

- c. Schools' responsibilities include:
 - d. not to treat any pupil less favourably in any school activities without material and sustainable justification
 - e. to make reasonable adjustments that cover all activities – this must take into consideration factors such as financial constraints, health and safety requirements and the interests of other pupils. Examples of reasonable adjustments can be found in the DfES resource: Implementing the DDA in Schools and Early Years Settings*
 - f. to promote disability equality in line with the guidance provided by the DCSF and CEHR through the Disability Equality Scheme.

*DfES publications are available through the DCSF.

The Education Act 1996

Section 312 of the Education Act covers children with special educational needs, the provisions that need to be made and the requirements local health services need to make to help a local authority carry out its duties.

The Care Standards Act 2000

This act covers residential special schools and responsibilities for schools in handling medicines.

Health and Safety at Work Act 1974

This act places duties on employers for the health and safety of their employees and anyone else on their premises. This covers the head teacher and teachers, non-teaching staff, pupils and visitors.

Management of Health and Safety at Work Regulations 1999

These regulations require employers to carry out risk assessments, manage the risks identified and to communicate these risks and measures taken to employees.

Medicines Act 1968

This act specifies the way that medicines are prescribed, supplied and administered.

Additional guidance

Other guidance resources that link to a medical conditions policy include:

- a. Healthy Schools Programme – a medical conditions policy can provide

- evidence to help schools achieve their healthy school accreditation
- b. Every Child Matters: Change for Children (2004). The 2006 Education Act ensures that all schools adhere to the five aims of the Every Child Matters agenda
 - c. National Service Framework for Children and Young People and Maternity Services (2004) – provides standards for healthcare professionals working with children and young people including school health teams
 - d. Health and Safety of Pupils on Educational Visits: A Good Practice Guide (2001) – provides guidance to schools when planning educational and residential visits
 - e. Misuse of Drugs Act 1971 – legislation on the storage and administration of controlled medication and drugs
 - f. Home to School Travel for Pupils Requiring Special Arrangements (2004) – provides guidance on the safety for pupils when traveling on local authority provided transport
 - g. Including Me: Managing Complex Health Needs in School and Early Years Settings (2005).

Further advice and resources

The Anaphylaxis Campaign

PO Box 275

Farnborough

Hampshire GU14 6SX

Phone 01252 546100

Fax 01252 377140

info@anaphylaxis.org.uk

www.anaphylaxis.org.uk

Asthma UK

Summit House

70 Wilson Street

London EC2A 2DB

Phone 020 7786 4900

Fax 020 7256 6075

info@asthma.org.uk

www.asthma.org.uk

Diabetes UK

Macleod House

10 Parkway

London NW1 7AA

Phone 020 7424 1000

Fax 020 7424 1001

info@diabetes.org.uk

www.diabetes.org.uk

Epilepsy Action

New Anstey House

Gate Way Drive

Yeadon

Leeds LS19 7XY

Phone 0113 210 8800

Fax 0113 391 0300

epilepsy@epilepsy.org.uk

www.epilepsy.org.uk

Long-Term Conditions Alliance

202 Hatton Square
16 Baldwins Gardens
London EC1N 7RJ
Phone 020 7813 3637
Fax 020 7813 3640
info@ltca.org.uk
www.ltca.org.uk

Department for Children, Schools and Families

Sanctuary Buildings
Great Smith Street
London SW1P 3BT
Phone 0870 000 2288
Textphone/Minicom 01928 794274
Fax 01928 794248
info@dcfs.gsi.gov.uk
www.dcsf.gov.uk

Council for Disabled Children

National Children's Bureau
8 Wakley Street
London EC1V 7QE
Phone 020 7843 1900
Fax 020 7843 6313
cdc@ncb.org.uk
www.ncb.org.uk/cdc

National Children's Bureau

National Children's Bureau
8 Wakley Street
London EC1V 7QE
Phone 020 7843 6000
Fax 020 7278 9512
www.ncb.org.uk

APPENDIX 1

CLINTON PRIMARY SCHOOL

HEALTHCARE PLAN – INHALER USER

CHILD'S PHOTO

Child's name
Address

Date of birth

Emergency contact 1

Phone number(s)

Emergency contact 2

Phone number(s)

Triggers likely to result in an asthma attack

.....

Does child need to use an inhaler before exercise? Yes / No

Instructions for using inhaler (how many puffs?)

.....

Any other information?

Please tick one of the following boxes:

My child's inhaler is to be kept in the classroom at school

OR (if you and your health profession feel your child is able to manage, carry and administer their own medication)

My child's inhaler is to be kept in his / her school bag

Healthcare plan created (date)

Review date

Signed..... Parent / Guardian Date

APPENDIX 2

WARWICKSHIRE

County Council



CLINTON PRIMARY SCHOOL
Caesar Road, Kenilworth
CV8 1DL

☎ 01926 852334
Fax 01926 855290
e-mail: admin2308@welearn365.com

Headteacher: Mr Sam Pater

ADMINISTERING MEDICATION

I give my permission for a member of staff at Clinton Primary School (or Clinton Kids' Club if appropriate) to administer the following medication to my child.

Name of Child:..... Year

Medication:.....

Dosage:..... Time of dosage:.....

Any further relevant information:.....

.....

Date:.....

Signed:.....

For school use only

DATE	TIME	DOSAGE	INITIALS

Children being sent with medication / inhalers on residential visits

If you are sending medication / inhalers with your child, please complete this form and return it with the medication to the school office or to the designated member of staff at the start of the visit.

Child's name

Name of medicine
(If more than one type, please give details overleaf or on a separate sheet)

This is medication to be used **only if and when needed** **OR**

This is medication which **must** be given as instructed below

I give permission for staff to administer this medication as outlined below (3 options):

Please administer only if required, following the instructions on the packaging **OR**

Please administer as instructed below (eg one hour before coach journeys)

.....
.....

OR

Please administer as follows:

Time AM / PM Dose

Please give any further information / instructions below. If your child requires more than one type of medication, please use the additional form overleaf. Please use another sheet of paper if you still need more space. Thank you.

.....
.....

Signed.....

