



Medical Conditions Policy

Approved: Term 2 21/22

Next Review: Term 2 22/23

Medical Conditions Policy

A. INTRODUCTION

1. This policy has been written in line with Statutory Guidance from the Department of Education (April 2014). The governing body ensures arrangements are in place to support pupils with medical conditions and ensures that access and such children enjoy the same opportunities at school as any other child. (*see Appendix 1*)

B. POLICY STATEMENT

1. The schools in the Trust are inclusive communities that welcome and support pupils with medical conditions.
2. The schools provide all pupils with any medical condition the same opportunities as others at school.
3. We will help to ensure they can:
 - be healthy
 - stay safe
 - enjoy and achieve
 - make a positive contribution
 - achieve economic wellbeing once they have left school.
4. The schools in the Trust make sure all staff understand their duty of care to children and young people in the event of an emergency. All staff feel confident in knowing what to do in an emergency. They understand that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood.
5. The schools understand the importance of medication and care being taken as directed by healthcare professionals and parent/carers.
6. All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.
7. The named member of the Trust responsible for this Medical Conditions Policy and its implementation is Linda Fitch.

C. POLICY FRAMEWORK

The policy framework describes the essential criteria for how the Trust and its schools can meet the needs of children and young people with long-term conditions including diabetes, epilepsy and asthma.

1. **This Trust is an inclusive community that supports and welcomes pupils with medical conditions.**
 - 1.1 The schools are welcoming and supportive of pupils with medical conditions. Children with medical conditions are provided with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
 - 1.2 The schools will listen to the views of pupils and parent/carers.

- 1.3 Pupils and parent/carers feel confident in the care they receive from this school and the level of that care meets their needs
 - 1.4 Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.
 - 1.5 All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
 - 1.6 CPP, its schools and local health community understand and support the medical conditions policy.
 - 1.7 The schools understand that all children with the same medical condition will not have the same needs.
 - 1.8 The school recognises that duties in the Children and Families Act (England only), the Equality Act (England, Wales and Scotland) relate to children with disability or a medical condition is anticipatory.
- 2. This school's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.**
- 2.1 Stakeholders include pupils, parent/carers, school nurse, school staff, Trustees, governors, the Local Authority and relevant local health services.
- 3. The medical conditions policy is supported by a clear communication plan for staff, parent/carers and other key stakeholders to ensure its full implementation.**
- 3.1 Pupils, parent/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels such as the school's website, home contact books and the Families and Community Manager or FLO.
- 4. All staff understand and are trained in what to do in an emergency for children with medical conditions at this school.**
- 4.1 All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency. (*see Emergency Procedures policy 2021*).
 - 4.2 All staff receive training in what to do in an emergency and this is refreshed at least once a year. In addition, staff receive training specific to pupils with whom they work e.g. diabetes, epilepsy and asthma training. **The named First Aid staff are displayed around the schools.** The school ensures first aid qualifications are valid and renewed.
 - 4.3 All children with a medical condition at this school have an individual healthcare plan (IHP), which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parent/carer permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.
 - 4.4 If a child complains for a second time about an injury then the injury must be checked again by a first aider and parents must be contacted.
 - 4.5 **All staff understand and are trained in their school's general emergency procedures.** (*see Emergency Procedures policy 2021*)

- 4.6 All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least yearly.
- 4.7 If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.
5. **This school has clear guidance on providing care and support and administering medication at school.**
- 5.1 Parent/carers should inform the school if their child has a **long-term condition or short-term condition** that requires medication at school and provide details of medicinal doses in writing. An Individual Healthcare Plan is drawn up with parents sharing information and letters from medical consultants. We comply with medical advice when there is a difference of opinion between health and parents to ensure the school is operating within the conditions of the insurance policy. The parent/carer should keep the school informed if any changes occur.
- 5.2 The schools understand the importance of medication being taken and care received as detailed in the pupil's IHP.
- 5.3 The schools secure the signature of the parent on the plan. Two copies are kept in school and one returned to the parent.
- 5.4 When an IHP is updated previous copies are shredded – one copy is archived (Appendix 5 shows our process).
- 5.5 The schools will make sure that there are several members of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary. The schools will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. The Trustees have made sure that there is the appropriate level of insurance and liability cover in place.
- 5.6 The schools will not give medication (prescription or non-prescription) to a child under 16 without a parent/carer's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.
- 5.7 When administering medication, for example pain relief, the schools will check the maximum dosage and when the previous dose was given. Parent/carers will be informed. Schools will not give a pupil under 16 aspirin unless prescribed by a doctor.
- 5.8 Staff who administer medication and undertake healthcare procedures to pupils receive appropriate training from someone qualified to provide and are monitored to ensure they remain competent. For specific children with severe health needs which require daily monitoring and/or more complex administering of medication a health professional is regularly involved so that our staff have up to date training and competency is ensured.
- 5.9 As pupils move on to different teaching groups in schools each new staff group reviews appropriate training on the medical conditions of the pupils in their care.
- 5.10 The schools will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- 5.11 If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the schools' disciplinary procedures are followed.

- 5.12 Children managing own medical needs - after discussion with parent/carers, specialist nurse, children who are competent can take responsibility for managing own medicines and procedures under supervision.
- 5.13 If a child refuses to take medicine or carry out a procedure parent/carers are informed immediately so other options can be considered.
- 5.14 All Individual Healthcare Plans are kept locked in the offices. Medical forms are in the classrooms with the children's medicine.
- 5.15 Photographs are taken of children with long term or severe health needs so all staff recognise them.
- 5.16 In the cases of a change in trained staff, an unforeseen change in provision or a change of health or care needs the Inclusion leader will urgently seek medical advice from a suitably qualified professional, alert the child's parents, schedule an urgent meeting to ensure all relevant people discuss the changes as well as ensuring there is full consideration to the risk of the child and action which will mitigate risk. Mitigation could include reduced hours for the pupil while identifying when interim staff can be training, using parents/carers to administer procedures pro tempore, and putting arrangements in place to train and update training for staff.

6. Schools have clear guidance on the storage of medication and equipment at school.

- 6.1 The schools make sure that all staff understand what constitutes an emergency for an individual child and make sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away. Pupils may carry their emergency medication with them if they wish/this is appropriate.
- 6.2 The agreed school permission form will need to be completed and signed by the child's parent/carer in full, before any medication can be accepted or administered. The parent/carer will ensure that the office is advised of correct dosage and that medication is in original pharmaceutical packaging. Two members of our Office staff will check the packaging for the child's name, will check the correct dosage before administering any medication and will both sign the record of medication given, including date and time.
- 6.3 Medicines are stored in offices at the correct temperature. The onus of checking expiry dates and working order of medical equipment such as inhalers will lie with the parent/carer.
- 6.4 Pupils may carry their own medication/equipment, or they should know exactly where to access it.
- 6.5 Pupils can carry controlled drugs if they are competent, otherwise this school will keep controlled drugs stored securely, but accessibly, with only named staff having access. Staff can administer a controlled drug to a pupil once they have had specialist training.
- 6.6 The schools will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately.
- 6.7 The schools will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- 6.8 Parent/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each year.

- 6.9 This schools dispose of needles, blood test sharps and needles for epipens in the sharps disposal box which is kept safely in the office. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.
- 6.10 The schools will ensure that body fluids, such as vomit or blood are cleaned up thoroughly and cleaning cloths be disposed of in the sanitary disposal bin for incineration.
- 6.11 The paramount precaution being that gloves are worn at all times by all adults involved in dealing with a situation.

7. School have clear guidance about record keeping.

- 7.1 Parent/carers at are asked if their child has any medical conditions on the enrolment form.
- 7.2 The schools use IHPs to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, school staff, specialist nurse (where appropriate) and relevant healthcare services.
- 7.3 The schools have centralised registers of IHPs, and an identified member of staff has the responsibility for this register.
- 7.4 IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- 7.5 The pupil (where appropriate), parent/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- 7.6 The schools make sure that the pupil's confidentiality is protected, IHCPs are locked securely and information is only passed on when permission is obtained from the parent/carer or it is deemed to be in the child's best interests concerning health and safety.
- 7.7 The schools seek permission from parent/carers before sharing any medical information with any other party.
- 7.8 The schools meet with the pupil (where appropriate), parent/carer, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.
- 7.9 The schools keep an accurate record of all medication administered, including the dose, time, date and supervising staff.
- 7.10 Head injuries – all are recorded and parent/carers are always informed by letter.
- 7.11 The schools make sure that all staff providing support to a pupil have received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence, and this school keeps an up-to-date record of all training undertaken and by whom.

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

- 8.1 The schools are committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.
- 8.2 Taking part in sport is an essential part of school life. PE and swimming teachers will be made aware of those children with a medical condition. Children with a medical condition are encouraged to participate fully in PE and swimming.
- 8.3 Teachers will use their judgement to decide if an activity is too strenuous for a child with a medical condition and will, if necessary, differentiate the lesson to best suit the child's ability.
- 8.4 The schools make sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits. (*see appendix 3*)
- 8.5 All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's Behaviour policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- 8.6 The schools understand the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.
- 8.7 The schools understand that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.
- 8.8 The schools make sure that pupils have the appropriate medication/equipment/food with them during physical activity.
- 8.9 The schools make sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- 8.10 All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. The schools will not penalise pupils for their attendance if their absences relate to their medical condition.
- 8.11 The schools will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCo who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.
- 8.12 Pupils at this school learn what to do in an emergency.
- 8.13 The schools make sure that a risk assessment is carried out before any out-of-school visit. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

9. The schools are aware of the common triggers that can make common medical conditions worse or can bring on an emergency. They is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.

- 9.1 The schools are committed to identifying and reducing triggers both at school and on out-of-school visits.
- 9.2 School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. It has a list of the triggers for pupils with medical conditions. This school has a trigger reduction schedule and is actively working towards reducing/eliminating these health and safety risks.
- 9.3 The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- 9.4 The schools review all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

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

- 10.1 The schools work in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
- 10.2 The schools use the referral process should a school nurse need to be involved.
- 10.3 Staff are aware of practice that is not acceptable (*see appendix 2*)

11. Other information on the health of children

WEIGHT & HEIGHT CHECKS

This service is provided by the School Nursing Team.

DROP-IN CLINICS

HEAD LICE

The school will ensure that parent/carers are informed should an outbreak of head lice occur. The school request that shoulder length or long hair should be fastened back to lessen the chances of transfer from head to head.

The school will not make a head inspection without signed permission from the parent/carer. However, if live lice are seen to be present with the naked eye, the parent/carer will be contacted.

COMMUNICABLE DISEASE CONTROL

The school, school nurse and the local health authority advise that in the event of a child or staff member being unwell for any reason (including a communicable disease), they should not be at school. Return to school should only commence once the individual has recovered and does not pose a risk to others.

It is recommended that every child should be immunised in accordance with the national immunisation schedule. Although immunisation uptakes rates are affected by parent/carer

anxiety, it is important to note that modern vaccines are considered by the Health Service to be both safe and effective.

Exclusion is a necessary control measure to enforce when an individual poses a risk of infection to others and whilst it is not always applicable in all cases of communicable disease, it is advisable that children are kept away from school when unwell.

PERMITTED HANDLING OF SICK OR DISABLED CHILDREN.

All staff that come into contact with children who may need physical handling due to a disability will have appropriate training from the relevant health provider.

All staff who come into contact with children who may need physical handling due to a long-term medical condition, i.e. diabetic collapse, will have appropriate training from the relevant health service provider.

All children who may need physical handling due to injury will be treated by a trained first aider only, in the company of another nominated adult.

The school adheres to advice given from 'Guidance on Infection Control in Schools and other Childcare Settings' – HSC- Public Health Agency October 2013.

The school recommends that children remain at home for 48 hours if they have suffered from sickness and diarrhoea.

12. Liability and Indemnity

12.1 The Trust has ensured the public liability insurance is in place and appropriately reflects the level of risk.

13. Complaints

13.1 The Trust ensures that the school's complaint policy is available to all and sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

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

14.1 In evaluating the policy, this Trust seeks feedback from key stakeholders including pupils, parent/carers, school healthcare professionals, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services, governors and the school employer. The views of pupils with medical conditions are central to the evaluation process.

Role of Governors

Supporting pupils at school with medical conditions

**Statutory guidance for governing bodies of
maintained schools and proprietors of
academies in England**

Summary

About this guidance

This document contains both statutory guidance and non-statutory advice.

The statutory guidance applies to any “appropriate authority” as defined in section 100 of the Children and Families Act 2014. That means governing bodies in the case of maintained schools, proprietors in the case of academies and management committees in the case of pupil referral units (PRUs).

Statutory guidance is set out in **bold** text, and “appropriate authorities” **must** have regard to¹ this when carrying out their statutory duty to make arrangements to support pupils at school with medical conditions. The guidance also applies to activities taking place off-site as part of normal educational activities. **In this document, references to schools are taken to include academies and PRUs and references to governing bodies include proprietors in academies and management committees of PRUs.**

Key points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

Introduction

1. From 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance in this document is intended to help governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

2. Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support they provide, schools should establish relationships with relevant local health services to help them. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

3. In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term and frequent absences, including those for appointments connected with a pupil's medical condition, (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

4. Some children with medical conditions may be disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN code of practice.

The role of governing bodies, proprietors and management committees

5. **The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.**

6. **In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.**

7. The governing body should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

8. Governing bodies must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.

9. Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Developing the school's policy

10. Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

Policy implementation

11. Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Procedure to be followed when notification is received that a pupil has a medical condition

12. Governing bodies should ensure that the school's policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.

Individual healthcare plans

13. Governing bodies should ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.

The governing body should ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

14. When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to

manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;

- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Roles and responsibilities

15. The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.

16 • **Governing bodies** – must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

Staff training and support

17. Governing bodies should ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided.

18. The school's policy should be clear that any member of school staff providing support to a pupil with medical needs should have received suitable training.

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

The child's role in managing their own medical needs

20. Governing bodies should ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.

Managing medicines on school premises

21. The governing body should ensure that the school's policy is clear about the procedures to be followed for managing medicines.

Record keeping

22. Governing bodies should ensure that written records are kept of all medicines administered to children.

Emergency procedures

23. Governing bodies should ensure that the school's policy sets out what should happen in an emergency situation.

Day trips, residential visits and sporting activities

24. Governing bodies should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

Unacceptable practice

25. Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable.

Liability and indemnity

26. Governing bodies of maintained schools and management committees of PRUs should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. Proprietors of academies should ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangements (RPA),

Complaints

27. Governing bodies should ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

Unacceptable Practice

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

SCHOOL TRIPS

The school encourages children to participate in school outings, particularly the residential trips. We believe these foster key skills for our pupils, building confidence and independence.

All staff and volunteers will be made aware of children with a medical condition. In addition to this, if it is deemed necessary and we have signed permission from the parent, we can inform the child's coach driver and hotel staff of the child's condition.

All information will be data protected and will only be passed to the adults in the group with the parent's permission.

Children with diabetes will be required to carry their insulin injector pen and blood testing kit with them. They will also need to carry a small amount of high sugar and carbohydrate food on their person.

The child's group leader will carry a spare insulin injector pen, cartridge and fast and slow release carbohydrate foods.

The child's group leader will have the necessary skills to deal with a mild/moderate hypoglycaemic episode.

The child's group leader or other nominated adult will dial 999 and call for emergency help if the child develops a severe hypoglycaemic episode.

Children with asthma will need to carry their inhalers with them. The child's group leader will carry a spare inhaler and will be aware of the dosage required.

The child's group leader will encourage the use of a spacer with the inhaler if a mild/moderate or severe asthmatic episode occurs.

Children with anaphylaxis will carry an adrenalin epi-pen on their person. The child's group leader will carry a spare epi-pen at all times and will be trained to inject the child, should he/she come into contact with an allergen.

As this is a life threatening condition, parents will need to be prepared to forego the right to data protection and would need to sign a form declaring the same.

All members of school staff, volunteers, site staff and would need to be aware of the child's allergy to ensure the child's health and safety during the trip.

Prescription medicines will be the responsibility of the adult in charge of the child's group for the duration of the trip.

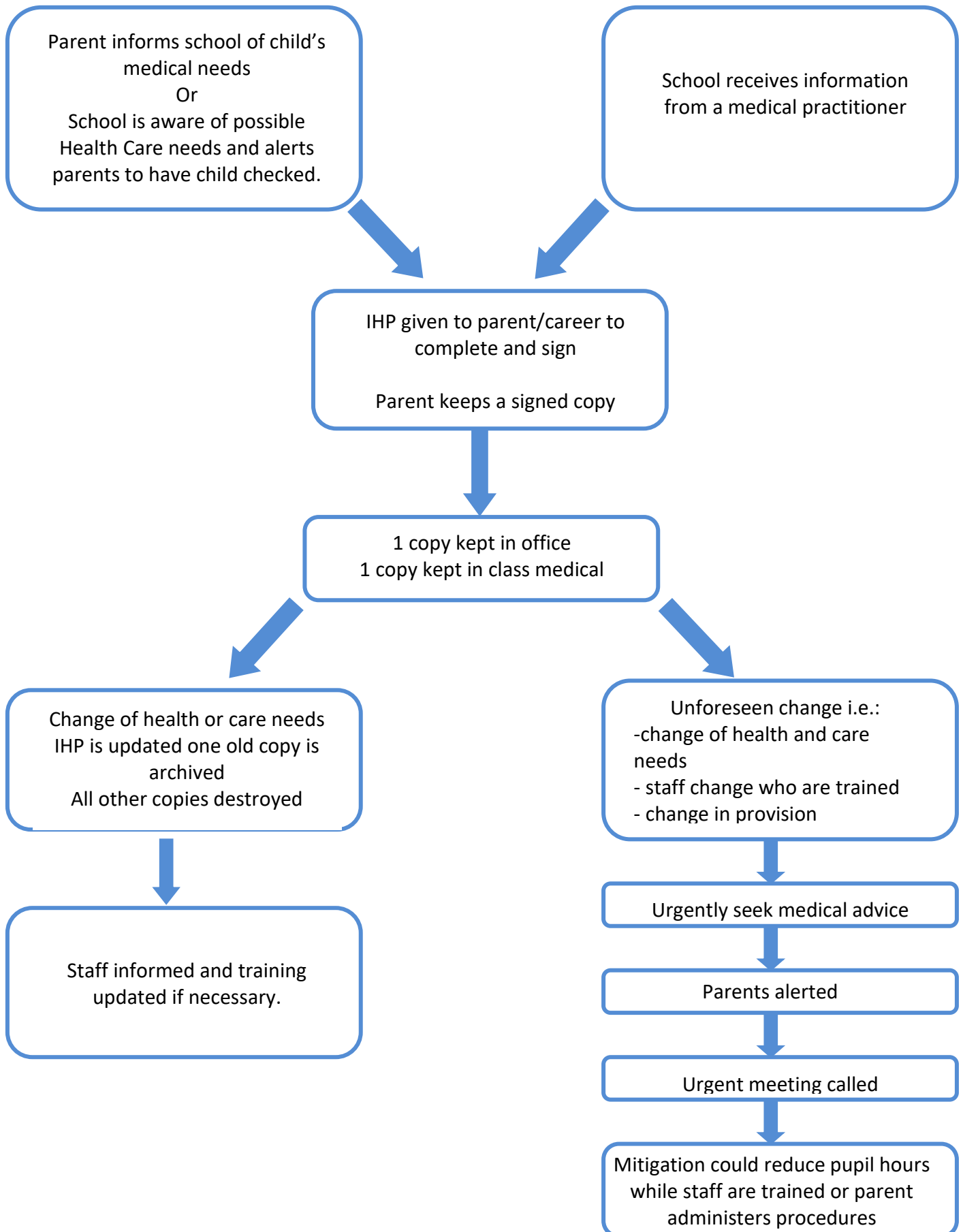
Written permission, along with dosages and full instructions will be supplied by the parent/ carer for each trip. Copies of these will be kept by the school, with a signed copy being carried by the adult in charge of the child's group.

Medicines to be taken on trips will only be accepted in original pharmaceutical packaging which clearly states name and dosage and expiry date

Epipen Training

Key points

- Medical bags with epipens and health care plans must always accompany the child. Remember swimming, PE, lunchtimes, playtimes.
- Trips – 2 epipens must be taken.
- Check the shelf life of the epipen and ask parents for new ones if expired. Fluid should be clear.
- You must only use the epipen assigned to the child and not use someone else's.
- Note the time and keep a running record of what is happening to the child. Staff names must be recorded.
- A first aider must be responsible for the child and only those trained to give an epipen do so.
- There should be a maximum of 2 people around the child.
- If a child is distressed the epipen should still be given unless the parent is present and makes the decision. It is wise to say 'I will give you something to make you feel better'.
We will add to the care plan that the child suffers with anxiety. 'If is distressed then.....' – parent signs
- Ensure there are risk assessments.
- Mobile phones or school walkie-talkies to be used for the field.
- School to investigate getting spare epipens.

Flowchart to show stages for a child with medical conditions



Loose

Primary School

Photo of child here

Healthcare Plan for pupils with medical conditions at school

Date completed :	Review due :
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Pupil Information

Child's name :	Medical condition :
Class :	Date of birth :
Home Address :	

Contact Details

First contact name :	Relationship with child :
Contact numbers - Home :	Mobile :
Second contact name :	Relationship with child :
Contact numbers – Home :	Mobile :

GP / Specialist details

GP Name :	Contact number :
Specialist contact :	Contact number :

Medical Details

Description of medical condition :
Signs & symptoms of the condition :
Triggers or things that make the condition worse :

Medication Needs in School

Name of medication :	
Dose required :	When to be taken :
Are there any side effects that could affect the pupil? :	
Can the pupil administer the medicine themselves : Yes / No / Yes, with supervision	

Emergency Care

Describe what is an emergency for the pupil :	
Emergency medication :	
Dose required :	When to be taken :
Actions to be taken in an emergency (e.g. call parents, then call an ambulance) :	

Other Arrangements

Specific support needed for the pupil's educational, social and emotional needs :
Any specialist arrangements required for off-site activities :
Any other information :

Parental & pupil agreement

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.	
Signed (pupil) :	Date :
Signed (parent) :	Date :
Print name :	

Photo of child here

Healthcare Plan for pupils with medical conditions at school

Date completed :	Review due :
-------------------------	---------------------

Pupil Information

Child's name :	Medical condition :
Class :	Date of birth :
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Contact Details

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GP Name :	Contact number :
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Signs & symptoms of the condition :
Triggers or things that make the condition worse :

Medication Needs in School

Name of medication :	
Dose required :	When to be taken :
Are there any side effects that could affect the pupil? :	
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Print name :	