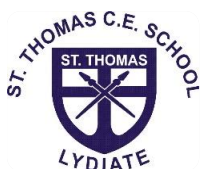




Supporting Pupils with Medical Conditions



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Policy statement

At St Thomas CE Primary School, the 'Supporting children and Young People with Medical Conditions in School' policy will provide guidance to ensure;

- That school meets its statutory responsibilities to manage medicines and medical conditions in line with Government guidance 'Supporting pupils at school with Medical conditions' and the 'Special Educational Needs and Disability code of practice: 0-25 years'.
- That school implements inclusive practices to support children and young people with medical conditions.
- That school aims to provide all pupils with all medical conditions the same opportunities as others at school.

School will ensure the implementation of the Supporting Medical Conditions in school Policy to meet the following values and principles:

- all children/young people and staff are healthy and stay safe
- parents, children and young people feel secure and confident in the school's ability to support their child.
- pupils make a positive contribution and get to experience a wide and varied curriculum and experiences.
- ensure all staff understand their duty of care to safeguard children and young people in all aspects of their needs and especially within the event of an emergency.
- ensure all staff are appropriately trained, competent and confident in knowing what to do in an emergency.
- develop the schools understanding that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- that the school understands the importance of medication being taken as prescribed.
- all staff understand common medical conditions that affect children/young people at our school. Some staff receive training on the impact medical conditions can have on children/young people from specialist medical staff.

The schools Governing body names Mrs Alty to be responsible ensuring this policy is fully implemented and monitored regularly.

Policy

1. St Thomas' is an inclusive school that aims to support and welcome all children and young people including those with medical conditions



- The governing body understands that it has a responsibility to make arrangements for supporting pupils with medical conditions who currently attend and to those who may attend in the future.

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- 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.
 - The school ensures to provide all children with all medical conditions the same opportunities at school.
 - The school aims to include all pupils with medical conditions in all school activities.
 - The school ensures all staff (Teaching and Support) understand their duty of care to children and young people in the event of an emergency.
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- Parents of pupils with medical conditions feel secure in the care their children receive both in the transportation, school and on educational visits.
 - All staff are confident in knowing what to do in an emergency and receive training to do so.
 - There is knowledge that certain medical conditions are serious and can be potentially life-threatening.
 - All staff understand the common medical conditions that can affect all children/young people in school. Staff receive training on the impact this can have on pupils.
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2. All staff have a sound knowledge, understand their role and are trained to a level that fulfils and informs them in what to do to support children/young people with the most common serious medical conditions found at the school and how to uphold the policy
-
- All staff at the school are aware of the most common serious medical conditions which they may come across when children are in their care.
 - Staff 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.
 - All staff that work directly with pupils receive training and know what to do in an emergency for the pupils in their care with medical conditions.
 - Training is refreshed for all staff as appropriate and should be referred to the child/young person's Individual Healthcare Plan.



1 Common medical conditions include Asthma, Epilepsy, Diabetes and Anaphylaxis

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- Action for staff to take in an emergency for the common serious conditions at the school is displayed in prominent locations for all staff including classrooms, kitchens and the staff room.
- The school uses the child/young person's Individual Healthcare Plan to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help.
- The school has procedures in place so that the most up to date/single master copy of the child/young person's Individual Healthcare Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.
- The school have plans in place to cover staff absence and sickness.

The following roles and responsibilities are recommended practice within the policy. These roles are understood and communicated regularly.

Governing Body

The school's Governing body has a responsibility to:

- uphold the Equality Act 2010 and make any reasonable adjustments.
- ensure that arrangements are in place to support pupils with medical conditions (plans and suitable accommodation). In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.
- take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening and therefore focuses on the needs of the individual child/young person.
- make sure the supporting medical conditions in school policy is effectively implemented, monitored and evaluated and updated in line with the school policy review timeline.
- ensure all parents are fully aware and understand their responsibilities.

Headteacher / Deputy Headteacher

The school's head teacher has a responsibility to:

- ensure the school puts the policy into practice and develop detailed procedures.
- liaise between interested parties including child/young people, school staff, SENCO, pastoral support staff, teaching assistants, school nurses, parents, governors, the school health service, the Local Authority and local emergency care services and seek advice when necessary.
- ensure every aspect of the policy are maintained even if they are not the governing bodies nominated staff member.
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using child/young person's Individual Healthcare Plans.
- ensure child/young person's confidentiality.



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- assess quality assured training and support the development needs of staff and arrange for them to be met via formally commissioned arrangements.
- ensure all supply teachers and new staff know the medical conditions policy.
- monitor and review the policy at least once a year, with input from child/young people, parents, staff and external stakeholders and update according to review recommendations and recent local and national guidance and legislation.
- report back to all key stakeholders about implementation of the policy.
- In partnership with the parent have joint responsibility for the safe travel of the child/young person.
- Provide staff to cover absence.

All school staff

All staff at the school have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency by receiving whole school awareness training.
- be aware that medical conditions can affect a child/young person's learning and provide extra help when child/young people need it.
- understand the policy and how this impacts on children and young person's education.
- know which child/young people in their care have a medical condition and be familiar with the content of the child/young person's Individual Healthcare Plan.
- allow all child/young people to have immediate access to their emergency medication, unless otherwise stated in the health care plan.
- maintain effective communication with parents including informing them if their child has been unwell at school.
- ensure child/young people who carry their medication with them have it when they go on a school visit or out of the classroom.
- be aware of child/young people with medical conditions who may be experiencing bullying or need extra social support.
- understand the common medical conditions and the impact it can have on child/young people.
- ensure all child/young people with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- ensure child/young people have the appropriate medication or food with them during any exercise and are allowed to take it when needed.
- It is the responsibility of class teachers to regularly check the expiry dates for all medication stored at school. This is overseen by the SENCO.

First aider



First aiders at the school have a responsibility to:

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

Special Educational Needs Coordinator (SENCO)

The SENCO at the school has responsibility to:

- help update the school's medical condition policy.
- know which child/young people have a medical condition and which have special educational needs because of their condition.
- be the key member or liaise with other staff to ensure child/young people with medical conditions continue to make expected progress.
- ensure teachers make the necessary arrangements and make reasonable adjustments if a child/young person needs special consideration or access arrangements in exams or course work.
- keep a central copy of all children's health care plans in a secure place.
- Oversee the checking of expiry dates for all medication.
- to update the school's medical register when necessary and ensure this information is shared with all members of staff.

Pastoral support staff

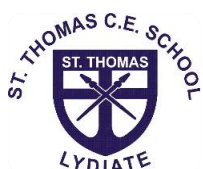
The pastoral support staff at the school has the responsibility to:

- help update the school's medical conditions policy.
- know which child/young people have a medical condition and which have special educational needs because of their condition.
- Monitor children/young people's attendance and punctuality and consider additional support and planning with the SENCO.
- ensure all child/young people with medical conditions are not excluded unnecessarily from activities they wish to take part in.

Health Services

The school nurse and others from the local Health Community and services who work with the school has a responsibility to:

- co-operate with schools to support children/young people with a medical condition.
- be aware of the needs and training the school staff need in managing the most common medical conditions at school.
- provide information about where the school can access other specialist training or provide training if this has been locally developed.



Other healthcare professionals, including GPs and paediatricians have responsibility to:

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- notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- provide advice on developing healthcare plans.
- consider that Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

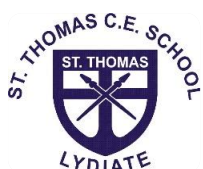
Parents

The parents of a child/young person at the school have a responsibility to:

- tell the school if their child has a medical condition.
- ensure the school has a complete and up-to-date Healthcare Plan for their child.
- inform the school about the medication their child requires during school hours.
- inform the school of any medication their child requires while taking part in educational visits or residential visits, especially when these include overnight stays.
- tell the school about any changes to their child's medication, what they take, when, and how much.
- inform the school of any changes to their child's condition.
- ensure their child's medication and medical devices are labelled with their child's full name and date of birth and a spare is provided with the same information.
- ensure that their child's medication is within expiry dates.
- inform the school if your child is feeling unwell.
- ensure their child catches up on any school work they have missed.
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional and information that will require the school to support your child is passed on to them.
- ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

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

- The school has a general Health and Safety Policy that includes risk assessments and have arrangements in place to deal with emergencies.
- 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 (First Aid at Work trained first aiders).



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- Action to take in a general medical emergency is displayed in prominent locations for staff. These include classrooms, the staff room, food preparation areas and sporting facilities.
 - If a child/young person needs to be taken to hospital, school will contact the parent and a member of staff will always accompany the child and will stay with them until a parent arrives. The staff member accompanying the child to hospital will take records/pupil file regarding the child with them. The school tries to ensure that the staff member will be one the child knows. A follow up call is made in order to ascertain the outcome of the hospital treatment and to check on the child's welfare.
 - In exceptional circumstances, children can be taken to hospital by staff in their own car, however the correct level of insurance cover is required in order to transport pupils from school.
4. The school has clear guidance on the administration of medication at school and what is deemed as unacceptable practice

Administration – general

- The school understands the importance of medication being taken as prescribed. A safety measure we follow to avoid medication errors is 'The Five Rights of Medication Administration':
1. The Right Patient
 2. The Right Time and Frequency of Administration
 3. The Right Dose
 4. The Right Route
 5. The Right Drug

Medication errors can occur in the following:

1. Wrong patient (e.g. similar or same name; mix up when a different person is administering);
2. Wrong dose (e.g. omissions, treatment completed, wrong strength or double dosed).
3. Wrong route (e.g. given orally instead of by injection or intravenously);
4. Wrong time (e.g. with food instead of on an empty stomach);
5. Wrong drug (e.g. similar looking packaging; mislabelling with contents not checked against packaging)

- All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a child taking medication unless they have been specifically trained to do so. Only staff members who have received administering medicine training are able to administer medication, and parental consent must be obtained.

- All use of medication defined as a controlled drug, even if the child can administer the medication themselves, is done under the supervision of trained staff at this school.



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- Where specific medication is required to be administered, school will identify specific members of staff who have been specifically trained to administer medication and will provide relevant training from healthcare professionals to support this.
- If a trained member of staff, who is usually responsible for administering medication, is not available the school makes alternative arrangements to continue to provide this support.
- 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.
- 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.
- If a child at this school refuses their medication, staff should not force them and record this and follow procedures set out in the Individual Healthcare Plan. Parents are informed as soon as possible.
- If a child misuses medication, either their own or another child's their parents are informed as soon as possible. The child is subject to the school's usual disciplinary procedures.

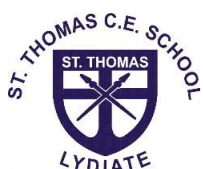
Specific types of Medication

Analgesics (Painkillers)

- For children who regularly need analgesia, such as paracetamol (e.g. for migraine), an individual supply of their analgesic could be kept in school, labelled for that child only. It is recommended that schools do not keep stock supplies of analgesics for potential administration to any child but if, in rare circumstances, a school feels it is absolutely necessary to keep stock supplies the school's policy must detail the circumstances in which pupils may be given the analgesic and explain that the medicine will be safely stored, evidenced by a risk assessment. Parental consent must be obtained.
- Children under 16 should never be given medicines containing aspirin or ibuprofen unless prescribed by a Doctor.

Methylphenidate (e.g. Ritalin, Metadate, Methylin)

- Methylphenidate is sometimes prescribed for children with Attention Deficit Hyperactivity Disorder (ADHD). Its supply, possession and administration are controlled by the Misuse of Drugs Act 1971 and its associated regulations. Schools must store Methylphenidate in a locked non-portable container and place to which only named staff have access.



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- Schools must keep a record when new supplies of Methylphenidate are received and a record of when the drug is administered. A pupil's unused Methylphenidate must be sent home with their parent and schools should record that the medication has been returned, and the amount. This will enable schools to make a full reconciliation of supplies received, administered and returned home.

Antibiotics

- Schools' policies should encourage parents to ask the GP to prescribe antibiotics in dosages which mean that the medicine can be administered outside of school hours, wherever possible.
- This will mean that most antibiotic medication will not need to be administered during school hours. For example, if the prescription states that twice daily doses should be given, these can be administered in the morning before school and in the evening after school, and if the prescription requires three doses a day these can often be given in the morning before school, immediately after school and at bedtime. Antibiotics should always be administered in accordance with the prescriber's instructions. It should normally only be necessary to administer antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.
- Schools should check with parents that the child is not known to be allergic to the antibiotic and note the response on the parental consent form. Schools should ask parents or the pupil, if they are competent and the parent agrees, to bring the antibiotic into school in the morning and take it home again at the end of each day.
- Children are most likely to have an adverse reaction to a new antibiotic after the second dose, therefore we recommend that schools ask parents to administer the first and second doses of the course and monitor their child for an appropriate amount of time afterwards.
- All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose, the date of dispensing, and be in their original container. Schools must check the label on the antibiotic carefully as this will state;
 - ☐ Whether the antibiotic needs to be stored in a refrigerator, which will be the case with many liquid antibiotic;
 - ☐ Whether it needs to be taken at a certain time and before, after or with food; and
 - ☐ The dosage, which should be carefully measured with an appropriate medicine spoon, medicine pot, or oral medicines syringe provided by the parent if the antibiotic is liquid, otherwise the appropriate number capsules should be taken with a glass of water.
- Appropriate records must be made which will include if the pupil does not receive a dose, and the parent must be informed that day that a dose has been missed and given the reason why that was the case.

Administration – Emergency Medication

- All children with medical conditions have easy access to their medication.
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- Children who have asthma and who have an inhaler must have their inhaler available to them in class.
- A child who does not carry and administer their own medication knows where their medication is stored and how to access it.
- Children who do not carry and administer their own medication understand the arrangements for a member of staff (and the secondary member of staff) to assist in helping them take their medication safely.

Unacceptable Practice

- The school uses its discretion and professional judgment on individual cases but it is not generally acceptable practice to:
 - ☐ prevent a child from easily accessing their medication or inhalers when or where necessary.
 - ☐ assume that every child with the same condition requires similar or the same support.
 - ☐ ignore the views of the child and their parents
 - ☐ send children/young people home frequently or prevent them from staying for school activities.
 - ☐ send a child unaccompanied to the school office or medical room if they become ill.
 - ☐ prevent pupils from drinking, eating or taking toilet or other breaks in order to effectively manage their own medical condition.
 - ☐ require parents or make them feel obliged to attend school to administer medication or provide medical support.
 - ☐ prevent or create unnecessary barriers to children participating in any aspect of their educational experience, this includes school visits, e.g. requiring the parents to accompany the child.

5. The school has clear guidance keeping clear and up to date records which supports the planning and access to school

Administration/Admission forms

- Parents at this school are asked if their child has any health conditions or health issues on the admission form, which is filled out when children join the school. Parents of new pupils starting at other times during the year are also asked to provide this information on admission forms. Medical updates are completed by parents each year thereafter.

School Medical register

- Individual Healthcare Plans are used to create a Medical register of pupils with medical needs, not all children with medical conditions will need an individual plan. The SENCO has responsibility for the medical register at school.
- The identified member of staff has responsibility for the medical register and follows up with the parents any further details on a child's Individual Healthcare Plan required or if permission for administration of medication is unclear or incomplete.



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- An up to date medical register is kept and is updated regularly.

Individual Healthcare Plans

Drawing up Individual Healthcare Plans

- An individual Healthcare plan may be initiated by a member of school staff, plans should be drawn up with the input of healthcare professionals e.g. Specialist Nurse, parents and the child.
- As a sign of good practice the school will use Individual Healthcare Plans to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments and used to identify the level support they need. Further documentation can be attached to the Individual Healthcare Plan if required.
- An Individual 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 admission
 - ☐ when a diagnosis is first communicated to the school.
- If a child has a short-term medical condition that requires medication during school hours, a medication form plus explanation must be completed by the pupil's parents.

Ongoing communication and review of the Individual Healthcare Plan

- Parents at this school are regularly reminded to update their child's Individual Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication, treatments or conditions change.
- Staff at this school use opportunities to invite parents to review and check that information held by the school on a child/young person's condition is accurate and up to date.
- Every child with an Individual Healthcare Plan at this school has their plan discussed and reviewed at least once a year.
- Where the child has SEND, the Individual Healthcare Plan should be as part of the graduated approach of Assess, Plan, Do, Review and/or linked to their Education Health and Care Plan if they have one.

Storage and access to Individual Healthcare Plans

- The school ensures that all staff protect confidentiality.



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- Individual Healthcare Plans are kept in a secure central location at school by the SENCO.
- Apart from the central copy, specified members of staff (agreed by the pupil and parents) securely hold copies of Individual Healthcare Plans. These copies are updated at the same time as the central copy.
- All members of staff who work with groups of children/young people will access the Individual Healthcare Plans to provide support with their planning of teaching and learning.
- 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 Individual Healthcare Plans of children in their care; this is the responsibility of the SENCO.
- The school seeks permission from parents to allow the Individual 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 Individual Healthcare Plan.

Use of an Individual Healthcare Plan

- Individual Healthcare Plans are used by the school to:
- inform the appropriate staff and supply teachers about the individual needs of children with a medical condition in their care
- remind children with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
- identify common or important individual triggers for children/young people with medical conditions at school that bring on symptoms and can cause emergencies. The 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 a child 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

- If a child requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Individual Healthcare Plan giving the pupil or staff permission to administer medication on a regular/daily basis, if required. A separate form is completed in school by the parent for pupils taking short courses of medication.



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- All parents of children with a medical condition who may require medication in an emergency are asked to provide consent on the Individual Healthcare Plan for staff to administer medication.
- If a child requires regular/daily help in administering their medication then the school outlines the school's agreement to administer this medication on the Individual Healthcare Plan. The school and parents keep a copy of this agreement.
- If required an appropriately trained staff member can administer paracetamol (calpol) only when written or verbal consent from a parent or legal guardian is obtained.

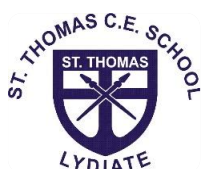
Off-site, Sporting Activities and Residential visits

- 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 child's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help children manage their condition while they are away. This includes information about medication not normally taken during school hours.
- When attending a residential visit or off-site activity (including sporting events) the lead staff member will have copies of all visit paperwork including risk assessments for children/young people where medication is required. A copy of the Individual Healthcare Plan will accompany the child/young person and reference should be made to any medical conditions in the planning and risk assessment prior to the visit taking place.
- All parents of a child with a medical condition attending an off-site activity or overnight residential are asked for written consent, giving staff permission to administer medication if required and an individual Healthcare plan has not been drawn up.
- 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.

Other record keeping

- The 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.
- The school holds training on common medical conditions. A log of the medical condition training is kept by the school and reviewed. The First

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Aid at Work first aid training is completed every 3 years for designated members of staff and all EYFS staff receive paediatric first aid training.

- All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The school keeps a record of staff who have had training.

6. There is clear guidance on the safe storage and handling of medication at school

Safe storage – emergency medication

- Emergency medication is readily available to children 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.
- A defibrillator is on site and specific staff are trained to use this.
- Where the child's healthcare professional advises that they are not yet able or old enough to self-manage and carry their own emergency medication, they know exactly where to access their emergency medication and which member of staff they see.

Safe storage – non-emergency medication

- All non-emergency medication including controlled drugs are stored securely and will be kept locked in a cool dry cupboard.
- All antibiotics requiring to be stored in a refrigerator will be stored in a designated refrigerator solely used to store medication.
- Staff ensure that medication is only accessible to those for it is prescribed.

Safe storage – general

- There is an identified member of staff who ensures the correct storage of

medication at school.

- All controlled drugs are kept in a locked cupboard. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away.



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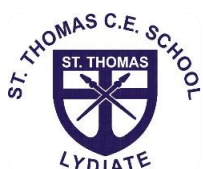


- It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.
- It is the responsibility of class teachers to regularly check the expiry dates for all medication stored at school. The school's SENCO will oversee this.
- The identified member of staff, along with the parents of children/young people with medical conditions, will ensure 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.
- All medication is supplied and stored in its original containers/packages. All medication is labelled with the child/young person's name, date of birth, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- Medication will be stored in accordance with instructions, paying particular note to temperature.
- Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is clearly labelled. Refrigerators used for the storage of medication are in a secure area that is only accessible to staff.
- All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays.

Safe disposal

- Parents will be asked to collect out-of-date medication.
- 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.
- A named member of staff is responsible for checking the dates of medication will arrange for the disposal of any that have expired.
- When required sharp boxes would be made available in school for the appropriate disposal of needles. Parents obtain sharps boxes from the:
 - child's GP or paediatrician on prescription.

All sharps boxes in school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis. Arrangements should be made for their safe disposal.



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- 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 it to school or the child's parent.

7. Supporting Medical Conditions in school policy is regularly reviewed, evaluated, consulted with stakeholders and updated.

- The policy is reviewed, evaluated and updated annually in line with the school's policy review timeline and receives a full consultation with stakeholders.
- Any new government guidance is actively sought and fed into the review, guidance will be provided by Local Authority Officers.
- When evaluating the policy, the school seeks feedback and further consultation on the effectiveness and acceptability of the medical conditions policy with a wide- range of key stakeholders within the school, health settings and with parents and children/young people.

Key stakeholders include:

- Children
- Parents
- School nurse and/or school healthcare professionals
- Headteacher
- Teachers
- Special Educational Needs Coordinator (SENCO)
- Pastoral support staff
- 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

All key stakeholders should be consulted in two phases:

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



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- The views of children with various medical conditions are actively sought and considered central to the evaluation process.
- Parents, school staff, governors, relevant local health staff and any other external stakeholders are informed and regularly reminded about the policy and how they impact on its implementation and review.

8. Complaints Procedure

- If parents or carers have concerns or are dissatisfied with the support provided they should directly contact the school and follow the complaint procedure set by the school.

Legislation and Guidance

This policy and guidance has been compiled using recommended government documents and Acts, these include;

Supporting pupils with Medical Conditions – September 2014

Special Educational Needs and Disability Code of Practice: 0-25 years Children and Families Act 2014 – Part 5: 100

Health and Safety: advice for schools – June 2014 Equality Act 2010

The management of Health and Safety at work regulations 1999 Education Act 1996

Health and Safety at work Act 1974 Medicines Act 1968

The Local Authority will provide both national and local guidance. For further information and guidance see;

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

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

Annexes to support the policy and implementation

The following Annexes are based on the templates provided by the DfE in ‘Supporting pupils with Medical Condition: Templates (May 2014)’

Annex Title Page Number

Annex A: Individual Healthcare Plan 19

Annex B: Parental Agreement for setting to Administer Medicine – Long term medication 21

Annex C: Parental Agreement for setting to Administer Medicine – Short term medication 22

Annex D: Staff Training Record – Administration of medicines 23

Annex E: Contacting the Emergency Services 24

Annex F: model letter inviting parents to contribute to individual healthcare plan development 25

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Individual Healthcare Plan (Annex A)



Individual Healthcare Plan (Annex A)

Name of school/setting	St Thomas CE Primary School
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	Allergies to:
Date	
Review date	1 year from meeting date

Family Contact Information



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Name	
Relationship to child	
Phone no. (work)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	
Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

What is the actual diagnosis? What are the symptoms/signs?

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision, storage of medication

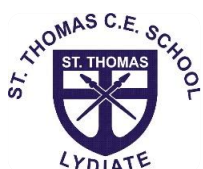
What medication is to be given? How much?

Daily care requirements

What do we need to do on a daily basis to support the child?

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips including Sporting Activities



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Other information including allergies

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (state if different for off-site activities)

Plan developed with

Staff training needed/undertaken – who, what, when

Epi-pen training undertaken on 2/3/2022

Form copied to

Permission granted to share this information with Emergency care staff if required
(All staff have access this this form and know its location)

Parental Agreement for School Staff to Administer Medicine (Annex B)

The school will not give your child medicine unless you complete and sign this form. The school has a policy that the staff can administer medicine.

Name of Child

Date of Birth

Class

Medical condition or illness

Name/type of Medicine 1

Name/type of Medicine 2

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Time medication Last Given

Expiry Date

Dosage and route of administration?

Time(s)

Special instructions

Are there any side effects/allergies

Self-administration – y/n

Procedures to take in an emergency

Contact Details

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school Medication Policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature Date

Parental Agreement for school staff to Administer Medicine

Longer term medication (Annex C)

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Name of child Date of birth Class

Medical condition or illness



Medicine

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Name/type of medicine

(as described on the container)

Expiry date

Dosage and route of administration

Timing(s) of dose(s)

Special precautions/other instructions

Are there any side effects / or allergies?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no. Relationship to child

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

Staff Training Record – Administration of medicines

(Annex D)

I confirm that (name of member of staff) has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated (suggested date)



Trainer's signature

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Date

I confirm that I have received the training detailed above.

Staff signature

Date

Suggested review date

Contacting the Emergency Services (Annex E)

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

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

1. Your telephone number: 0151 531 9955
2. Your name
3. Your location as follows

St Thomas CE Primary School Kenyons Lane



Lydiate

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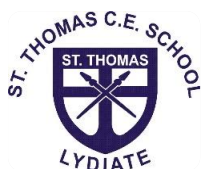
4. State what the postcode is: L31 0BP
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and 8.
9. state that the crew will be met and taken to the patient
10. Provide the Ambulance Service with a copy of the child/young person's Individual Healthcare Plan if agreed by the parent

Put a completed copy of this form by the phone

Model Letter inviting parents to contribute to Individual
Healthcare Plan development/review (Annex F)

Dear Parent

Thank you for informing us of your child's medical condition. I enclose a copy of a guide of your responsibilities and the full policy for supporting pupils at school with medical conditions can be found on the school website.



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An individual healthcare plan now has to be prepared/reviewed. This will set out what support the each pupil needs and how this will be provided. We will develop this plan with you, your child and the healthcare professionals who can advise us on your child's medical case.

We would like to hold a meeting to start developing the plan on xx/xx/xx. Please can you contact us to let us know if this convenient and to agree who needs to attend or provide information for the meeting.

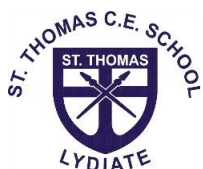
To confirm your attendance or if you would like to discuss this further please contact the school office to ask to speak to me.

Yours sincerely

Parent Guide (Annex G)

The school will support your child with their medical needs but to do this we ask that you;

- tell us if your child has a medical condition
- work with us to ensure your child has a complete and up-to-date Healthcare Plan for their child



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- inform us about the medication your child requires during school hours
- inform us of any medication your child requires while taking part in educational visits or residential visits, especially when these include overnight stays
- tell us about any changes to your child's medication, what they take, when, and how much
- inform us of any changes to your child's condition
- ensure your child's medication and medical devices are labelled with their full name and date of birth and a supply a spare provided with the same information
- ensure that your child's medication is within expiry dates
- inform us if your child is feeling unwell
- ensure your child catches up on any school work they have missed
- ensure your child has regular reviews about their condition with their doctor or specialist healthcare professional and information that will require us to support your child is passed on ASAP
- Ensure your child has a written care/self-management plan from their doctor or specialist healthcare professional to help them child manage their condition.

Guidelines for the Administration of Adrenalin by Staff

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain foods or other substances, but may happen after a few hours.

Adrenalin can only be administered by staff who have volunteered and have been designated as appropriate by the Headteacher and who have been trained by the appropriate health professional. Training of designated staff



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will be provided by the appropriate health professional and a record of training undertaken will be kept. Training will be updated at least once a year.

An Adrenalin is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Adrenalin is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one device used correctly in accordance with the Care Plan. The Adrenalin should only be used for the person for whom it is prescribed.

Where an Adrenalin may be required there should be an individual Care Plan and Consent Form, in place for each child. These should be readily available. They will be completed before the training session in conjunction with parent/carer, school staff and doctor/nurse.

The Adrenalin should be readily accessible for use in an emergency and where pupils are of an appropriate age the Adrenalin can be carried on their person. It should be stored at room temperature, protected from heat and light and be kept in the original named box

It is the parent's responsibility to ensure that the Adrenalin is in date. Schools have a statutory duty to keep children safe. As such, they may put systems in place whereby expiry dates and discolouration of contents are checked termly. Parents are ultimately responsible for replacing medication as necessary.

The use of the Adrenalin must be recorded on the pupil's Health Care Plan, with time, date and full signature of the person who administered the Adrenalin.

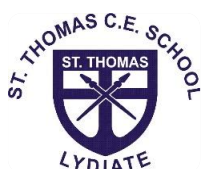
Immediately after the Adrenalin is administered, a 999 ambulance call must be made and then parent's notified. If two adults are present, the 999 call should be made at the same time of administering the Adrenalin. The used Adrenalin must be given to the ambulance personnel.

It is the parent/carer's responsibility to renew the Adrenalin before the child returns to school.

The Adrenalin must be taken if the pupil leaves the school site. The pupil must be accompanied by an adult, who has been trained to administer the Adrenalin.

Other sources of information:

The Anaphylaxis Campaign PO Box 275 Farnborough Hampshire GU14 6SX



Helpline: 01252 542029 Website: www.anaphylaxis.org.uk Email: info@anaphylaxis.org.uk

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Guidelines for Managing Asthma

People with asthma have airways, which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler.

Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects. Staff who have volunteered to assist children with inhalers, will be offered training from the school nurse/other appropriate health professional.

Schools are now able to hold salbutamol inhalers for emergency use. For further information and guidance, please see Guidance on the use of emergency salbutamol inhalers in schools, DfE, September 2014.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. Appropriate training is available from the school nursing service.

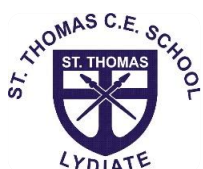
If school/setting staff are assisting pupils with their inhalers, a Consent Form from parent/carer should be in place. Schools may wish to keep a register of children in school with asthma. Individual Care Plans need only be in place if pupils have severe asthma, which may result in a medical emergency.

Inhalers **MUST** be readily available when children need them. Pupils of Year 3 and above should be encouraged to carry their own inhalers. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place. Individual circumstances need to be considered.

It would be considered helpful if parent/carer could supply a spare inhaler for pupils who carry their own inhalers. This could be stored safely at school in case the original inhaler is accidentally left at home or the pupil loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.

All inhalers should be labelled where possible with the following information:

- Pharmacist's original label ☐
- Child's name and date of birth ☐
- Name and strength of medication ☐
- Dose ☐
- Dispensing date ☐



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- Expiry date ☐

Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.

☐ School/setting staff should take appropriate disciplinary action, in line with the school/settings Behaviour and Managing Substance Related Incidents policies, if the owner or other pupils misuse inhalers. ☐

Parent/carer is responsible for renewing out of date and empty inhalers. Parent/carer should be informed if a pupil is using the inhaler excessively.

Physical activity will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler MUST be available during PE and games. If pupils are unwell they should not be forced to participate.

If pupils are going on offsite visits, inhalers MUST still be accessible.

It is good practice for school staff to have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent/carer.

Asthma can be triggered by substances found in schools/settings e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these is advised not to have contact with them.

Other sources of information:

National Asthma Campaign Tel: 0800 1216255 www.asthma.org.uk Education for Health Tel: 01926 493313 www.educationforhealth.org

Guidelines for Supporting the Management of Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. This is because the pancreas does not make any or enough insulin, or because the insulin does not work properly or both. There are two main types of diabetes:

Type 1 Diabetes develops when the pancreas is unable to make insulin. The majority of children and young people have Type 1 diabetes. Children with type 1 diabetes will need to replace their missing insulin either through multiple injections or an insulin pump therapy.



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Type 2 Diabetes is most common in adults but the number of children with Type 2 diabetes is increasing, largely due to lifestyle issues and an increase in childhood obesity. It develops when the pancreas can still produce insulin but there is not enough or it does not work properly.

Treating Diabetes

Children with Type 1 diabetes manage their condition by the following:- Regular monitoring of their blood glucose levels

Insulin injections or use of insulin pump

Eating a healthy diet Exercise

The aim of treatment is to keep the blood glucose levels within normal limits. Blood glucose levels need to be monitored several times a day and a pupil may need to do this at least once while at school/setting.

Insulin Therapy Children who have Type 1 diabetes may be prescribed a fixed dose of insulin; other children may need to adjust their insulin dose according to their blood glucose readings, food intake and activity. Children may use a pen-like device to inject insulin several times a day; others may receive continuous insulin through a pump. **Insulin pens** The insulin pen should be kept at room temperature but any spare insulin should be kept in the fridge. Once opened it should be dated and discarded after 1 month. Parents should ensure enough insulin is available at school and on school trips at all times. Older pupils will probably be able to independently administer their insulin; however, younger pupils may need supervision or adult assistance. The pupil's individual Health Care Plan should provide details regarding their insulin requirements.

Insulin pumps Insulin pumps are usually worn all the time but can be disconnected for periods during PE or swimming etc. The pumps can be discreetly worn attached to a belt or in a pouch. They continually deliver insulin and many

pumps can calculate how much insulin needs to be delivered when programmed with the pupil's blood glucose and food intake. Some pupils may be able to manage their pump independently, while others may require supervision or assistance. The child's individual Health Care Plan should provide details regarding their insulin therapy requirements.

Medication for Type 2 Diabetes

Although Type 2 Diabetes is mainly treated with lifestyle changes e.g. healthy diet, losing weight, increased exercise, tablets or insulin may be required to achieve normal blood glucose levels.

Administration of Insulin injections



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If a child requires insulin injections during the day, individual guidance/training will be provided to appropriate school staff by specialist hospital liaison nurses as treatment is individually tailored. A Care Plan will be written.

See following pages for guidance on managing hypoglycaemia and blood glucose monitoring.

Other sources of information:

Diabetes UK 10 Parkway London NW1 7AA

Tel: 020 7424 1000 Careline: 0845 1202960 Fax: 020 7424 1001 Email: info@diabetes.org.uk Website: www.diabetes.org.uk

15 Guidelines for Managing Hypoglycaemia (hypo or low blood sugar) in Children Who Have Diabetes

Key staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia which occurs when the blood-sugar level falls. Staff who have volunteered and have been designated as appropriate by the headteacher will administer treatment for hypoglycaemic episodes.

To prevent a hypo

1 There should be a Care Plan and consent form in place. It will be completed at the training sessions in conjunction with staff and parent/carer. Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan.

2 Children must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed due to extra curricular activities at lunchtimes or detention sessions. Off site activities e.g. visits, overnight stays, will require additional planning and liaison with parent/carer.

To treat a hypo

1 If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the child may experience a "hypo". Symptoms may include confrontational behaviour, inability to follow instructions, sweating, pale skin, confusion and slurred speech.



2 Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, or Glucogel/Hypostop (dextrose gel), as per Care Plan.

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Whichever treatment is used, it should be readily available and not locked away. Many school-age pupils will carry the treatment with them. Expiry dates must be checked each term by the parent/carer.

3 It is the parent/carer's responsibility to ensure appropriate treatment is available.

Once the child has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made and the child put in the recovery position. Do not attempt oral treatment. Parent/carer should be informed of a hypo where staff have issued treatment in accordance with Care Plan.

If Glucogel/Hypostop has been provided:

The Consent Form should be available.

Glucogel/Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream.

The use of Glucogel/Hypostop must be recorded on the child's Care Plan with time, date and full signature of the person who administered it.

It is the parent/carer responsibility to renew the Hypostop/Glucogel when it has been used.

Do not use Glucogel/Hypostop if the child is unconscious. 16 Blood Glucose Monitoring for Children

All staff must use a fully disposable Unistik Lancet device if they are undertaking

near patient blood glucose testing on behalf of a pupil. This is a use once only device and the lancet remains covered once it has been used. Unistik 3 Comfort Lancets are recommended for use with children.

If a child has an insulin pump individual arrangements will be made with a specialist nurse and parents to ensure school staff are fully trained in the management and use of the pump. This will be documented in the Care Plan.

When to use

For children who self-test the use of Unistiks is not necessary and he/she will be taught to use a finger pricker device in which a disposable lancet will be inserted. This device can be purchased at a local chemist or in some cases provided by the Paediatric Diabetes Specialist nurse. The disposable lancet can be ordered on prescription via the pupil's GP.



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Whenever possible, staff will encourage pupils to undertake their own finger prick blood glucose testing and management of their diabetes, encouraging good hand hygiene. However in exceptional circumstances such as a pupil having a hypoglycaemic attack, it may be necessary for a member of staff to undertake the test.

How to use the Unistik lancet:

Prior to the test wash hands / use alcohol rub. Encourage pupil to wash their hands wherever possible.

Ensure all equipment is together on a tray including a small sharps box . Where possible explain the procedure to the pupil. Apply gloves before testing . Use a meter which has a low risk for contamination when blood is applied to the strip such as: an optium xceed or one touch ultra. Ensure meter is coded correctly for the strips in use and that the strips are in date. Place the strip into the meter. Prick the side of the finger using a Unistik comfort 3. Apply blood to

the test strip according to the manufacturer's instructions.

Once the test is completed put the used test strip and lancet directly into the sharps box.

Return the tray to a safe area/room. Wash hands following the removal of gloves/possible contact with blood, use alcohol rub. Record the blood glucose reading in the pupil's Care Plan/diary. Parents are responsible for supplying all necessary equipment and medication. Provision and disposal of a sharps box should be discussed individually with the School nurse / Paediatric Diabetes Specialist nurse.

Further notes:

Ensure there is a procedure in place regarding what action is to be taken if the result is above or below normal and document this in the Care Plan. This must be agreed in consultation with the pupil, his/her parents, the Paediatric Diabetes Specialist nurse, School nurse/GP/health visitor and the identified teacher/member of staff.

If further advice or training is required please contact the child's Paediatric Diabetes Specialist nurse.

Guidelines for Managing Eczema

Eczema (also known as dermatitis) is a dry skin condition. It is a highly individual condition, which varies from person to person and comes in many different forms. It is not contagious so you cannot catch it from someone else.



In mild cases of eczema, the skin is dry, scaly, red and itchy. In more severe cases there may be weeping, crusting and bleeding.

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Constant scratching causes the skin to split and bleed and also leaves it open to infection. In severe cases, it may be helpful and reassuring for all concerned if a Care Plan is completed.

Eczema affects people of all ages but is primarily seen in children. In the UK, one in five children have eczema.

Atopic eczema is the most common form. We still do not know exactly why atopic eczema develops in some people. Research shows a combination of factors play a part including genetics (hereditary) and the environment. Atopic eczema can flare up and then calm down for a time, but the skin tends to remain dry and itchy between flare ups. The skin is dry and reddened and may be very itchy, scaly and cracked.

The itchiness of eczema can be unbearable, leading to sleep loss, frustration, poor concentration, stress and depression.

There is currently no cure for eczema but maintaining a good skin care routine and learning what triggers a pupil's eczema can help maintain the condition successfully, although there will be times when the trigger is not clear. Keeping skin moisturised using emollients (medical moisturisers) is key to managing all types of eczema with topical steroids commonly used to bring flare ups under control.

Common problems:

Dealing with allergies and irritants e.g. pets, dust, pollen, certain soaps and washing powders;

Food allergies can create problems with school lunches and the school cook having to monitor carefully what the child eats;

Needing to use a special cleaner rather than the school soap, they may also need to use cotton towels as paper towels can cause a problem;

Changes in temperature can exacerbate the condition, getting too hot (sitting by a sunny window) or too cold (during PE in the playground);

Wearing woolly jumpers, school uniforms (especially if it is not cotton) and football kits can all exacerbate eczema;

Applying creams at school, a need for extra time and privacy; Needing to wear bandages or cotton gloves to protect their skin; If the eczema cracks they may not be able to hold a pen;

Eczema may become so bad that the child is in pain or needs to miss school, due to lack of sleep, pain or hospital visits;



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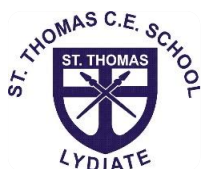


Sleep problems are very common. A nice warm cosy bed can lead to itching and therefore lack of sleep;

Grumpiness and lack of concentration can result due to tiredness. For more information, please see:
National Eczema

Society www.eczema.org <mailto:helpline@eczema.org> Helpline - 0800 089 1122

- Monday to Friday, 8am to 8pm



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