



## **Medical Conditions Policy**

Stubbings Infant School is an inclusive community that welcomes and supports pupils with medical conditions. Stubbings Infant School provides all pupils with any medical condition the same opportunities as others at school.

### **Introduction**

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same processes of admission as other children and cannot be refused admission on medical grounds alone. Teachers and other school staff have a duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to staff leading activities off site.

Stubbings Infant School understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood. We understand the importance of medication and care being taken as directed by healthcare professionals and families. All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.

The prime responsibility for a child's healthcare lies with the parent who is responsible for the child's medical care and medication and should supply the school with information. The school has regard for the DFE 'Supporting Pupils at School with Medical Conditions', April 2014. This policy outlines Stubbings Infant school's approach to meeting the requirements of this guidance.

### **At Stubbings**

- Children with medical conditions will be properly supported so that they have full access to education, including school trips and physical education
- This school understands 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
- Stubbings Infant School understands 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.
- The school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity.
- Arrangements must be in place in school to support children with medical conditions, including the appropriate use of risk assessments and the development, implementation and review of Individual Healthcare plans (Appendix 1) with the support of the school nursing service (Locala) and/or other medical professionals
- The school, families, the child and healthcare professionals will work closely together to ensure that the needs of students with medical conditions are met

- Our focus is on the child as an individual and how their medical needs are met to ensure full inclusion, access and enjoyment of school life.
- 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 school will not penalise pupils for their attendance if their absences relate to their medical condition.
- We 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), family and the pupil's healthcare professional.

### **Staff Training and Awareness**

- 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.
- All staff receive training in what to do in an emergency and this is refreshed at least once a year.
- The school has a number of trained first aiders, a list of which is displayed in the office and staffroom. There are first aiders available at each break time.
- Relevant staff will be made aware of each child's medical condition and needs
- 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.
- A child's IHP should, explain what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital.
- Key staff will be regularly trained in supporting individual pupils with specific medical conditions such as diabetes, epilepsy and severe allergies
- We will ensure that cover arrangements are made in the case of staff absence or turnover to ensure needs are met
- We will undertake risk assessments for activities off site taking into account individual needs.

### **Individual Healthcare Plans**

Where the child has a long term and complex medical condition(s), they should have an individual healthcare plan (IHC) providing clear guidance on what needs to be done, when and by whom. It will also explain what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

The school nurse, parent or carer, school and healthcare professionals collaborate to develop the plan. It is vital that the IHC reflects up to date medical knowledge about the child (input from healthcare professionals) and agreement should be reached as to who is responsible for leading on writing it. These should be reviewed annually. Not all pupils with medical conditions need an IHC.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), we will work with the local authority and education provider to ensure that the child receives the support they need to reintegrate effectively.

## **Children with Education Health Care (EHC) plans and Medical Needs**

For pupils with EHC plans, the IHC should be linked to or become part of the EHC plan.

### **Roles and Responsibilities**

#### **Governing Body**

- Overall responsibility to ensure pupils with medical conditions are supported to participate fully in school life
- Responsibility to ensure staff are appropriately trained and competent.

#### **The Headteacher**

- Ensure implementation of the policy
- Ensure relevant staff are informed about medical conditions and trained
- Overall responsibility for developing Individual Health Care (IHC) plans
- Ensure appropriate levels of insurance
- Overall responsibility for liaison with the school nursing service

#### **School Staff**

- Take into account the medical needs of children they teach
- Support pupils following guidelines from the IHC plan
- Attend training as required in supporting pupils with medical conditions

#### **Pupils**

- May be best placed to describe how a condition affects them
- Should be sensitive to the needs of others
- Should be involved as much as possible in decisions and plans affecting them
- Should be encouraged to self-administer medication (with support) where appropriate to develop independence

#### **Parents**

- Should provide the school with up to date information
- Should attend clinic appointments as appropriate
- Should be involved in the development and review of IHCs
- Should carry out action they have agreed to implement as part of the IHC
- Should keep school informed immediately of any change of emergency contact details

### **Staff that administer medicines**

- The safe storage of medicine in school
- Check that medicines are not out of date – chase up parents to renew.
- Update Individual Health Care Plan
- Liaise with School Nurse, Families, SENCO and other teaching staff to ensure Care Plans are in place for all pupils needing one.
- Ensure that all staff are informed of allergies, medical needs of pupils in school.

- Ensure administration of medicine is recorded appropriately.
- Inform lunchtime staff of children with food allergies.

### **Procedures for Managing Medicines – administration and storage**

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- Pupils should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- All medicines should be stored safely in an appropriate safe place. Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injector pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
- Governing bodies should ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.

### **Children who manage their own Medical Needs**

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Some children can be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily). Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

## **Record keeping**

- Families at Stubbings Infant School are asked if their child has any medical conditions on the enrolment form.
- This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), family, school staff, specialist nurse (where appropriate) and relevant healthcare services.
- There is a centralised register of medical needs, and an identified member of staff has the responsibility for this register.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- Other school staff are made aware of and have access to the IHP for the pupils in their care.
- We ensure sure that the pupil's confidentiality is protected.
- We seek permission from parents before sharing any medical information with any other party.
- Stubbings Infant School keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.
- All staff providing support to a pupil and other relevant teams 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. The specialist nurse/ school nurse/other suitably qualified healthcare professional will confirm their competence, and an up-to-date record of all training undertaken and by whom is kept.

## **Emergency Procedures**

As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips. These should be reflected in school visit plan forms. Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

For children with severe medical needs, where the Health Care Plan states emergency procedures, up to date information must be kept readily available for emergency services.

## **Unacceptable Practice**

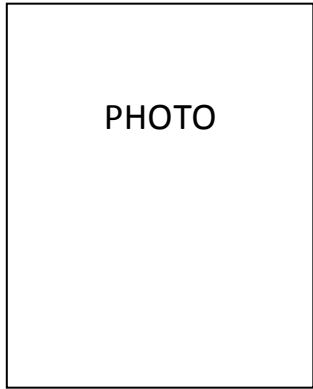
Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- 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 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;
- 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.

This policy will be reviewed in three years unless there are changes to legislation, or pupils' needs within the school.

Review date: December 2022



Form A  
**Individual Health Care Plan**

Name of child	
Class	
Date of birth	
Address of child	
Medical diagnosis or condition	
Date Completed	
Attendance at Meeting	
Review Date	

**Family Contact Information**

Name		
Relationship		
Phone Number	work	
	home	
	mobile	

Name		
Relationship		
Phone Number	work	
	home	
	mobile	

**Clinic/Hospital Contact**

Name	
Phone Number	

**GP**

Name	
Phone Number	

**Describe medical needs and give details of child's symptoms**

**Daily care requirements (including any side effects of medication)**  
 (Timing of medication, Staff providing care, any impact on learning/behaviour)

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

**Follow up care**

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

**Form copied to:**

**Signatures:**

Parent:	Parent:
Named Person – School:	Named Person – School:
School Nurse:	

I am happy that this plan can be displayed discreetly in my children’s classroom and staffroom  
 I am happy that the above information be passed onto emergency care staff in the event of an  
 emergency during school hours or during after school activities.

Parent/Guardian Signature.....

Date.....

Name of Parent/Guardian  
 (printed).....





Form B  
Parental Agreement for School to Administer Medicine

Name of child	
Class	
Date of birth	
Medical illness or condition	

Medicine

Name/type of medicine (as described on the container)	
Date dispensed	
Expiry Date	
Agreed review date to be initiated by:	
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school needs to know about?	
Self-Administration	YES / NO
Procedures to take in an emergency	

Contact Details

Name	
Relationship	
Daytime Number	
Address	
I understand that I must deliver the medicine personally to:	

I accept that this is a service that the school is not obliged to undertake.

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 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.

Date:

Parents/Carers Signature:

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Form D  
Record of Medicine Administered to an Individual

Name of child	
Class	

Medicine

Date medicine provided by parent	
Quantity received	
Expiry Date	
Name and strength of medicine	
Quantity returned	
Dose and frequency of medicine	

Staff Signature:

Signature of parent/carer:

Date	DAY 1	DAY 2	DAY 3
Time Given			
Dose Given			
Name of member of Staff			
Staff Initials			

Date	DAY 4	DAY 5	DAY 6
Time Given			
Dose Given			
Name of member of Staff			
Staff Initials			

Date	DAY 7	DAY 8	DAY 9
Time Given			
Dose Given			
Name of member of Staff			
Staff Initials			

Date	DAY 10	DAY 11	DAY 12
Time Given			
Dose Given			
Name of member of Staff			
Staff Initials			

Date	DAY 13	DAY 14	DAY 15
Time Given			
Dose Given			
Name of member of Staff			
Staff Initials			