



Supporting Pupils at School with Medical Conditions

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Part 1 - Policy

1. Background

Numbers of pupils with medical needs in schools are rising. This policy provide guidance to staff and parents* in coping with and balancing this demand to enable all children to access and enjoy the same opportunities at school. It focuses on the needs of individual children and how their medical condition impacts on their school life and ability to learn, as well as increasing confidence and promoting self-care.

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

Related documentation

Supporting Pupils at School with Medical Conditions – DfE December 2015.

Legal Framework

School and the Governing Body are responsible for the health and safety of pupils in their care as set out in *The Health and Safety at Work Act* (HSWA) 1974. *The Education Act of 1993* and the *Medicines Act of 1968* are relevant to schools in dealing with pupils with medical needs.

Children with SEN will not necessarily have medical needs. For those who do, the *Code of Practice* sets out procedures for identification and assessment. Health Authorities will be expected to comply with requests for assistance from the LA.

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. There is however, no legal or contractual duty on school staff to administer medicines or to supervise pupils taking it. This is a voluntary role although some staff may have specific duties to provide medical assistance as part of their contract. The school will ensure that such staff are covered by the school's insurance policy and are suitably trained and competent. Teachers and other school staff in charge of pupils have a common law duty to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on school premises and, in exceptional circumstances, this may extend to administering medicines and / or taking action in emergency situations.

2. Policy statement

Woodloes School is an inclusive community that supports and welcomes pupils with medical conditions.

Woodloes School provides all pupils with medical conditions the same opportunities as others at school and adheres to local and National guidance when addressing any

medical issues.

We will help to ensure that children can:

- Be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well-being (ECM, 2004).

This school ensures that all staff:

- Understand their duty of care to children and young people in the event of an emergency and feel confident in knowing what to do in an emergency.
- Understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- Understand the importance of medication being taken as prescribed and recognise common medical conditions that affect children at this school. Staff receive relevant and up-to-date training as required.
- Are aware of the triggers that can make common medical conditions worse or can bring on an emergency. The school works actively towards reducing or eliminating these health and safety risks.

This school:

- Has clear guidance on the administration of medication, storage and record keeping at school.
- Ensures that the whole school environment is inclusive and favorable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.
- Ensures that each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.
- The medical conditions policy is regularly reviewed, evaluated and updated.

3. Fundamental principles

- The policy will be communicated to parents and pupils.
- Children have the same rights of admission and cannot be prevented from taking up a place for medical reasons.
- Parents are responsible for the child's medication. The Headteacher / Deputy Headteacher, in consultation with staff, will decide if the school can assist. Discussions should encourage regular attendance and full participation in school life.
- As the child becomes older, and wherever possible, the child will be encouraged to administer their own medicine.
- School staff must not administer medication until they have received training. The local Health Authority will advise and provide support. This is usually accessed through the school nurse.

- Medication should only be taken to school when absolutely necessary.
- As a general rule **only prescribed medicines should be given at school.**

4. Communication

Stakeholders are informed and regularly reminded about the medical conditions policy:

- when their child is enrolled as a new pupil
- in the school newsletter during the school year
- at the start of the school year when communication is sent out about Healthcare Plans
- via the school's website, where it is available all year round and by signposting access to the policy.

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

- through copies shared with staff during the school year and before Healthcare Plans are distributed to parents
- at scheduled medical conditions training
- through the key principles of the policy being displayed in several prominent staff areas at this school
- all supply and temporary staff are informed of the policy and their responsibilities.

Part 2 – Operational Information and Procedure

1. Administering Medication

No pupil should be given medication without his/her parents' **written permission**. However, the school will contact parents and request permission to administer paracetamol, piriton or a spray to relieve wasp / bee stings in the event of an allergic reaction or a broken limb.

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

Any member of staff giving medication should check:

- Pupil's name

- Written instructions provided by doctor or parents
- Prescribed dose
- Expiry date

Ideally, medicines should be administered by the parent at home. If this is not possible, medicines will usually be administered by the admin staff and / or 'First Aid at Work / Paediatric First Aid' trained staff.

Staff will be expected to complete and sign the record sheet when medication is given. It is good practice to have the dosage and administration witnessed by a second adult.

Parents requesting that the school administers medicine must first discuss the request and obtain the permission of the Deputy Headteacher. The parent will be expected to complete the form (Appendix 3). Pupils who have prescribed medication 3 times a day can usually be catered for at home. On the rare occasions when the medication has to be given four times a day or specifies lunchtime, the arrangements may have to be made at school.

Pain killers i.e. *Calpol* / *paracetamol* in tablet form will only be given in exceptional circumstances and only when agreed by the Deputy Headteacher. Written authorisation must be received from the parent along with written instruction about when the child should take the medication. Staff must supervise the taking of the medication and the parents should be notified, in writing, on the day that painkillers are taken. A simple record of medication administered should be kept (Appendix 4).

NB A child under 16 should never be given aspirin, unless prescribed by a doctor.

This school has clear guidance on the storage of medication at school:

- We will not store large volumes of medicine but all medication that is supplied will be stored, wherever possible, in its original containers. Medicines should be in a container clearly labelled with the name of the pupil, the name and the dose of the drug and the frequency of administration. Medicines are stored safely in a lockable cupboard. The pupil should know where the medicine is stored.
- Medicines will administered only by one of the school's Admin team and or First Aiders at appropriate times; **EXCEPT** in cases of life threatening conditions e.g. Epipen, or Insulin users. Wherever possible a reserve injector will be kept centrally where it can be accessed quickly if necessary.
- Medication is stored in accordance with instructions, paying particular note to temperature.
- Some medication for pupils at this school may need to be refrigerated. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.
- **Asthma** inhalers should be labelled and available to pupils in the classroom.
- **Controlled drugs**, such as Ritalin, must be kept locked in a locked cupboard A record of all medication will be kept and administrations will be signed for by the

person in charge, and countersigned by a witness (this is a legal requirement). Under no circumstance will any amount of the drug, however small, be given to a person other than that for whom it has been prescribed. The medicine recording form is signed by one member of staff and countersigned by another.

- All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays.
- 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.
- If a pupil misuses medication either their own, or another pupil's, their parents will be informed as soon as possible. These pupils are subject to the school's usual disciplinary procedures.
- Some **non-prescribed or commercially available medicine** is held by/administered by the school. Painkillers, e.g. *Calpol / Paracetamol*, will only be administered when prescribed by a doctor. However, if a child is injured and has a suspected broken limb or in the case of young girls, may be suffering from period pains, we will contact the parents for **consent** to give *Calpol / Paracetamol* in order to relieve the pain.

Safe disposal

- Parents at this school are 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 and arranging for the disposal of any that have expired. This check is done at least three times a year and is always documented. These records are stored securely in the admin office.
- Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in this school are stored in a locked cupboard in the admin office unless alternative safe and secure arrangements are put in place on a case-by-case basis.
- If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent.
- Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

2. Long term medical needs

When notified that a pupil has a medical condition this will be discussed with parents and any relevant professional, eg. school nurse, and the relevant staff, including the class teacher and first aid staff. Records of pupils with medical needs are kept on SIMS, with a copy kept in registers for staff and any cover/supply staff.

To ensure staff are well briefed about the condition and the pupil's medical needs, a written health care plan will be drawn up (Appendix 1). These are reviewed at least

annually. For children suffering from Anaphylaxis (acute allergic reaction) a more detailed form must be completed along with an emergency action plan. All staff must be aware of these and their location. Risk assessments, for example for school visits, may include specific arrangements for pupils with medical needs.

As children become older and more independent, they may be able to administer their own medication if supervised by staff. The Headteacher, in conjunction with concerned staff, should discuss the practicality of this, bearing in mind the safety of both the pupil and other pupils. Parent consent form (Appendix 3) should be completed.

Refusing medication

If a pupil refuses medication, school staff must not force them to take it. The school will inform the parent/carer as a matter of urgency. If necessary the school should call the emergency services.

School trips / Offsite Visits

Pupils with medical needs should be encouraged to participate in school trips wherever safety permits. The teacher in charge should conduct a risk assessment. Additional measures/safety measures may need to be taken. In extreme cases the school will discuss the advisability of the child attending the trip with parents. The school reserves the right to refuse to take the child. This will be based on a risk assessment and reflect the concern about the child's safety or the safety of other children on the trip. Medical advice from the GP or school doctor may be sought. The parent or an additional adult may be used to meet the needs of the pupil.

All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

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

Sporting activities

Most pupils with medical conditions can participate in extra-curricular sport or in PE lessons. Any restriction on the pupil's ability to participate should be recorded in the child's individual health care plan. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

Hygiene/ infection control

All staff should be familiar with normal precautions for avoiding infection and ~~must~~ follow basic hygiene procedure. Protective, disposable gloves must be worn and care taken when dealing with body spillages.

Emergency procedures (see Managing Accidents in School Policy – Appendix 6)

In an emergency, the ambulance should be called. If a parent cannot get to school on time, a member of staff will accompany the pupil to hospital and wait there until the parent arrives. The school tries to ensure that the staff member will be one the pupil knows.

Intimate or Invasive treatment

Some school staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment or fears about accusations of abuse. The Headteacher and parents must respect such concerns. Staff should only undertake the procedure if willing. Cover arrangements should be agreed in case of absence. Training will be provided, usually through COMPASS.

Two adults must be present when the procedure is carried out unless otherwise agreed with the parent/carer. Staff should seek to protect the dignity of the pupil as far as possible, even in emergencies.

Staff should also be aware of information in the Medical File in the admin office about medical conditions which commonly cause concerns along with the names and addresses of useful contacts and help lines.

e.g:

- Asthma
- Diabetes
- Epilepsy
- Severe allergic reaction

3. Medical Procedure

Aim

To ensure the medical safety and welfare of all pupils in the school by supporting and caring for anyone who is taken ill or is injured during the school day and ensuring that anyone who needs to take medication can do so safely.

Statement

The school has a policy for Managing Accidents in School. Procedures for this are displayed in classrooms (Appendix 6).

Any illness or injury will be reported to the school nominated First Aid Staff who will decide on the action to be taken, as follows:-

- In **minor cases**, the person will be assessed, treated and when a pupil recovers returned to the classroom.
- In more **serious cases**, the person may be allowed a short time to recover outside the office. If the pupil does not recover sufficiently to return to the classroom after a short time, parents will be contacted to take their child home.
- In circumstances where **hospital care** is felt to be appropriate, the emergency services will be called and an ambulance will take the person to hospital. If it is a pupil, the parents will be contacted. If it is an adult, an appropriate friend or family member will be contacted.
- An adult should normally **accompany the ambulance**: in normal circumstances this will be the parent if they arrive in time, or a family friend. In some cases it may be more appropriate for the parent to meet the ambulance at hospital. In exceptional cases a member of staff should accompany the ambulance (e.g. if it has not been possible to contact the parent or other family friend or contact).
- Pupils should not be taken to hospital in staff cars unless there is no other option.
- Pupils personal and contact details will be given to the ambulance personnel.

Head injuries

In **all** cases, and where possible, parents will be contacted by telephone. If concussion is suspected, parents will be recommended to consult a doctor immediately.

Anaphylaxis / Anaphylactic Shock

This should always be treated as a medical emergency. The **EMERGENCY SERVICES** will be called immediately if a child suffers from **ANAPHYLATIC SHOCK**.

4. Record Keeping

It is essential that accurate and timely records are kept relating to any incident occurring as follows:

Enrolment forms

At the start of each school year, parents are required to specify any health conditions or health issues that their child may have, on the enrolment form. The same applies to any new pupils starting at other times during the year.

Accidents and Near Misses (Appendix 2)

All injuries to pupils will be logged in the Pupil Accident Book. More serious injuries will be reported to the Health and Safety Co-ordinator on the approved form (Appendix 2)

All injuries to staff or visitors (including contractors working in the school) will be reported on the approved form (Appendix 2).

Serious injuries (fractures / head injuries as described on the HSE website will be reported to the HSE.

Healthcare Plans (Appendix 1)

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

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

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

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

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

Parents receive regular reminders to update their child's Healthcare Plan. This is important to ensure that any medical emergencies, changes to symptoms or changes to medication and treatments have occurred.

Staff use opportunities such as teacher–parent interviews to check that information held by the school on a pupil's is discussed and reviewed at least once a year.

Parents and pupils are provided with a copy of the pupil's current agreed Healthcare

Plan and school copies are stored in a secure central location at school. In addition, specified members of staff (agreed by the pupil and parents) hold securely copies of pupils' Healthcare Plans. These copies are updated at the same time as the central copy. All members of staff who work with groups of pupils have access to the pupils Healthcare Plans. All staff are required to protect pupil confidentiality. However, the Healthcare Plan will be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. We will obtain permission before sharing any medical information with any other party, where necessary

Consent to administer medicines (Appendix 3)

Each Child's Health Care Plan will record parental consents and details as follow:

- If a pupil requires regular prescribed or non-prescribed medication at school, permission for staff to administer medication on a regular/daily basis if required.
- For pupils with a medical condition who may require medication in an emergency for staff to administer medication.
- For pupils requiring regular / daily help in administering their medication school agrees to administer this medication. The school and parents keep a copy of this agreement.
- Parents of pupils with medical conditions at this school are all asked at the start of the school year on the Healthcare Plan if they and their child's healthcare professional believe the child is able to manage, carry and administer their own emergency medication.

Residential visits (Appendix 5)

- Prior to any overnight or extended day visit, parents are sent a residential visit form for completion and return to school shortly before their child leaves. This form requests up-to-date information about the pupil's current condition and their overall health and provides essential and up-to-date information to relevant staff and school supervisors. This helps staff to help pupils manage their condition whilst on the trip. This will include information about medication not normally taken during school hours.
- All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's Healthcare Plan.
- All parents of pupils having a medical condition and attending a school trip or overnight visit are asked for consent for staff to administer medication at night or in the morning if required.

Other record keeping

This school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. (Appendix 4)

- 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.
- Staff training on common medical conditions is held once a year. All staff attending will receive a certificate confirming the type of training they have had. A log of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff will receive relevant training.

5. Inclusivity

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

Physical environment

- Woodloes School is committed to providing a physical environment that is accessible to pupils with medical conditions and is on one level with extra width doors, ramps and shower facilities.
- Pupils with medical conditions are included in the consultation process to ensure the physical environment at this school is accessible.
- Woodloes School is committed to providing an accessible physical environment including out-of-school visits. The school recognises that this sometimes means changing activities or locations.

Social interactions

- Woodloes School ensures the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school and extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits..
- All staff at Woodloes School are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.
- Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

Exercise and physical activity

Woodloes School understands the importance of all pupils taking part in sports, games and activities and ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports by making sure that all classroom

teachers, PE teachers and sports coaches:

- Make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.
- Understand that pupils should not be forced to take part in an activity if they feel unwell.
- Are aware of the potential triggers for pupils' medical conditions when exercising and how to minimize these triggers.
- Are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities.
- Ensure that all pupils have the appropriate medication or food with them during physical activity and, that pupils take them when needed.

Education and learning

- Woodloes School ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.
- If a pupil is missing a lot of time at school, has limited concentration or are frequently tired, all teachers at Woodloes School understand that this may be due to their medical condition.
- Teachers at Woodloes School are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school's SEN coordinator consults the pupil, parents and the pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is properly considered.
- Woodloes School ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.
- Pupils at Woodloes School learn about what to do in the event of a medical emergency.

Residential visits

- Risk assessments are carried out by the school prior to any out-of-school visit and medical conditions are considered during this process. Factors considered include: how pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.
- Woodloes School understands that there may be additional medication, equipment or other factors to consider when planning residential visits. The school considers additional medication and facilities that are normally available at school.
- Risk assessments are carried out before pupils start any work experience or off-site educational placement. It is the school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the pupil. Permission is sought from the pupil and their parents before any medical information is shared with an

employer or other education provider.

Common Triggers

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

- The school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.
- School staff have been given training on medical conditions. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions.

Policy and Practice

- Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, including work experience placements and residential visits, taking into account the needs of pupils with medical conditions.
- The school reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to this school's policy and procedures are implemented after each review.

6. Roles and Responsibilities

Every member of the school and health community know their roles and responsibilities in maintaining an effective medical conditions policy

- The school works in partnership with all interested and relevant parties including the governing body, school staff and parents, to ensure the policy is planned, implemented and maintained successfully.
- The following roles and responsibilities are used for this policy. These roles are understood and communicated regularly.

Governors

Ensuring that this Policy is reviewed regularly in conjunction with the school and is readily accessible to parents and school staff.

Headteacher

Ensuring the school is inclusive and welcoming and that the policy is in line with local and national guidance and policy frameworks. Also to ensure that sufficient staff are suitably trained and relevant staff are aware of children who have specific needs.

Community Academy Trust

Ensuring the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips

- Ensuring health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions
- Providing indemnity for staff who volunteer to administer medication to pupils with medical conditions.

School Staff

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency,
- understand the school's Supporting Pupils at School with Medical Conditions Policy,
- know which pupils in their care have a medical condition and be familiar with the content of the pupil's Healthcare Plan
- allow all pupils to have immediate access to their emergency medication
- maintain effective communication with parents including informing them if their child has been unwell at school
- ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom
- be aware of pupils 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 pupils. (Pupils should not be forced to take part in any activity if they feel unwell)
- ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

First Aiders

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

SEND Coordinators

- help update this policy
- know which pupils have a medical condition and which have special educational needs because of their condition
- ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or course work.

School Pupils

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

Parents, Carers or Responsible Adults

- 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 visits, outings or field trips and other out-of-school activities
- 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
- provide the school with appropriate spare medication labelled with their child's name
- ensure that their child's medication is within expiry dates
- keep their child at home if they are not well enough to attend school
- 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
- ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

The Supporting Pupils at School with Medical Conditions Policy is regularly reviewed evaluated and updated on an Annual basis.

- This policy is reviewed, evaluated and updated in line with the school's policy review timeline.
- New Department for Children, Families and Schools and Department of Health guidance is actively sought and fed into the review.
- In evaluating the policy, this school seeks feedback on the effectiveness and acceptability of the medical conditions policy with a wide-range of key stakeholders within the school and health settings.
- The views of pupils with various medical conditions are actively sought and considered central to the evaluation process.

THIS POLICY SHOULD BE READ IN CONJUNCTION WITH THE SCHOOL'S HEALTH & SAFETY POLICY, Managing Accidents in School Policy, Intimate Care Policy and other relevant local and national Health and Safety documentation.

Part 3 – Appendices

Appendix 1: Educational Healthcare Plan for A pupil with Medical Needs

Child's Name: Address: NHSNo: Date of Birth: Condition:	<div style="border: 1px solid black; width: 150px; height: 120px; margin: 0 auto; text-align: center; padding-top: 50px;">Photo</div>
Class / Form: Name of School:	
Date: HCP review date:	

Contact information:

Family Contact 1: Name: Relationship: Contact Numbers: Home: Work: Mobile: GP Name: Contact Number: Consultant Name:	Family Contact 2: Name: Relationship: Contact Numbers: Home: Work: Mobile: School Nurse: Contact Number: Address:
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Health Care Plan

Pupil's Name: NHS Number: Date: Medication and Dosage:

Condition/Specific Problems:	
Specific Requirements:	
If unwell at school:	
School staff training (if applicable)	
In the event of an emergency school staff to ensure that:	
Parent/carer's signature	Date:
School Nurse signature:	Date:

School signature:		
Name:	Position:	Date:

Appendix 2:

Accident/Incident/Near Miss Report Form

THIS FORM IS CLASSIFIED AS PROTECT.

1. Definition of Accident/Incident (see appendix 1) – tick one box only*

(* - Mandatory Field)

Minor injury	<input type="checkbox"/>	Injury/ill health	<input type="checkbox"/>	Near miss/dangerous occurrence	<input type="checkbox"/>
Verbal/physical assault	<input type="checkbox"/>	Road traffic incident	<input type="checkbox"/>	Environmental	<input type="checkbox"/>

2. Directorate: Establishment/Premises:*

Children, Young People and Families

Woodloes Primary School, Deansway, Woodloes Park,
Warwick CV34 5DF

Sections A, B, C and D to be completed by injured person if possible

A. PERSONAL DETAILS OF INJURED PERSON (IF REPORTING A NEAR MISS / DANGEROUS OCCURRENCE OR AN ENVIRONMENTAL INCIDENT GO TO SECTION B)*

Surname*	<input type="text"/>	Forenames*	<input type="text"/>		
Male*	<input type="checkbox"/>	Home address*			
Female*	<input type="checkbox"/>				
Age*	<input type="text"/>				
Home Telephone No. (if known)	<input type="text"/>	Post Code*	<input type="text"/>		
Status:*	Employee <input type="checkbox"/>	Pupil or Student <input type="checkbox"/>	Contractor <input type="checkbox"/>	Customer <input type="checkbox"/>	Trainee <input type="checkbox"/>
	Work Experience/14-19 <input type="checkbox"/>	Agency Staff <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Member of Public <input type="checkbox"/>	
Employee, Job Title*	<input type="text"/>			Full time* <input type="checkbox"/>	Part time* <input type="checkbox"/>

B. DETAILS OF ACCIDENT/DANGEROUS OCCURRENCE (please continue on separate sheet)*

B.1	Exact address where incident occurred*	Exact location of incident*	
<input type="text"/>		<input type="text"/>	
Date of accident/incident:*	<input type="text"/>	Time of accident incident:*	<input type="text"/> am/pm
B.2*	Describe the circumstances (please provide as much information as possible including contributing factors e.g. weather, floor conditions, noise, lighting, using PPE, involved other people, doing something out of the normal job remit, not trained to do, any chemical/equipment involved, etc.) Continue on separate sheet if required		
<input type="text"/>			
B.3*	What immediate action was taken: e.g. first aid given, who was notified (internal and external), area made safe, spill cleared up, equipment taken out of use etc.		
<input type="text"/>			
B.4	Witness form (see Appendix 2), if required		
Name, address and tel. of witnesses	<input type="text"/>		

(* - Mandatory Field)

Appendix 2 continued:

C. DETAILS OF ANY INJURY*

Part of body affected (e.g. arm, leg) include left/right (see appendix 3)*	
--	--

D. EXTENT OF INJURY*

D1 Outcome of incident

Fatal injury <input type="checkbox"/>	Sent/taken home <input type="checkbox"/>	Sent/taken to hospital (see D2 a – f) <input type="checkbox"/>	Prevented from working for more than 3 days <input type="checkbox"/>	Returned to normal activity* <input checked="" type="checkbox"/>
---------------------------------------	--	--	--	--

D.2 If injured person was taken directly from the scene of the accident to hospital please complete	Details
a. How were they taken? (ambulance, car etc.)	
b. When were they taken? (immediately, end of day etc.)	
c. Who took them? (colleague, parent etc)	
d. Was first aid administered? (yes / no)	
e. If yes, what first aid was given?	
f. Were they detained in hospital for over 24 hours?	

D.3 Type of injury (see appendix 4)*	
--------------------------------------	--

Sections E and F to be completed by Headteacher or Deputy Headteacher in Nursery/Primary Schools, Headteacher / Deputy Head or Health and Safety Responsible Person in Secondary/Special Schools

E. KIND OF ACCIDENT* (select from appendix 5) (If 'fall from height' state how far above or below ground*)

--

F. ACTION TO PREVENT RECURRENCE * (please continue on separate sheet)

What action are you taking to prevent recurrence? Specify the cause and the action that can be taken to prevent it from happening again. If there appears to be no cause of the accident, this needs to be stated). If a risk assessment or safe system of work has been reviewed following the accident, details should be given on any additional measures to be implemented.	
	When will it be implemented?* / /

Signed by Head/Deputy/ Health and Safety Responsible Person*

Signature	Print Name	
Job Title		Date

Appendix 3: Consent for the Administration of Medication in School

Name of School	
Name of child	
Date of birth (dd/mm/yyyy)	
Medical condition or illness	
Medicine	
Name/type of medicine (as described on the container)	
Date dispensed	
Expiry date	
Agreed review date to be initiated by [name of member of staff]	
Dosage and method	
Timing	
Special precautions	
Are there any side effects that we need to know about?	
Self-administration	Yes/No (delete as appropriate)
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

- ✓ I understand that I must deliver the medicine personally to [agreed member of staff] and that Medicines should be in the same container as dispensed by the pharmacy.
- ✓ The above information is to the best of my knowledge accurate at the time of writing and I understand that I must notify the school of any changes in writing.

Date: _____ Parent's Signature

I consent to staff administering the above to my child.

Appendix 4:

Woodloes Primary School

Record for the administration of medicine

Child's name	Date/Time	Medication	Dose	Signatures

Appendix 5:

FORM OSA2 (2007) (Young Person)

Consent to Activity, Medical Details and Treatment Form

Name of Young Person:

.....

Date of Birth..... Male..... Female.....

Home address: Tel.No:

Name of Education Establishment:

.....

Visit to:

.....

From: (date) To: (date)

Emergency contact telephone numbers (home/mob/work)

1).....

2).....

3).....

Name, address and tel. no. of own doctor

.....
.....

Does he/she suffer from: asthma, chest complaints, hay fever, migraine, fits or faints, bad period pains, travel sickness, diabetes, attention deficiency, hyper activity or any other condition, illness or disability? If so, please give details:

.....
.....

Is he/she allergic to anything? (e.g. aspirin, antibiotics, any particular food or drug? If so, give details)

.....
.....

Is he/she having any medical treatment at present? If so, please give written details of treatment and medicines, etc. (These MUST be handed to the Party Leader)

.....
.....

Appendix 5: Consent to Activity, Medical Details and Treatment Form (Continued)

Are there any reasons that you know of that stops he/she from participating fully in the planned activities?

.....

Are there any activities in which he/she should not participate?

.....

.....

Date of anti-tetanus injection (if known)

.....

Is there any other relevant information which the party Leader should be aware of?

.....

.....

.....

Please indicate any special food dietary/requirements where applicable:

.....

.....

I wish my child to take part in the journey/activities and having read the information provided, agree to his/her taking part in any or all of the activities described.

.....

.....

I understand that, while the staff in charge of the party will take all reasonable care of the Young People, they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter arising through the visit.

Name (Please print).....Signature.....Date.....

** All journeys and activities carry some amount of risk.*

Appendix 6: Managing Accidents in School

Illness / Injury

1. Please take children complaining of illness or injury to the Admin area.
2. If staff are concerned about the welfare of a pupil they should contact the School Office immediately (GREEN TRIANGLE = non-urgent / RED TRIANGLE = URGENT)
3. If an injury has been sustained, and if the child is immobile, then the child should not be moved.
4. An initial assessment will be made by a qualified First Aider / designated member of staff.
5. A minimum of two adults (where possible) will attend the child to ensure that a second opinion is sought and that child protection guidelines are adhered to.

Follow-up

1. Parents are contacted if there are any doubts over the health or welfare of a pupil.
2. If a child appears to recover after an identified period of time, he or she may return to their classroom for the remainder of the day.
3. Parents should be contacted at the end of the day informing them of the incident to ensure continuity of care for the child. (telephone, letter or face-to-face contact). If the children attend **OSCAR**, then staff should be notified.
4. If a child, returning to their classroom subsequently complains of feeling unwell or in pain again then they should return to the School Office and parents should be contacted immediately to arrange for collection or a visit to the Doctor or hospital.

Serious incidents are recorded in the accident book and the slip sent to parents. **Head injuries** must be reported to the Deputy / Admin staff so that parents can be contacted by telephone.

More serious accidents or incidents of violence are recorded in the Class Incident book, are investigated by the appropriate member of staff and, if necessary, referred to the phase leader, Deputy or Head teacher.

- In the event of a serious accident an ambulance is called and a member of staff accompanies the pupil to hospital. Parents are asked to go immediately to the hospital.
- It may be appropriate to transport a pupil to hospital without using an ambulance. This should be on a voluntary basis and Parents' permission sought. In such cases staff should ensure they have specific cover from their insurance company.
- In the event of a more serious accident, some form of investigation should take place and where possible steps should be taken to prevent the same accident from re-occurring.
An accident report form must be completed with the H & S manager.

Staff Injury

- Staff should complete the accident book for employees if they sustain an injury at work. The book can be obtained from the School Office.
- An injured member of staff or other supervising adult should not continue to work if there is any possibility that further medical treatment is needed.
- The member of staff or other supervising adult concerned should seek medical advice without delay.

Appendix 7:

Legislation and guidance

Introduction

- Local authorities, schools and governing bodies are responsible for the health and safety of pupils in their care.
- Areas of legislation that directly affect a medical conditions policy are described in more detail in Managing Medicines in Schools and Early Years Settings. The main pieces of legislation are the Disability Discrimination Act 1995 (DDA), amended by the Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability Act 2005. These acts make it unlawful for service providers, including schools, to discriminate against disabled people. Other relevant legislation includes the Education Act 1996, the Care Standards Act 2000, the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Medicines Act 1968.

This section outlines the main points from the relevant legislation and guidance that schools should consider when writing a medical conditions policy.

Managing Medicines in Schools and Early Years Settings (2004)

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

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

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

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

- Many pupils with medical conditions are protected by the DDA and SENDA, even if they don't think of themselves as 'disabled'.
- The Commission for Equality and Human Rights (CEHR) (previously the Disability Rights Commission) publishes a code of practice for schools, which sets out the duties under the DDA and gives practical guidance on reasonable adjustments and accessibility. The CEHR offers information about who is protected by the DDA, schools' responsibilities and other specific issues.

Schools' responsibilities include:

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

The Education Act 1996

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

The Care Standards Act 2000

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

Health and Safety at Work Act 1974

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

Management of Health and Safety at Work Regulations 1999

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

Medicines Act 1968

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

Additional guidance

- Other guidance resources that link to a medical conditions policy include:
- Healthy Schools Programme – a medical conditions policy can provide evidence to help schools achieve their healthy school accreditation
- Every Child Matters: Change for Children (2004). The 2006 Education Act ensures that all schools adhere to the five aims of the Every Child Matters

agenda

- National Service Framework for Children and Young People and Maternity Services (2004) – provides standards for healthcare professionals working with children and young people including school health teams
- Health and Safety of Pupils on Educational Visits: A Good Practice Guide (2001) – provides guidance to schools when planning educational and residential visits
- Misuse of Drugs Act 1971 – legislation on the storage and administration of controlled medication and drugs
- Home to School Travel for Pupils Requiring Special Arrangements (2004) – provides guidance on the safety for pupils when traveling on local authority provided transport
- Including Me: Managing Complex Health Needs in School and Early Years Settings (2005).

Appendix 8:

Further advice and resources

The Anaphylaxis Campaign

PO Box 275
Farnborough
Hampshire GU14 6SX
Phone 01252 546100
Fax 01252 377140
info@anaphylaxis.org.uk
www.anaphylaxis.org.uk

Asthma UK

Summit House
70 Wilson Street
London EC2A 2DB
Phone 020 7786 4900
Fax 020 7256 6075
info@asthma.org.uk
www.asthma.org.uk

Diabetes UK

Macleod House
10 Parkway
London NW1 7AA
Phone 020 7424 1000
Fax 020 7424 1001
info@diabetes.org.uk
www.diabetes.org.uk

Epilepsy Action

New Anstey House
Gate Way Drive
Yeadon
Leeds LS19 7XY
Phone 0113 210 8800
Fax 0113 391 0300
epilepsy@epilepsy.org.uk
www.epilepsy.org.uk

Long-Term

Conditions Alliance

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

Department for Children, Schools and Families

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

Council for Disabled Children

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

National Children's Bureau

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