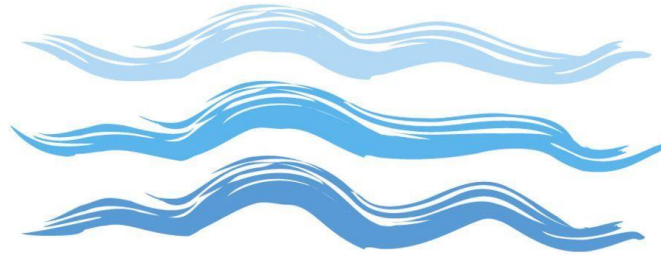


Supporting Pupils with Medical Conditions Policy

Dee Point
Primary School



Delegate Function: FGB
Approved by Governors:
Updated: January 2020
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This policy/document was reviewed by:-

Signed.....

Date:

Position.....

Signed.....

Date:

Position.....

The next revision date is:

January 2022

Dee Point Primary School
Supporting Pupils with Medical Conditions Policy

1. Dee Point Primary School is an inclusive community that aims to support and welcome pupils with medical conditions

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

1.2. This school aims to provide all children with all medical conditions the same opportunities as others at school.

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

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

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

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

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

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

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

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

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

2. This school's medical conditions policy has been drawn up in consultation with the wider school community

2.1. This school has consulted on the development of this medical condition policy with key stakeholders within the school community including:

- pupils with medical conditions
- parents
- school health adviser
- all school staff
- school governors.

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

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

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

3.1. Pupils are informed and regularly reminded about the medical conditions policy:

- through the school's designated Medical Conditions Lead
- in the school's assembly programme.
- through school-wide communication about the policy.

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

- when their child is enrolled as a new pupil
- by including the policy statement on the school's website
- in the school newsletter at several intervals in the school year
- through school-wide communication about results of the monitoring and evaluation of the policy.

3.3. School staff, including supply and temporary staff are informed and regularly reminded about the medical conditions policy:

- through information presented at the first staff meeting of the school year
- through new staff induction
- through the school's website and VLE system
- at scheduled medical conditions training
- through the key principles of the policy being displayed in several prominent staff areas at this school
- through school-wide communication about results of the monitoring and evaluation of the Policy

3.4. Relevant local health staff and other external stakeholders are informed and regularly reminded about the school's medical conditions policy:

- by direct communication as appropriate
- via the school's website

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

4.1. All staff at this school are aware of the most common serious medical conditions at this school.

4.2. Staff at this school understand their duty of care to pupils in the event of an emergency. In an emergency situation, school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.

4.3. All staff who work with groups of pupils at this school receive training and know what to do in an emergency for the pupils in their care with medical conditions.

4.4 Training is refreshed for all staff at least once a year.

4.5. Action for staff to take in an emergency for the common serious conditions at this school is displayed in prominent locations for all staff including classrooms, kitchens and the staffroom*.

4.6. This school uses Medical Plans to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help.

4.7. This school has procedures in place so that a copy of the pupil's Medical 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.

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

5.1. 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 (Form 1 – Appendix 7)**

- All members of staff can contact the emergency services if required to do so.
- They should have relevant information about the individual's symptoms, personal details, any known medical conditions.

who to contact within the school.

- In the event of an emergency a member of SLT should be notified immediately who should

Co-ordinate the process ensuring:

- That the emergency services have been called.
- The individual's medical record is checked and any Medical Plans are readily available
- Personal details are available and parents/carers are notified of the emergency
- That the main reception are notified and the estates team prepared for the arrival of the emergency services.

5.2. Training is refreshed for all staff at least once a year.

5.3. Action to take in a general medical emergency is displayed in prominent locations for staff. These include the staff room, the main school office, Headteacher office and Family Support Room.

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

5.5. Generally, in an emergency situation, staff should not take pupils to hospital in their own car. Advice should be sought directly from the emergency services.

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

Administration – emergency medication

6.1. All pupils at this school with medical conditions have **easy access to their emergency medication**.

6.2. All pupils are encouraged to carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition. All pupils carry their emergency medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.

6.3. Pupils who do not carry and administer their own emergency medication know where their medication is stored and how to access it. This is stored in the **medical cabinet** in the **sick bay** or the **medical fridge** in the **Site Managers room**.

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

Administration – general

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

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

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

6.8. There are several members of staff at this school who have been specifically contracted to administer medication.

6.9. Many other 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.

6.10. Training is given to all staff members who agree to administer medication to pupils, where specific training is needed.

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

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

6.13. 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.

6.14. If a pupil at this school refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.

6.15. All staff attending off-site visits must ensure they are aware of any pupils with medical conditions on the visit. They must ensure 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 before embarking on the visit.

6.16. 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.

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

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

Safe storage – emergency medication

7.1. Emergency medication is readily available to pupils who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available.

7.2. Most pupils at this school do not carry their emergency medication on them at all times. However, a dedicated member of staff has responsibility to keep their emergency medication securely.

7.3. Pupils at this school are reminded to carry their emergency medication with them.

7.4. Pupils, whose healthcare professionals and parents advise the school that their child is not yet able or old enough to self-manage and carry their own emergency medication, know exactly where to access their emergency medication.

7.5. Emergency medication is located in the **medical cupboard** in the **sick bay** or the **medical fridge** in the **Site Managers room** - **ALL** members of staff know where to access the key for this from the **school office**.

Safe storage – non-emergency medication

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

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

7.8. Non- Emergency medication is located in the **medical cupboard** in the **sickbay** or the **medical fridge** in the **Site Managers room** - **ALL** members of staff have access to a key for this cupboard from the **school office**.

Safe storage – general

7.9. There is an identified member of staff who ensures the correct storage of medication at school.

7.10. All controlled drugs are kept in a locked cupboard and only named staff have access, even if pupils normally administer the medication themselves.

7.11. Three times a year the identified member of staff checks the expiry dates for all medication stored at school. This must be completed at the start of the Autumn Term, Spring Term and Summer Term.

7.12. The identified member of staff, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into 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.

7.13. All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.

7.14. Medication is stored in accordance with instructions, paying particular note to temperature.

7.15. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication are stored in their original containers and are clearly labelled. Refrigerators used for the storage of medication are in a secure locked area and are inaccessible to unsupervised pupils.

7.16. All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays.

7.17. 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 and appropriate paperwork is filled in.

Safe disposal

7.18. Parents at this school are asked to collect out-of-date medication.

7.19. 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.

7.20. 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 appropriate action is taken.

7.21. Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in this school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.

7.22. 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.

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

8. This school has clear guidance about record keeping

Enrolment forms

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

Medical Plans

8.2. This school uses a Medical 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 Medical Plan if required.

(See Appendix 1 – Form 1)

8.3. A Medical 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.

8.4. If a pupil has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the pupil's parents to complete along with a record of medicine administered

(See Appendix 1 – Form 2 & Form 3)

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

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

School Medical Plan register

8.7. Medical Plans are used to create a centralised register of pupils with medical needs. An identified member of staff has responsibility for the register at this school.

8.8. The responsible member of staff follows up with the parents any further details on a pupil's Medical Plan required or if permission for administration of medication is unclear or incomplete and parents are openly invited to contribute to their child's medical plan. **(Appendix 1 – Form 8)**

On-going communication and review of Medical Plans

8.9. Parents at this school are regularly reminded to update their child's Medical Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.

8.10. Staff at this school use opportunities such as teacher-parent interviews and home-school diaries to check that information held by the school on a pupil's condition is accurate and up to date. The parents of ALL

children with Medical Plans are contacted at the start of each term to remind them to amend or update the Medical Plans as necessary.

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

Storage and access to Medical Plans

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

8.13. Medical Plans are kept against the student record in SIMS, CPOMS, on Staff Share and in a class health files.

8.14. Apart from SIMS, CPOMS and Staff Share, specified members of staff (agreed by the pupil and parents) securely hold copies of pupils' Medical Plans, for those students with complex health needs. These copies are updated at the same time as SIMS and CPOMS. These are stored in class Health Registers.

8.15. All members of staff who work with groups of pupils have access to the Medical Plans of pupils in their care via SIMS and class health files.

8.16. 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 Medical Plans of pupils in their care.

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

8.18. This school seeks permission from parents to allow the Medical 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 Medical Plan.

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

Use of Medical Plans

8.20. Medical Plans are used by this school to:

- inform the appropriate staff and supply teachers about the individual needs of a pupil with a medical condition in their care
- remind pupils with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers
- ensure that all medication stored at school is within the expiry date
- ensure this school's local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency.
- remind parents of pupils with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

Consent to administer medicines

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

8.22. All parents of pupils with a medical condition who may require medication in an emergency are asked to provide consent on the Medical Plan for staff to administer medication.

8.23. If a pupil requires regular/daily help in administering their medication then the school outlines the school's agreement to administer this medication on the pupil's Medical Plan. The school and parents keep a copy of this agreement.

8.24. Parents of pupils with medical conditions at this school are all asked at the start of the school year on the Medical 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

8.25. Parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours. **(See Appendix 1 – Form 4)**

8.26. 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 Medical Plan.

8.27. All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.

8.28. The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away. **(See Appendix 1 – Form 4)**

Other record keeping

8.29. This school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible. **(See Appendix 1 – Form 3)**

8.30. All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The school keeps a register of staff who have had the relevant training. **(See Appendix 1 – Form 5)**

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

Physical environment

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

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

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

Social interactions

9.4 This school ensures the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school

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

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

9.7. 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

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

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

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

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

9.12. This school ensures all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimize these triggers.

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

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

Education and learning

9.15. This school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.

9.16. If a pupil is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers at this school understand that this may be due to their medical condition.

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

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

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

Residential visits

9.20. Risk assessments are carried out by this school prior to any out-of-school visit and medical conditions are considered during this process. Factors this school considers include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

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

9.22. Risk assessments are carried out before pupils start any work experience or off-site educational placement. It is this school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the pupil. Permission is sought from the pupil and their parents before any medical information is shared with an employer or other education provider.

10 This 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 health and safety risks and has a written schedule of reducing specific triggers to support this

10.1. This school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.

10.2. 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.

10.3. The school has a list of common triggers for the common medical conditions at this school. The school has written a trigger reduction schedule and is actively working towards reducing or eliminating these health and safety risks.

10.4. Written information about how to avoid common triggers for medical conditions has been provided to all school staff. **(See Appendix 1 – Form 6)**

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

10.6. 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.

10.7. 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.

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

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

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

11.3. This school's employer has a responsibility to:

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

11.3.2. ensure health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions

11.3.3. make sure the medical conditions policy is effectively monitored and evaluated and regularly updated

11.3.4. report to parents, pupils, school staff and the local authority about the successes

11.3.5. provide indemnity for staff who volunteer to administer medication to pupils with medical conditions.

11.4. This school's head teacher has a responsibility to:

11.4.1. ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks

11.4.2. liaise between interested parties including pupils, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents, governors, the school health service, the local authority transport service, and local emergency care services

11.4.3. ensure the policy is put into action, with good communication of the policy to all

11.4.4. ensure every aspect of the policy is maintained ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils' Medical Plans

11.4.5. ensure pupil confidentiality

11.4.6. assess the training and development needs of staff and arrange for them to be met

11.4.7. ensure all supply teachers and new staff know the medical conditions policy

11.4.8. delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register

11.4.9. monitor and review the policy at least once a year, with input from pupils, parents, staff and external stakeholders

11.4.10. update the policy at least once a year according to review recommendations and recent local and national guidance and legislation

11.4.11. report back to all key stakeholders about implementation of the medical conditions policy.

11.5. All staff at this school have a responsibility to:

11.5.1. 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 medical conditions policy

11.5.2. know which pupils in their care have a medical condition and be familiar with the content of the pupil's Medical Plan

11.5.3. allow all pupils to have immediate access to their emergency medication

11.5.4. maintain effective communication with parents including informing them if their child has been unwell at school

11.5.5. ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom

11.5.6. be aware of pupils with medical conditions who may be experiencing bullying or need extra social support

11.5.7. 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)

11.5.8. ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in

11.5.9. ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

11.6. Teachers at this school have a responsibility to:

11.6.1. ensure pupils who have been unwell catch up on missed school work

11.6.2. be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it

11.6.3. liaise with parents, the pupil's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition

11.6.4. use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

11.7. The school nurse at this school has a responsibility to:

11.7.1. help update the school's medical conditions policy

11.7.2. help provide regular training for school staff in managing the most common medical conditions at school

11.7.3. provide information about where the school can access other specialist training.

11.8. First aiders at this school have a responsibility to:

11.8.1. give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school

11.8.2. when necessary ensure that an ambulance or other professional medical help is called.

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

11.9.1. help update the school's medical condition policy

11.9.2. know which pupils have a medical condition and which have special educational needs because of their condition

11.9.3. ensure pupils who have been unwell catch up on missed schoolwork

11.9.4. ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or course work.

11.10. The family support worker/learning mentor at this school has the responsibility to:

11.10.1. help update the school's medical conditions policy

11.10.2. know which pupils have a medical condition and which have special educational needs because of their condition

11.10.3. ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.

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

11.11.1. complete the pupil's Medical Plans provided by parents

11.11.2. where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours

11.11.3. offer every child or young person (and their parents) a written care/self-management plan to ensure children and young people know how to self- manage their condition

11.11.4. ensure the child or young person knows how to take their medication effectively

11.11.5. ensure children and young people have regular reviews of their condition and their medication

11.11.6. provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents)

11.11.7. understand and provide input into the school's medical conditions policy.

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

11.12.1. have an agreed system for receiving information held by the school about children and young people's medical conditions, to ensure best possible care

11.12.2. understand and provide input into the school's medical conditions policy.

11.13. The pupils at this school have a responsibility to:

11.13.1. treat other pupils with and without a medical condition equally

- 11.13.2. tell their parents, teacher or nearest staff member when they are not feeling well
- 11.13.3. let a member of staff know if another pupil is feeling unwell
- 11.13.4. let any pupil take their medication when they need it, and ensure a member of staff is called
- 11.13.5. treat all medication with respect
- 11.13.6. know how to gain access to their medication in an emergency
- 11.13.7. if mature and old enough, know how to take their own medication and to take it when they need it
- 11.13.8. ensure a member of staff is called in an emergency situation.

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

- 11.15. tell the school if their child has a medical condition ensure the school has a complete and up-to-date Medical Plan for their child
- 11.16. inform the school about the medication their child requires during school hours
- 11.17. inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- 11.18. tell the school about any changes to their child's medication, what they take, when, and how much
- 11.19. inform the school of any changes to their child's condition
- 11.20. ensure their child's medication and medical devices are labelled with their child's full name
- 11.21. provide the school with appropriate spare medication labelled with their child's name.
- 11.22. ensure that their child's medication is within expiry dates
- 11.23. keep their child at home if they are not well enough to attend school
- 11.24. ensure their child catches up on any school work they have missed
- 11.25. ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- 11.26. ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

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

- 12.1. This school's medical condition policy is reviewed, evaluated and updated every year in line with the school's policy review timeline.
- 12.2. New Department for Education and Department of Health guidance is actively sought and fed into the review.

12.3. 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 community.

12.4. The views of pupils with various medical conditions are actively sought and considered central to the evaluation process.

Further advice and resources

<p>The Anaphylaxis Campaign PO Box 275 Farnborough Hampshire GU14 6SX Phone 01252 546100 Fax 01252 377140 info@anaphylaxis.org.uk www.anaphylaxis.org.uk</p>	<p>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</p>	<p>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</p>
<p>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</p>	<p>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</p>	<p>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</p>
<p>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</p>		

Appendix 1 – Form 1: Individual Medical Plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(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

--

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

--

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

Form copied to

Sign _____ (Parent/carer) Date _____

Sign _____ (School) Date _____

Appendix 1 – Form 2 Parental Agreement for setting to Administer Medicine

Dee Point Primary School - Medicine Form

Parental Agreement for Dee Point Staff to Administer Medicine. Dee Point Primary School will not give your child medicine unless you complete and sign this form.

Name of child	
Date of birth	
Class/Year Group	
Medical condition or illness	

Medicine 1

Name of Medicine/Expiry Date	
Dosage and Times	
Special precautions/other instructions	
Are there any side effects?	
Self-administration – Yes/No	
Procedures to take in an emergency	

Medicine 2

Name of Medicine/Expiry Date	
Dosage and Times	
Special precautions/other instructions	
Are there any side effects?	
Self-administration – Yes/No	
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	
Address	

I understand that I must deliver the medicine personally to Dee Point Primary School.

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

Signature: _____

Date: _____

Appendix 1 – Form 4: Administering Medicines on Residential Visits

Please complete the information below and return to school 1 week before the residential.

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent

Emergency Contact Number _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Appendix 1 - Form 5: staff training record – administration of medicines

Name of school/setting

Name

Type of training received
Date of training completed
Training provided by
Profession and title

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 [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix 1 – Form 6: Avoiding Common Triggers for Medical Conditions

ASTHMA

Asthma is a long term medical condition which affects the airways. Triggers can irritate the lining of the airways causing them to become inflamed and the muscles around the airways to tighten. This leads to difficulty in breathing.

Dee Point Primary School recognises that Asthma is an important medical condition affecting many students and staff within the school but it can be managed successfully with the co-operation of the parents/guardians, the teaching staff and the School First Aid staff. Children and young people can usually control their asthma by taking the appropriate medication (using the correct technique) and avoiding or managing known triggers.

The School encourages children with asthma to participate in all aspects of school life.

The School recognises the possible triggers and where possible reduces or manages the risks.

Known triggers are:

- **Tobacco Smoke**- No smoking policy is adopted within the school.
- **Colds and Flu**
- **Stress and emotion**- Support (educational and emotional) is offered to all students.
- **Scented Deodorants and perfumes.** Staff and students to be encouraged not to wear strong perfumes. No air fresheners or room deodorisers to be used and unscented /no aerosol products to be encouraged.
- Changing rooms to be well ventilated.
- **Latex gloves**- The school is to use latex free gloves.
- **Dust from flour and grain**- Kitchens are well ventilated.
- **Chemicals and fumes**- where possible avoid chemicals and fumes in science and art that may trigger students' asthma. Store such items in a fumes cupboard.
- **Wood dust**- masks to be used by asthma sufferers during D/T lessons and extractors fans. Avoid working with hard woods.
- **Weather and air quality**-avoid leaving windows open during thunderstorms as this can increase the pollen in the air. Give students who suffer from asthma the option of staying indoors during high pollen days, very hot or cold days.

All staff should be aware of who suffers from asthma. An updated list is kept on the school medical register. All staff should ensure they are aware of any student who has asthma whilst under their care (sporting fixtures/school trips). All staff have been given advice on the signs and symptoms of asthma, how to deal with an asthma attack and how and when to contact the school first aid staff.

SPORT & EXERCISE

Although exercise can be an asthma trigger, taking part in sport is an essential part of school life and promotes healthy living, therefore it is a trigger that should be managed rather than avoided. Dee Point encourages pupils with asthma to participate fully in all sports and activity based lessons.

Sport coaches / PE teachers should always make sure they are aware of students who have asthma and their potential triggers. A list of all students with asthma should be provided for visiting sports coordinators or coaches.

Students with asthma, especially those whose triggers include exercise and pollen should always carry their own inhalers and manage their own treatment.

If a student needs to sit out for a short while, they should be encouraged to still participate for example by taking notes, doing ball work or line duty if they are able to do so.

All inhalers brought on to the pitch, field or gym should be named and held in the plastic container provided by the teacher or first aid kit. It is the student's responsibility to retrieve this at the end of games/PE.

MEDICATION AND TREATMENT

Every child and young person with asthma should have a reliever inhaler- these are essential in treating asthma attacks. Reliever inhalers are usually blue but come in various shapes/sizes.

Reliever medication can be taken immediately when asthma symptoms start

Immediate access to reliever inhaler is vital.

Asthmatics at Dee Point are expected to store their own inhalers in their classroom with and a spare one should be kept in student support. It is recommended that one should also be kept in student's sports bags.

When a child has an asthma attack or difficulty breathing student support are contacted and will attend to the girl in situ. If possible the student can be sent to student support for treatment but always with an escort.

EMERGENCY PROCEDURES

Common signs of an asthma attack:

- Coughing
- Shortness of breath

- Wheezing
- Feeling tight in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Younger children may express feeling tight in the chest as tummy ache.
- Pale skin, possible blue tinge around the lips.

ASTHMA ATTACK - WHAT TO DO

- Keep calm
- If possible escort the student to the Student Support. Otherwise let the student sit up and slightly forward- do not let them lie down. Never leave the student alone.
- Make sure the student takes two puffs of their reliever inhaler (usually blue) immediately. If possible use a spacer. It is very safe so you should not worry about overdosing.
- Loosen tight clothing.
- Reassure the student.
- If there is no immediate improvement, continue to make sure the student takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.
- If they have forgotten their inhaler, contact the school Student Support immediately.

After 5-10 minutes

If symptoms cease, the student can return to what they were doing.

If the symptoms improve but not completely disappeared, escort the student to the Student Support

If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE

Call 999/Ambulance if

- The student's symptoms do not improve in 5-10 minutes
- The student is too breathless or exhausted to talk
- The student's lips are blue
- You are in any doubt

Ensure the student continues to take one puff of her reliever inhaler every minute until the ambulance arrives.

Inform the Parents and the first aid staff via Student Support. Never leave a student alone or unattended. It is not necessary to accompany the student to hospital if a parent can arrive promptly. However, if there may be a delay a member of staff should attend the hospital to "handover" to a parent when she/he arrives.

ANAPHYLAXIS

Anaphylaxis is a condition that can be life threatening. The whole body is affected, usually within minutes/seconds of exposure and the symptoms can vary in severity, including some of the following

- Rapid onset
- Itching or a strange metallic smell
- Swelling of the throat and tongue
- Difficulty swallowing and breathing
- 'Hives' anywhere on the body
- 'Flushing' of the skin

- Abdominal cramps
- Increased heart rate
- Sudden feeling of weakness
- Collapse and loss of consciousness

In the event of a student having a reaction

1. Administer an EpiPen if the student carries an EpiPen.
2. Never leave the student unattended.
3. Call an Ambulance then contact Student Support
4. Continue checking pulse

The school will:

- Place students with allergies on the school's Medical Register.
- Review health records submitted by parents
- Provide INSET and information on what to do if a student has a reaction
- Ensure all medications are appropriately stored and easily accessible.
- Review policies after a reaction has occurred
- Ensure that substances that cause anaphylaxis are not used in school without adequate supervision, e.g. during food technology lessons.
- Aim to make the school "nut-free" and ensure staff are aware of danger

DIABETES

Students identified with diabetes are placed on the school's Medical Register.

All students administer their own insulin each day and monitor their level of food intake. Students may feel unwell due to changes of insulin or sugar levels in their bodies resulting in a 'hypo'.

Trigger Factors

- Student unwell
- Exertion
- Extreme weather conditions
- Not eating regularly
- Not managing insulin intake

Symptoms of a hypo

- Students becomes pale and the skin feels cold and clammy
- Student becomes very thirsty
- Student becomes quiet
- Student becomes incoherent
- Student becomes weak or faints

In the event of a student having a hypo

1. Student should immediately be allowed to either have a sugary drink, sweets, crisps (diabetic students are advised to carry these). The school keeps a Diabetic Emergency Box containing dextrose.
2. Medical help is immediately requested via Student Support.
3. If a student is unable to swallow Hypo Stop Jell will be administered as prescribed

Policy version: 1.0

4. If the student is not responding then an Ambulance will be called

The school will:

- Place students with diabetes on the school's Medical Register.
- Review health records submitted by parents
- Provides INSET and information on what to do if a student has a hypo
- Ensure all medications are appropriately stored and easily accessible
- Review policies after a reaction has occurred

Students with diabetes require a health care plan in school

EPILEPSY

'Epilepsy is currently defined as a tendency to have recurrent seizures (sometimes called fits). A seizure is caused by a sudden burst of excess electrical activity in the brain, causing a temporary disruption in the normal message passing between brain cells. This disruption results in the brain's messages becoming halted or mixed up.'

'The brain is responsible for all the functions of your body, so what you experience during a seizure will depend on where in your brain the epileptic activity begins and how widely and rapidly it spreads. For this reason, there are many different types of seizure and each person will experience epilepsy in a way that is unique to them.' (Epilepsy UK, 2014 accessed online at <https://www.epilepsy.org.uk/info/what-is-epilepsy>)

Epilepsy is an electrical storm to the brain. There are 30+ different types of epilepsy and it affects 1 in 100 children and 1 in 130 adults. The cause of epilepsy is often unknown. 'Petit mal' is when very brief interruptions of consciousness occur and it can be very difficult to detect. Epileptic fit often occurs suddenly and the student loses consciousness and convulses. The student may become rigid falls to the ground and there is jerking of all four limbs. Breathing is laboured and there may be incontinence of urine. Not all these features are seen

Trigger Factors

- Overheating
- Infection
- Tiredness
- Fatigue
- Excitement
- Computers/screens flickering lights
- Hormones
- Not taking medication

In the event of a student having an epileptic fit

- Remove any danger to them
- Immediately request medical help from Student Support
- Put something soft under the head
- Note the length and nature of the convulsion
- Protect from public gaze
- DO NOT restrain
- DO NOT put anything in their mouths
- DO NOT give them anything to drink
- Place in the recovery position when the seizure has finished and supervise at all times.

School will ensure that:

Policy version: 1.0

- Students with epilepsy are placed on the school's SEN Medical Register.
- Review health records submitted by parents
- School provides INSET and information on what to do if a student has an epileptic fit
- Ensure all medications are appropriately stored and easily accessible
- Review policies after a reaction has occurred

A health care plan is required in school to inform those who need to know how to respond.

Appendix 1 – Form 7: Contacting Emergency Services

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
2. your name
3. your location as follows: **Dee Point Primary School, Blaen Point Road, Blaen, Chester CH1 5NF**
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
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 state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Appendix 1 – Form 8 : model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for **xx/xx/xx**. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve **[the following people]**.

Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I **[or another member of staff involved in plan development or pupil support]** would be happy for you contact me **[them]** by email or to speak by phone if this would be helpful.

Yours sincerely

Dave Williams
(Headteacher)