



Denby CE (VA)  
First School  
Goose Green  
Upper Denby  
Huddersfield  
HD8 8UN



Farnley Tyas CE (C)  
First School  
Butts Road  
Farnley tyas  
Huddersfield  
HD4 6TZ



Thurstonland Endowed (VC)  
First School  
Marsh Hall Lane  
Thurstonland  
Huddersfield  
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# Medical Conditions or Needs Policy

**May 2016**

# Medical conditions or Needs Policy and Guidelines

## **1. The Schools in the Federation are inclusive and aim to support and welcome pupils with medical conditions or needs.**

1.1 The Schools in the Federation understand that they have a responsibility to welcome and support pupils with medical conditions or needs who currently attend or receive our services now or in the future.

1.2 The Schools in the Federation aim to provide all children with medical conditions or needs the same opportunities as all pupils.

1.3 Pupils with medical conditions or needs are encouraged to take control of their condition subject to their age and understanding and where responsible enough to do so.

1.4 The Schools in the Federation aim to include all children and young persons with medical conditions or needs in all activities as far as reasonably practicable.

1.5 The Schools in the Federation aim that all parents\* of children and young persons with medical conditions or needs feel secure in the care their children receive.

1.6 The Schools in the Federation aim to ensure that all staff understand their duty of care to pupils in the event of an emergency.

1.7 The Schools in the Federation aim to ensure that all staff feel confident in knowing what to do in an emergency.

1.8 The Schools in the Federation understand that certain medical conditions or needs are serious and can be potentially life-threatening.

1.9 All staff understand the common medical conditions or needs that affect children and understand the importance of protecting the dignity of pupils.

1.10 The medical conditions or needs policy is understood and supported by the Schools in the Federation and the local health community.

## **2. This medical conditions or needs policy has been drawn up in consultation with staff and governors in**

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

+ The term health care plan relates to a document that provides children and their carers with information on how to monitor and manage their medical condition on a day to day basis.

## **accordance with current legislation and guidance.**

2.1 The Schools in the Federation have consulted on the development of this medical condition policy. The policy will be shared with governors and all key staff.

2.2 The views and concerns of pupils are taken into consideration regarding the administering of medicines. The policy will be shared with all parents through the website and can be made available on request.

2.3 The Schools in the Federation recognize the importance of providing feedback to those involved in the development process and are committed to acknowledging input and providing follow-up to suggestions put forward.

## **3. The medical conditions or needs 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 or needs policy:

- Through the school's communication systems and is published on the school's websites.
- In personal, social, health and citizenship education (PSHCE) classes.

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

- when any child is enrolled at school
- via the school's website, where it is available all year round

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

- through induction training
- at scheduled medical conditions or needs training
- through the key principles of the policy being displayed in several prominent staff areas
- through school communication about results of the monitoring and evaluation of the policy
- furthermore, all supply and temporary staff (and volunteers where appropriate) are informed of the policy and their responsibilities.

3.4 Relevant local health staff are informed and regularly reminded about the school medical conditions or needs policy.

3.5 All key external stakeholders are informed and reminded about the medical conditions or needs policy.

## **4. All staff have appropriate instruction and/or training relevant to their role in an emergency for the most common serious medical conditions or needs at the schools.**

4.1 Staff are aware of the most common serious medical conditions or needs.

4.2 Staff understand their duty of care to pupils in the event of an emergency. In an emergency situation staff are required under common law duty of care to act like any reasonably prudent parent.

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

4.4 Training is refreshed for all staff at regular intervals. In addition more specific training is provided to staff where they are required to meet the specific needs of a child e.g. using an epipen or responding to a child who is having an epileptic fit.

4.5 Action for staff to take in an emergency for the common serious conditions or needs is displayed in prominent locations for all staff **e.g. office, staff rooms.**

4.6 The schools use Healthcare Plans to inform the appropriate staff (including temporary staff and support staff) of pupils in their care who may need emergency help.

4.7 The schools have procedures in place so that should an emergency occur a copy of the child's Healthcare Plan is sent to the emergency medical staff with the child. On occasions when this is not possible, the plan is sent (or the information on it is communicated) to the emergency staff as soon as possible.

## **5. All staff understand and are trained in 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
- who to contact within the school.

5.2 Training is refreshed for all staff and briefings are provided at regular intervals.

5.3 Action to take in a general medical emergency is displayed in prominent locations for staff.

5.4 If a child needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives.

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5.5 Generally, staff should not take pupils to hospital in their own car. The schools have clear guidance from the local authority on when (and if) this is appropriate.

## **6. The schools have clear guidance on the administration of medication.**

### **Administration – emergency medication**

6.1 All pupils with medical conditions or needs and staff who administer it have **easy access to their emergency medication**.

6.2 Subject to risk assessment by the school children may carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition. Children, where appropriate 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 Children who do not carry and administer their own emergency medication know where their medication is stored and how to access it.

6.4 Children who do not carry and administer their own emergency medication understand the arrangements for a member of staff (and the 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 child can administer the medication themselves, is done under the supervision of a named member of staff at the school.

6.6 The schools understand the importance of medication being taken as prescribed and medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so. This applies to both long term and short term conditions.

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 child taking medication unless they have been specifically contracted to do so.

6.9 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 children under the age of 16, but only with the written consent of the pupil's parent and information being available on dosage, timings etc. Schools are not required to administer non-prescribed medication provided by parents unless they choose to do so. Non-prescribed Ibuprofen and Aspirin will **NOT** be administered to children in school.

6.10 Medication provided by parents will only be administered in school if it is in its original packaging

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i.e tablets must still be in their blister pack, calpol must be in its original bottle.

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

6.12 All 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.

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

6.14 Parents 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.

6.15 If a child refuses their medication, staff record this and follow procedures set down in the healthcare plan. Parents are informed as soon as possible.

6.16 All staff attending off-site visits are aware of any child with medical conditions or needs 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.

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

6.18 If a child misuses medication, their own or another child's, their parents are informed as soon as possible. These children are subject to the schools usual disciplinary procedures.

6.19 School staff can apply sunscreen lotion to children when needed. A supply of sunscreen lotion will be purchased and retained by the school. The quality of the sunscreen lotion will be assessed and parents should inform the school of the likelihood of their child being allergic to the lotion. On the occasion of a child being allergic to the lotion, parents can supply their preferred lotion.

6.20 If a child has been assessed as needing supervision or access to medication during home to school and transport is organized by the local authority, where necessary appropriately trained escorts are provided. All escorts have the appropriate training, know what to do in a medical emergency and are aware of any children in their care who have specific needs. If they are expected to supervise or administer emergency medication they are trained and have access to the relevant HealthcarePlans.

## **7. The schools have clear guidance on the storage of medication.**

### **Safe storage – emergency medication**

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7.1 Emergency medication is readily available to children and/or staff required to administer it at all times during the day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.

7.2 Subject to a risk assessment children who carry their own emergency medication should keep it securely.

7.3 Children are reminded to carry their emergency medication with them.

7.4 Children whose healthcare professionals and parents advise the school that their child is not yet able, subject to their age or understanding to self manage and carry their own emergency medication, know exactly where to access their emergency medication.

### **Safe storage – non-emergency medication**

7.5 All non-emergency medication is kept securely in a lockable cupboard in a cool dry place. Children with medical conditions or needs know where their medication is stored and how to access it.

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

### **Safe storage – general**

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

7.8 All controlled drugs are kept in areas out of bounds to children and only named staff have access, even if a child normally administers the medication themselves.

7.9 The identified member of staff checks the expiry dates for all medication stored at the school regularly and this is always documented.

7.10 The identified member of staff, along with the parents of children with medical conditions or needs, ensures that all emergency and non-emergency medication brought in to the school is clearly labelled with the child's name, the name and dose of the medication and the frequency of dose. This includes all medication that children carry themselves.

7.11 All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the child's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency. The only exception to this will be insulin pens which have daily variable doses.

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

7.13. Some medication may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, out of bounds to unsupervised pupils or lockable as appropriate.

7.14 All medication is sent home with the child when the child leaves the school and at the end of each school year or is disposed of in the correct manner.

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7.15 It is the parent's responsibility to ensure new and in date medication comes into the school on the first day of the new academic year or when a child starts at a new school.

## **Safe disposal**

7.16 Parents have a responsibility to collect out-of-date medication.

7.17 A named member of staff is responsible for checking the dates of stored medication. This check is carried out regularly and always documented.

7.18 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 the schools are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.

7.19 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 the school or the child's parent.

7.20 Collection and disposal of sharps boxes is arranged through the Council.

## **8. The schools have clear guidance about record keeping.**

### **Enrolment forms**

8.1 Parents at the Schools in the Federation are asked if their child has any health conditions or needs or health issues on the enrolment form, which is filled out at the start of each school year or session or when the service is first provided. Parents of children starting at other times during the year are also asked to provide this information on enrolment forms.

### **Healthcare Plans**

#### **Drawing up Healthcare Plans**

8.2 The schools use 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.

8.3 A Healthcare Plan is completed for all children where additional support is required for the medical condition. This is completed and/or reviewed

+ at the start of the school year

+ at enrolment

+ when a diagnosis is first communicated to the school by the parent.

8.4 It is a joint responsibility for the parents, healthcare professional, school and where appropriate the child with a medical condition, to complete the child's Healthcare Plan together. The school should then implement and monitor its effectiveness.

8.5 For children with more complex medical conditions or needs and/or life threatening conditions or needs, an Individual Healthcare Plan must be drawn up together with parents and other

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representatives (as appropriate). Parents are expected to provide information from the child's GP and/or consultant. It may be appropriate for the school to have a healthcare professional e.g. the school nurse or other representatives e.g. school caterer, if required, to help draw up the Healthcare Plan or have a role in managing the child's condition.

8.6 If a child has a short-term medical condition that requires medication during school hours, a medication form must be completed by the parents.

### **Healthcare Plan register**

8.7 Healthcare Plans are kept in a centralised register of children with medical needs at the schools. An identified member of staff has responsibility for this register in each school.

8.8 The responsible member of staff follows up with the parents any details missing on a child's Healthcare Plan or if permission for administration of medication is unclear or incomplete.

### **Ongoing communication and review of Healthcare Plans**

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

8.10 Staff at the schools use appropriate opportunities and communication systems to check that information held by the school on a child's condition is accurate and up to date.

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

### **Storage and access to Healthcare Plans**

8.12 Parents are provided with a copy of the child's current agreed Healthcare Plan.

8.13 Healthcare Plans are kept in a secure central location at the schools.

8.14 Apart from the central copy, specified members of staff (agreed by the child and parents) securely hold copies of children's Healthcare Plans. These copies are updated at the same time as the central copy.

8.15 All members of staff, including supply teachers, who work with groups of children, have access to the Healthcare Plans of children in their care.

8.16 When a member of staff is new to a group of children, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of children in their care.

8.17 The schools ensures that all staff protects the child's confidentiality, i.e. information is not left where non school staff can read it or details displayed on notices in public areas or as agreed with the parents.

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8.18 The schools seek permission from the child and parents before sharing any medical information with any other party e.g. volunteers, or participates on a residential visit.

### **Use of Healthcare Plans**

8.19 Healthcare Plans are used by the schools to:

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

### **Consent to administer medicines**

8.20 If a child requires regular prescribed medication parents are asked to provide consent on their child's Healthcare Plan giving the child or staff permission to administer medication on a regular/daily basis, if required.

**A medication request form must be completed and is required from parents for children taking short courses of medication that cannot be given to the child outside attendance at school. Unless a health care plan is in place it may be necessary for the parent to complete a medicine request form until the child has finished the course of medication or recovers from their illness.**

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

8.22 If a child requires regular/daily help in administering their medication then the school outlines the arrangements to administer this medication on the child's Healthcare Plan. The school and parents keep a copy of the Healthcare plan.

8.23 Parents of children with medical conditions or needs at the schools 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 subject to their age and understanding is able to manage, carry and administer their own emergency medication.

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## **Residential visits**

8.24 Parents are sent a medical form prior to any residential which is to be completed and returned to the school in good time. This form requests details about the child's condition and their overall health. This provides essential and up-to-date information to relevant staff and visit support staff to help the child manage their condition while they are away. This includes information about medication not normally administered by the school.

8.25 All medical forms are taken by the relevant staff member on visits and for all off- site activities where medication is required. These are accompanied by a copy of the child's Healthcare Plan.

8.26 All parents of children with a medical condition attending an off site visit or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.

8.27 The medical form also details what medication and what dose the child 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 child manage their condition while they are away. It is essential a check is made to ensure children with asthma have their inhalers with them before the party leaves the school.

8.28 It is considered good practice to record any medication administered to the child during the residential. This record can then be given to the child's parents on return.

## **Other record keeping**

8.29 Occasionally an individual child is given or supervised taking medication. Details of the supervising staff member, child, dose, date and time are recorded. If a child refuses to have medication administered, this is also recorded and parents are informed as soon as possible.

8.30 The schools identify training requirements and maintain training records.

8.31 All staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional.

8.32 The schools keep an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

# **9. The schools provide an inclusive environment favourable to children with medical conditions or needs. This includes the physical environment, as well as social, sporting and educational activities.**

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## Physical environment

9.1 The schools are committed to providing as far as reasonably practicable a physical environment that is accessible to children with medical conditions or needs.

9.2 Children with medical conditions or needs are included in the consultation process (as far as possible) to ensure the physical environment is accessible as far as is reasonably practicable.

9.3 The school's commitment to an accessible physical environment includes off site visits. The school recognises that this sometimes means changing activities or locations.

## Social interactions

9.4 The schools ensure the needs of children with medical conditions or needs are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school as required.

9.5 The schools ensure the needs of children with medical conditions or needs are adequately considered so they have full access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits, where these are provided, organised and managed by the school.

**Where these are provided by agencies other than the school parents need to ensure that information regarding their child's medical conditions or needs has been provided and that health care plans are in place. For off site visits parents will be required to co-operate with other settings policies and procedures.**

9.6 All staff at the schools are aware of the potential social problems that children with medical conditions or needs 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 (PSHCE) lessons to raise awareness of medical conditions or needs amongst pupils and to help create a positive social environment.

## Exercise and physical activity

9.8 The schools understand the importance of all children taking part in sports, games and activities.

9.9 The schools ensure all classroom teachers; PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all children where possible. Under the Disability Discrimination Act (DDA) if, after reasonable adjustments have been planned, the risk assessment indicates there is an unacceptable risk to the health and safety of the individual or the group then this fact overrides the DDA.

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

9.11 The schools ensure all PE teachers, classroom teachers and school sports coaches, youth workers, etc are aware of the potential triggers for children's' medical conditions or needs when exercising and how to minimise these triggers.

9.12 The schools ensure all children have the appropriate medication or food with them during physical activity and that children take them when needed.

9.13 Children with medical needs have access to extended school activities as other pupils where reasonable adjustments have been made.

## **Education and learning**

9.14 The schools will take every reasonable measure to ensure full access to the curriculum, irrespective of medical needs, but that this should not encroach unduly on the overall objectives of the activity or the rest of the group. The schools ensure that children with medical conditions or needs can participate fully in all aspects of the curriculum and ensure that appropriate adjustments and extra support are provided.

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

9.16 Teachers at the schools are aware of the potential for children with medical conditions or needs to have special educational needs (SEN). Children with medical conditions or needs 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.

9.17 The schools ensure that lessons about common medical conditions or needs are incorporated into PSHCE lessons and other parts of the curriculum.

9.18 Pupils at the schools learn about what to do in the event of a medical emergency.

## **Residential visits**

9.19 The schools will take every reasonable measure to ensure that off-site visits are available and accessible to all, irrespective of medical needs, but that this should not encroach unduly on the overall objectives of the activity or the rest of the group. Under the Disability Discrimination Act (DDA) if, after reasonable adjustments have been planned, the risk assessment indicates there is an unacceptable risk to the health and safety of the individual or the group then this fact overrides the DDA.

9.20 Risk assessments are carried out by the schools prior to any out-of-school visit and medical conditions or needs are considered during this process. A personal or individual risk assessment is carried out where appropriate. Factors The schools considers include: how all pupils will be able to

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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 The schools understand that there may be additional medication, equipment or other factors to consider when planning residential visits. The schools consider 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. These should be shared with the parents. 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.

## **10. The schools are aware of the common triggers that can make medical conditions or needs worse or can bring on an emergency. The schools are actively working towards reducing or eliminating these health risks.**

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

10.2 Staff have been given training on medical conditions or needs. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions or needs.

10.3 Information about how to avoid common triggers for medical conditions or needs has been provided to staff. (Appendix 3 Information on Common Acute Medical Conditions).

10.4 The schools use Healthcare Plans to identify individual children who are sensitive to particular triggers.

10.5 Full health and safety risk assessments are carried out on all off-site activities before they are approved, including work experience placements and residential visits, taking into account the needs of children and young persons with medical conditions or needs.

10.6 The school reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to the schools policy and procedures are implemented after each review.

## **11. Each member of the schools and health community knows their roles and responsibilities in maintaining an effective medical conditions or needs policy.**

11.1 The schools work in partnership with all interested and relevant parties e.g. the school's governing body, all staff, parents, employers, community healthcare professionals and pupils and children in our care to ensure the policy is planned, implemented and maintained successfully.

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11.2 The following roles and responsibilities are used for the medical conditions or needs policy at the schools. These roles are understood and communicated regularly.

### **Employer (governors)**

#### **The employer has a responsibility to:**

- Ensure the health and safety of their employees and anyone else on the premises or taking part in activities (this includes all children). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips
- Ensure health and safety policies and risk assessments are inclusive of the needs of children with medical conditions or needs
- Make sure the medical conditions or needs policy is effectively monitored and evaluated and regularly updated
- Provide indemnity for staff who volunteers to administer medication to pupils with medical conditions or needs.

#### **School Governors have a responsibility to:**

- Ensure this policy is adopted or adapted to reflect the actual arrangements in school
- Ensure this policy is formally communicated by specific training to all staff and that this is recorded on personal files
- Ensure that formal monitoring is undertaken to provide confidence that the policy is being followed as intended
- Where the governing body is the employer that suitable and appropriate insurance cover is obtained and in place.
- Ensure someone is appointed to take the 'lead' on these issues in the school.

#### **Head Teacher has a responsibility to:**

- Ensure the school is inclusive and welcoming and that the medical conditions or needs policy is in line with local and national guidance and policy frameworks
- Liaise between interested parties including children, as appropriate, staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents, governors, the school health service, local health care professional the local authority transport service, catering providers and local emergency care services
- Ensure the policy is put into action with good communication of the policy to all
- 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 Healthcare Plans
- Ensure confidentiality
- Identify the training and development needs of staff and organise for them to be met
- Ensure all temporary and new staff, including trainees and work placements and those on work experience, know the emergency procedures
- Delegate a staff member to check the expiry date of stored medicines kept at the school and maintain the on site medical conditions or needs register
- Monitor and review the policy at least once a year, with input from children, parents, staff and external stakeholders (as appropriate),

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- Review the policy at least once a year according to review recommendations and recent local and national guidance and legislation
- Report to parents, children, staff and the local authority and other key stakeholders about the implementation, successes and areas for improvement of the schools medical conditions or needs policy.

### **All staff at the schools have a responsibility to:**

- Be aware of the potential triggers, signs and symptoms of common medical conditions or needs and know what to do in an emergency
- Understand the school medical conditions or needs policy
- Know which children in their care have a medical condition or need and be familiar with the content of the child's Healthcare Plan
- Allow all children where appropriate to have immediate access to their emergency medication
- Maintain effective communication with parents including informing them if their child has been unwell.
- Ensure children who carry their medication with them have it with them at all times including off site visits or where they may be relocated to another part of the school
- Be aware of children with medical conditions or needs who may be experiencing bullying or need extra social support
- Understand the common medical conditions or needs and the impact it can have on children (children should not be forced to take part in any activity if they feel unwell)
- Ensure all children with medical conditions or needs are not excluded unnecessarily from activities they wish to take part in
- Ensure children have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

### **Teachers at the schools have a responsibility to:**

- Be aware that medical conditions or needs can affect a pupil's learning and provide extra help when pupils need it.
- 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.
- Use opportunities such as PSHCE and other areas of the curriculum to raise pupil awareness about medical conditions or needs.

### **School nurse, Health visitor or healthcare professional**

#### **The school nurse, health visitor or healthcare professional at the schools has a responsibility to:**

- Help update the school medical conditions or needs policy
- Help provide regular training for staff in managing the most common medical conditions or needs at this setting
- Provide information about where the school can access other specialist training.

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## **First aider**

### **First aiders have a responsibility to:**

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the school
- When necessary ensure that an ambulance or other professional medical help is called and as prescribed in the healthcare plan.

## **Local doctors and specialist healthcare professionals**

### **Individual doctors and specialist healthcare professionals caring for pupils who attend the schools have a responsibility to:**

- Assist in the completion of the child's Healthcare Plans provided by parents.
- Where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours.
- Offer every child or young person (and their parents) a written care/self-management plan to ensure pupils know how to self manage their condition subject to their age and understanding and where mature enough to do so.
- Ensure the child or young person knows how to take their medication effectively.
- Ensure pupils have regular reviews of their condition and their medication
- Provide the school with information and advice regarding individual pupils with medical conditions or needs (with the consent of the pupil and their parents)
- Understand and provide input in to the school medical conditions or needs policy.

## **Pupils**

### **The children at the schools as far as is reasonably practicable have a responsibility to:**

- Treat other children with and without a medical condition or need equally
- Tell their parents or teacher or nearest staff member when they are not feeling well
- Let a member of staff know if another child is feeling unwell
- Let any child 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
- Subject to their age and understanding to know how to take their own emergency medication and to take it when they need it
- Ensure a member of staff is called in an emergency situation.

## **Parents\***

### **The parents of a child at the schools have a responsibility to:**

- Tell the school if their child has a medical condition or need
- To assist in completing an up-to-date Healthcare Plan for their child if they have a medical condition or need.
- Inform the school about the medication their child requires whilst in their care
- Inform the school of any medication their child requires while taking part in visits, outings or field trips and other off-site activity
- Tell the school about any changes to their child's medication, what they take, when, and how much

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- Inform the school of any changes to their child's medical condition or need
- 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.
- Where a child has home to school transport, it is the parent's responsibility (not the school) to inform School Transport of any medical needs that their child suffers from before they sign the contract.

**Parents are respectfully reminded that they will need to ensure all necessary information is made available to other parties outside the school who may care for their child e.g. after school clubs, breakfast clubs and youth services etc. All organisations where you leave your child in their care will have similar arrangements in place to these.**

## **Catering provider**

**The catering provider has responsibilities to:**

- Establish communications and training for all school food service staff and related personnel at school's where they operate
- Develop and review policies and procedures regarding the provision of special diets and severe food allergies
- To assist head teachers to determine whether a school meal can be provided to children with food allergies and/or food intolerances.

**The Head of Kitchen within the school will:**

- receive information from the Head teacher regarding children with food allergies and food intolerances.
- ensure arrangements are in place so all kitchen staff including temporary staff know which children have a life threatening allergy (the school will provide information including a photograph which should be displayed in a discreet area in the kitchen)
- maintain contact information with vendors and purveyors to access food content information.

**Catering staff in individual schools have**

- responsibility to be able to recognise those children with a life-threatening allergy.
- knowledge of menus, a la carte items, vending machines, recipes, food products and ingredients, food handling practices, cleaning and sanitation practices in relation to life-threatening allergies.

**Responsibilities of lunch time support staff:**

- In the event of a suspected allergic reaction, the nearest trained volunteer in administering the Adrenalin auto-injector will be called. In addition the emergency medical services will be called immediately. (999)

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- **Home to School Transport**

**Home to school transport have responsibility to:**

- To carry out a risk assessment for each child to determine whether transport can be provided to transport the child safely
- Pass on appropriate information to drivers and escorts on children who are placed in their care whilst being transported between setting and home and vice-versa.
- Train escorts in exceptional procedures including the administration of medication in extreme circumstances.
- Ensure school bus drivers and escorts are trained by appropriate personnel in risk reduction procedures, recognition of allergic reactions and implementation of bus emergency plan procedures.
- Ensure each vehicle used for home to school transport has some form of communication by which to summon help in an emergency.

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

12.1 The schools medical condition policy is reviewed, evaluated and updated every year in line with the school policy review timeline.

12.2 New guidance is actively sought and fed into the review.

12.3 In evaluating the policy, the schools seek feedback on the effectiveness and acceptability of the medical conditions or needs policy with a wide-range of key stakeholders within the school and health settings. These key stakeholders include:

- + Pupils
- + Parents
- + School nurse and/or school healthcare
- + Head teacher
- + Teachers
- + Special education needs coordinator
- + Pastoral support/welfare officer
- + First aiders
- + Other school staff
- + School governors
- + Transport provider
- + Catering provider

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

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Goose Green  
Upper Denby  
Huddersfield  
HD8 8UN



Farnley Tyas CE (C)  
First School  
Butts Road  
Farnley tyas  
Huddersfield  
HD4 6TZ



Thurstonland Endowed (VC)  
First School  
Marsh Hall Lane  
Thurstonland  
Huddersfield  
HD4 6XD

DENBY

# Individual Health Care Plan

Name of child .....

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## Part 1

### Individual Health Care Plan

#### Part 1 Childs Information

Name of school/setting				
Child's name				
Group/class/form				
Date of birth				
Child's address				
Medical diagnosis or condition				
Date				
Review date				
Part 2 Contact Information				
Name				
Phone no. (work)				
(home)	(mobile)			
Relationship to child				
Name				
Phone no. (work)				
(home)	(mobile)			
Relationship to child				
Hospital contact (clinic/consultant/dietician)				
Name				
Phone no.				
G.P.				
Name				
Phone no.				

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## Part 2 Medical Condition Information

Describe medical needs and give details of child's symptoms

Describe triggers or things that make this child's condition worse

Describe daily care requirements and/or any specialist arrangements required (e.g. before physical activity/at lunchtime/activities to be avoided)

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

Follow up care

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

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### Part 3 Medication Information

Regular medication taken when with childcare provider

Medication 1	Medication 2
Name and type of medication as described on container	Name and type of medication as described on container
Dose and method of using (amount and how taken e.g. tablets, inhaler, injection)	Dose and method of using (amount and how taken e.g. tablets, inhaler, injection)
When to be taken (time(s)) of day	When to be taken (time(s)) of day
Side effects that could affect this child	Side effects that could affect this child
Any information regarding when the medication should not be given	Any information regarding when the medication should not be given
Self-administration can the child administer their own medication <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes with supervision (identify staff who can do this) ..... ..... ..... .....	Self-administration can the child administer their own medication <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes with supervision (identify staff who can do this) ..... ..... ..... .....
Are staff required to be trained to administer this medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are staff required to be trained to administer this medication? <input type="checkbox"/> Yes <input type="checkbox"/> No

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## Part 4 Additional Information

Any specialist arrangements required for offsite visits

(Please note parents will be sent a separate form prior to each residential visit or off-site activity)

Any other information relating to the child's welfare which in the care of the childcare provider

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## Part 5 Agreement

### Parental agreement

I agree that the medical information contained in this plan may be shared with all staff involved in my child's care including social, play and learning activities. I understand I must notify the childcare provider of any changes in writing.

Signed

Date

Print name

### Healthcare professional agreement

This part should be completed where a child has a chronic/acute condition or potentially life threatening medical condition.

I agree that the information is accurate and up to date

Signed

Date

Print name

Job title

### Permission for emergency medication

I agree that I/my child can be administered my/their medication by a member of staff in an emergency

I agree that my child cannot keep their medication with them and the childcare provider will make the necessary storage arrangements

I agree that I/my child can keep my/their medication with me/them for use in an Emergency

Name of medication carried by child

Signed

Date

### Headteacher/registered person/ senior manager agreement

It is agreed (name of child)

will receive the above listed medication at the above listed time

will receive the above listed medication/action in an emergency

This arrangement will continue until (date)..... or if instructed by the parents or the child leaves the care of the provider.

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### PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICINE

Name of Child: .....

Date of Birth: ..... Class: .....

Medical Condition or Illness: .....

.....

Name / Type of Medicine: .....

Date dispensed: ..... Expiry Date: .....

Dosage and Method: ..... Timing: .....

Special Precautions: .....

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

I understand that I must deliver the medicine personally to a member of staff.

Signed: ..... Parent / Guardian / Carer

Signed: ..... Staff

Date: .....

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