



Supporting Children with Medical Conditions Policy

What legislation is this guidance issued under?

On 1 September 2014 a new duty will come into force for governing bodies to make arrangements to support pupils at school with medical conditions. This policy has been drawn up in accordance with the DfE guidance *Supporting pupils at school with medical conditions* (2014).

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

Key points of the legislation

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

Principles

Most pupils will, at some time, have a medical condition which may affect their participation in school activities. For many this will be short-term: perhaps finishing a course of medication. Other pupils have medical condition that, if not properly managed, could limit their access to education. Such pupils are regarded as having *medical needs*. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

This policy defines the ways in which Lambton Primary School supports the needs of pupils with medical conditions (temporary or long-term), whilst safeguarding staff, by providing clear guidelines and parameters for the support they offer.

The purpose of this policy is to inform staff, governors and parents/carers of the management systems in place to support pupils with medical needs, whilst recognizing the voluntary role of most staff. It is important that these systems should be based on close co-operation between the school, parents/carers and other relevant agencies/professionals.

Aims

- Lambton Primary School understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions, and their families, who currently attend and to those who may enroll in the future.
- This school aims to include all children with medical conditions in all school activities and provide the same opportunities as others at school. We will help to ensure they can:

+ be healthy

+ stay safe

+ enjoy and achieve

+ make a positive contribution

+ achieve economic well-being.

- Pupils with medical conditions are encouraged to take control of their condition. Pupils feel confident in the support they receive from the school to help them do this.
- Parents / Carers of pupils with medical conditions feel secure in the care their children receive at this school.
- This school ensures all staff understand their duty of care to children and young people in the event of an emergency and what to do in such an emergency.
- This school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
- All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact this can have on pupils.

Roles and Responsibilities

The Headteacher – should ensure that the school’s policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher should ensure that all staff who need to know are aware of the child’s condition. They should also ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans (including in contingency and emergency situations). This may involve recruiting staff for this purpose. The Headteacher has overall responsibility for the development of individual healthcare plans and must ensure that staff supporting children with medical needs have the appropriate training. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Headteacher should also ensure that all parents are informed of the school’s policy and procedures for supporting children with medical needs.

The SENDCo - , along with the SEN Specialist Support Assistant, will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained. They will also commission/deliver the appropriate type and level of training, as identified through regular discussions with support staff and review of Individual Care Plans. They will know which pupils have a medical condition and which have special educational needs because of their condition, ensure pupils who have been unwell catch up on missed schoolwork and ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or course work. They must ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.

SEN Specialist Support Assistant - will be responsible for co-ordinating the everyday care of children

with Physical/Medical Needs and devising, monitoring and updating the following documents:

- Personal Care Plans
- Moving and Assisting Plans
- Personal Evacuation Plans
- Emergency Care Plans/'Fast Track' List
- Toileting and Feeding Plans
- Risk Assessments
- Safe Handling of Medication Policy.

Other school staff - any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines (where appropriate), although they cannot be required to do so unless it is defined within their job description. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of the pupils with medical conditions that they teach. Staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

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

Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. The pupils will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

Other pupils will be encouraged to be sensitive to the needs of those with medical conditions via our PHSE curriculum.

Parents – should provide the school with sufficient and up-to-date information about their child's medical needs and the support and care that will be required at school. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and will be involved in the development and review of their child's Individual Healthcare Plan. They should carry out any action they have agreed to as part of the plan, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times. They are responsible for ensuring that their child is well enough to attend school. They must provide the school with sufficient and up to date information about their child's medical condition. If a child refuses to take their medication parents will take responsibility for their child's medical needs from this point, by coming to collect their child/supervise medication personally, advise emergency action (e.g. calling an ambulance) or deeming that the child may remain un-medicated in school until the end of the school day. The school will, if in any doubt about a child's condition, contact the emergency services, with or without a parent's request/consent.

School nurses - every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They will not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff in implementing a child's individual healthcare plan and provide advice and liaison e.g. with training. School nurses can liaise with lead

clinicians locally on appropriate support for the child and associated staff training needs. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

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

Local authorities – are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Providers of health services - should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical commissioning groups (CCGs) – commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

Ofsted - their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to be able to demonstrate how this policy is implemented effectively.

The Governing Body - must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. They should ensure that school policy sets out clearly how staff will be supported in carrying out their role to care for pupils with medical conditions, and how

this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided. The Governing Body must ensure staff providing support to a pupil with medical needs have received suitable training and that it remains up to date. This will have been identified during the development or review of individual healthcare plans.

The Governing Body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. The Governing Body should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, The Governing Body do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so. The Governing Body should ensure there is a named person who has overall responsibility for policy implementation.

Governing bodies should ensure that the school's policy covers the role of individual healthcare plans and who is responsible for their development in supporting pupils at school with medical conditions.

The governing body should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Governing bodies should ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.

Staff Training

- All staff at this school are aware of the most common serious medical conditions at this school.
- 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.
- 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. Training is refreshed for all staff at least once a year.
- 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 staff room.
- This school uses Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help.
- This school has procedures in place so that a copy of the pupil's Healthcare Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.

General emergency procedures

- All staff know what action to take in the event of a medical emergency. This includes: how to contact emergency services , what information to give and who to contact within the school.
- Action to take in a general medical emergency is displayed in prominent locations for staff. These include classrooms, the staff room, food preparation areas and sporting facilities.
- If a 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.
- Generally, staff should not take pupils to hospital in their own car. This school has clear guidance from the local authority on when (and if) this is appropriate.

Administration of medication at school (See Managing Medications Policy)

Administration – emergency medication

- Pupils know where their medication is stored and how to access it.
- Pupils 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

- 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.
- This school understands the importance of medication being taken as prescribed.
- 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.
- There are some members of staff at this school who have been specifically contracted to administer medication.
- Training is given to all staff members who agree to administer medication to pupils, where specific training is needed. The local authority provides full indemnity.
- In some circumstances medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult.
- Parents at this school understand that if their child’s medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.
- If a pupil at this school refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.
- If a pupil at this school needs supervision or access to medication during home to school transport organised by the local authority, properly trained escorts are provided. All drivers and escorts have the same training as school staff, know what to do in a medical emergency and are aware of any pupils in their care who have specific needs. If they are expected to supervise or administer emergency medication they are properly trained and have access to the relevant Healthcare Plans.
- All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.
- If a trained member of staff, who is usually responsible for administering medication, is not available this school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.
- 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.

Storage of medication at school

Safe storage – emergency medication

- 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 and not held personally by members of staff.
- 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.

Safe storage – non-emergency medication

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

Safe storage – general

- There is an identified member of staff who ensures the correct storage of medication at school.
- All controlled drugs are kept in a locked cupboard and only named staff have access, even if pupils normally administer the medication themselves.
- On a monthly basis the identified member of staff checks the expiry dates for all medication stored at school.
- The identified member of staff, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labeled with the pupil's name, the name and dose of the medication and the frequency of dose.
- 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.
- Medication is stored in accordance with instructions, paying particular note to temperature.
- Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.
- All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays.
- It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

Safe disposal

- Parents at this school are asked to collect out-of-date medication.
- If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.
- A named member of staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year and is always documented.

- Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or pediatrician 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.
- If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent.
- Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

Record Keeping

Enrolment forms

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.

Healthcare Plans

Drawing up Healthcare Plans

- This school uses a Healthcare Plan to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Healthcare Plan if required. (See Appendix 1 Managing Medication Policy – Form 1- Basis for a care plan)
- A Healthcare Plan, (See Appendix 1 Managing Medication Policy – Form 2- Example of a completed care 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.
- 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. (See Appendix 1 Managing Medication Policy – Form 3- Administration of medicine)
- The parents, healthcare professional and pupil with a medical condition, are asked to fill out the pupil's Healthcare Plan together. Parents then return these completed forms to the school.
- This school ensures that a relevant member of school staff is also present, if required to help draw up a Healthcare Plan for pupils with complex healthcare or educational needs.

School Healthcare Plan register

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

Ongoing communication and review of Healthcare Plans

- Parents at this school 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.

- Staff at this school use opportunities such as teacher–parent interviews to check that information held by the school on a pupil’s condition is accurate and up to date.
- Every pupil with a Healthcare Plan at this school has their plan discussed and reviewed at least once a year.
- Parents are informed about the medical conditions policy via the school website

Storage and access to Healthcare Plans

- Parents and pupils at this school are provided with a copy of the pupil’s current agreed Healthcare Plan.
- Healthcare Plans are kept in a secure central location at school.
- Apart from the central copy, specified members of staff (agreed by the pupil and parents) securely hold copies of pupils’ Healthcare Plans. These copies are updated at the same time as the central copy.
- All members of staff who work with groups of pupils have access to the Healthcare Plans of pupils in their care.
- 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 Healthcare Plans of pupils in their care.
- This school ensures that all staff protect pupil confidentiality.
- This school seeks permission from parents to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Healthcare Plan.
- 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 Healthcare Plans

Healthcare 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

- If a pupil requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child’s Healthcare 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. (See Appendix 1 Managing Medication Policy – Form 3- Administration of Medicine)
- All parents of pupils 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.

- 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 Healthcare Plan. The school and parents keep a copy of this agreement.

Residential visits

- Parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the 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 Managing Medication Policy – Form 4 – Residential visits)
- All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's Healthcare Plan.
- All parents of pupils 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.
- 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 Managing Medication Policy – Form 4- Residential)

Other record keeping

- 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 Managing Medication Policy – Form 3 – Administration of medication)
- This school holds training on common medical conditions once a year. All staff attending receive a certificate confirming the type of training they have had. A log of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive training.
- All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The school keeps a register of staff who have had the relevant training.(See Appendix 1 Managing Medication Policy – Form 5 – Register of Training)
- This school keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

How the school environment supports children with a medical condition

Physical environment

- This school is committed to providing a physical environment that is accessible to pupils with medical conditions.
- Pupils with medical conditions are included in the consultation process to ensure the physical environment at this school is accessible.
- 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

- 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.

- 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.
- 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.
- 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

- This school understands the importance of all pupils taking part in sports, games and activities.
- 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.
- 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.
- 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.
- 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.
- This school ensures all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.
- 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

- 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.
- 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.
- 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.
- This school ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.
- Pupils at this school learn about what to do in the event of a medical emergency.

Residential visits

- 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. This will require consultation with the venue, parents and pupils and advice from the relevant healthcare professional (the SEN Specialist support assistant within school) to ensure that

pupils can participate safely. Additional safety measures may need to be taken for outside visits; including arrangements needed for taking any pupils who will require medicines, specialised toileting facilities, special access etc. Please also see Health and Safety Executive (HSE) guidance on school trips

- 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.
- The school will make every effort to ensure that pupils with medical needs have the opportunity to participate in school trips, as long as the safety of the child concerned and that of other pupils is not compromised by their inclusion.

The party leader - will liaise with the SEN Specialist Support Assistant to check whether any pupils taking part in the trip have any medical needs and will then plan accordingly. They will ensure every member of staff on the visit is familiar with the risk assessment and the accompanying information regarding any pupils with additional medical needs.

Parents must also ensure that the party leader has full information about the medical needs of their child and any relevant emergency procedures to be followed. The party leader will have all the relevant school/local authority contact numbers with them throughout the visit. This will ensure that in the event of an emergency the necessary information can be passed on efficiently and effectively.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with school staff. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure (available upon request). Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Monitoring and Evaluation

This policy will be monitored yearly and updated as new legislation needs to be incorporated. Staff will regularly receive opportunities to discuss and evaluate the management of the procedures and protocols within the school.

Staff

SENDCO – Mrs N. Douglass

SEN Specialist Support Assistant – Mrs. C Wallbank

SEN Governors – Mrs. S Smith

First Aiders – Mrs. T Tate, Miss. J Postill, Mrs K Kelly, , Mrs Dyson,

Lunchtime: Mrs Darke,

Designated staff trained in Managing Medicines in school- Mrs. C Wallbank,

Other Relevant Documents:

This policy should be read in conjunction with other related policies and documents available. These include:

- ✓ Accessibility and Gender Equality.
- ✓ Admissions Policy.
- ✓ Anti-Bullying Policy.

- ✓ Assessment and Reporting Policy.
- ✓ Attendance Policy.
- ✓ Behaviour Policy - Promoting Positive Behaviour
- ✓ Drugs Education Policy.
- ✓ E-Safety policy.
- ✓ Health and Safety Policy.
- ✓ Inclusion Policy.
- ✓ Looked After Children Policy.
- ✓ Managing Medication policy
- ✓ Off Site Visits Policy.
- ✓ Photography/Video Guidance for Schools.
- ✓ PSHE Curriculum Documentation and Spiritual, Moral and Cultural Development Policy.
- ✓ Race Equality Policy.
- ✓ Safeguarding Young People Policy.
- ✓ Safer Recruitment and Selection.
- ✓ School Code of Conduct.
- ✓ SEN Policy
 - The school will ensure that all staff and volunteers are aware of the need for maintaining appropriate and professional boundaries in their relationships with pupils and parents as advised by the Children's Services Code of Conduct for all employees and Guidance for Safer Working Practice for Adults who work with Children and Young People.
- ✓ Teaching and Learning Policy.
- ✓ The Safeguarding Statement in School Prospectus.

Reviewed: March 2017

Ratified: 6.4.17

To be reviewed: Spring 2018

Appendix 2

Asthma Policy and Procedures

AIMS

The school aims to:

- Encourage and support all students who have asthma to participate fully in all aspects of the life of the school.
- Work towards ensuring the school environment is favourable to students with asthma.
- Inform parents/carers of our expectation that they will give appropriate information to the school regarding their child's asthma and to provide a prescribed reliever inhaler and spacer device (if required).
- Inform pupils of the procedure for gaining immediate access to their reliever inhaler.

ON ADMISSION TO THE SCHOOL

- All parents/carers will be asked to complete an admission form giving full details of their child's asthma, regular medication, emergency contact numbers, family GP and any relevant hospital details.
- Every student with an asthma diagnosis must have the appropriate inhaler available in school for use in an emergency.

SAFETY AND STORAGE OF ASTHMA INHALERS

- Reliever inhalers should be carried by the student. A spare inhaler, clearly labelled with the student's name will be in the medical room.
- Parents will be notified by the Health Care Co-ordinator or a designated person if the spare reliever has been used during the school day.
- It is the parents/carers responsibility to ensure medication is in date and replenished as necessary.
- Inhalers will not be stored where there is excessive heat or cold.

EXERCISE AND ACTIVITY

- Students with asthma are encouraged to participate fully in all PE and games lessons.
- Some students with asthma may need to use the reliever inhaler before exercising.
- Reliever inhalers must be readily available at all times, including all off site activities.

ASTHMA ATTACK

- Parents will be informed that their child has had an asthma attack as soon as possible.
- In the event of an asthma attack school staff should follow the procedure outlined as follows:

ASTHMA ATTACK FLOW CHART

IN THE EVENT OF A STUDENT HAVING AN ASTHMA ATTACK:

- Stay calm and reassure the student
- Encourage the student to breath slowly
- Ensure that any tight clothing is loosened

- Help the child to take their Reliever (blue) inhaler
Usually 2-4 puffs are enough to bring the symptoms of a mild attack under control. This medication is very safe; do not be afraid to give more if it is needed.
- Immediately inform and seek assistance from a First Aider on site.

ALWAYS CALL FOR AN AMBULANCE IF ANY OF THE FOLLOWING OCCUR:

- There is no significant improvement in 5 – 10 minutes.
- The student is distressed and gasping or struggling to breath.
- The student has difficulty in speaking more than a few words at a time.
- The student is pale, sweaty and may be blue around the lips.
- The student is showing signs of fatigue or exhaustion.
- The student is exhibiting a reduced level of consciousness.

WHILST THE AMBULANCE IS ON ITS WAY:

- The student should continue to take puffs of their Reliever (blue) inhaler until the symptoms improve.
- If the student has a spacer device and Reliever (blue) inhaler available give up to ten puffs, one puff every minute (shaking the inhaler between each puff).
- If the student's condition is not improving and the ambulance has not arrived, repeat the process in the previous bullet point.
- Contact the parents/carers, once the emergency situation is under control and the ambulance has been called.

Pain Relief

Sometimes pupils may ask for pain relief at school e.g. paracetamol. School staff **must not** give non-prescribed medication to pupils. This is because they may not know whether the pupil has taken a previous dose or whether the medication may interact with any other medication being taken.

We do allow the administration of pain relief in specific cases, on these occasions the following procedures are put in place:

- The medication is in its original container.
- The container states the dose to be given.
- The circumstances in which it may be given.
- The member of staff administering the medication checks when previous doses have been taken/given.
- Designated staff have obtained parental permission for pain relief to be given.
- Staff adhere to the manufacturer's instructions and warnings which accompany the product to be used
- Designated staff should only ever administer Paracetamol unless a different pain relief medication has been prescribed by a GP.
- The parent/carer should always be informed on the same day, when such medication has been given.
- As with any medication, records must be kept of when pain relief has been administered.
- If a pupil suffers from pain regularly the parents/carers should be encouraged to seek medical advice.
- Pain relief should never be given to a pupil who has sustained a head injury.

Common Conditions

ADHD

What is ADHD?

ADHD is an impairment of either activity or attention or both.

What are the signs and symptoms?

The problems present as a child who is always on the go, does not settle to anything, has poor concentration, poor ability to organise activities or engage in tasks requiring sustained mental effort, or who cannot stay still and cannot wait for others.

There are three main subtypes:

- Mainly inattentive
- Mainly hyperactive
- Combined

The first is sometimes referred to as ADD. If severe, the combined version is sometimes referred to as 'hyperkinetic disorder'. In order to be clear that the problem is not situation specific, the symptoms need to be present in more than one setting. Assessment, often using rating scales such as Connor's Scales, therefore usually includes behaviour at home and at school.

Treatments include stimulant medication, behaviour management and therapy, and dietary exclusion in some cases.

Anaphylaxis

What is Anaphylaxis?

Anaphylaxis – sometimes referred to as anaphylactic shock - is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink. In the majority of cases, they go through the whole of their school lives without incident.

The most common cause is food – in particular nuts, fish and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenalin injection, depending on the severity of the reaction.

What are the signs and symptoms?

Signs and symptoms will normally appear within seconds or minutes after exposure to the allergen. These may include:

- A metallic taste or itching in the mouth
- Swelling of the face, throat, tongue and lips
- Difficulty in swallowing
- Flushed complexion

- Abdominal cramps and nausea
- A rise in heart rate
- Collapse or unconsciousness
- Wheezing or difficulty breathing

Each pupil's symptoms and allergens will vary and these will need to be discussed at point of admission to the academy.

Call an ambulance immediately, particularly if there is any doubt about the severity of the reaction or if the pupil does not respond to the medication.

Management Strategies including Medication and control

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline – an EpiPen. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline. It is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt, it is better to give the injection than to hold back. Responsibility for giving the injection should be on a purely voluntary basis and should not, in any case, be given without training from an appropriate healthcare professional.

For some children the timing of the injection is crucial and this should be fully discussed and documented at point of admission. Suitable procedures should be put in place so that swift action can be taken in an emergency. The child may be old enough to carry his or her own medication but, if not, a suitable safe yet accessible place for storage should be found.

The safety of other pupils should also be taken into account. If a pupil is likely to suffer a severe allergic reaction ALL STAFF should be aware of the condition, including supply staff and exam invigilators, and know who is responsible for administering emergency treatment. Should the named person(s) be absent from school, a back-up plan needs to be in place.

Parents will often ask for the school to ensure that their child does not come into contact with the allergen. This is not always feasible, although schools should bear in mind the risk to such pupils at break and lunch times, and in food technology and science lessons and seek to minimise the risks wherever possible. It will also be necessary to take precautionary measures on outdoor activities or school trips.

Diabetes

What is diabetes?

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About one in 700 school-age children has diabetes. Children with diabetes normally need to have daily insulin injections, to monitor their blood glucose and to eat regularly.

What are the signs and symptoms?

Hypoglycemic Reaction:

Staff should be aware that the following symptoms, either individually or combined, may be indicators of a hypo in a pupil with diabetes.

- Hunger
- Sweating

- Drowsiness
- Pallor
- Glazed eyes
- Shaking
- Lack of concentration
- Irritability

Each pupil may experience different symptoms and this should be discussed fully at point of admission.

If a pupil has a hypo, it is important that a fast acting sugar, such as glucose tablets, a glucose rich gel, a sugary drink or a chocolate bar, is given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk should be given once the pupil has recovered, some 10-15 minutes later. If the pupil's recovery takes longer, or in cases of uncertainty, call an ambulance.

Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will wish to draw any such signs to the parents'/carers' attention.

Management strategies and control

The diabetes of the majority of school-aged children is controlled by two injections of insulin each day. It is unlikely that these will need to be given during school hours. Most children can do their own injections from a very early age and may simply need supervision if very young, and also a suitable, private place to carry it out.

Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They may need to do this during the school lunch break or more regularly if their insulin needs adjusting. Most pupils will be able to do this for themselves and will simply need a place to do so.

Pupils with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the pupils may experience a hypo during which his or her blood sugar level falls to a low level. Staff in charge of PE should be aware of the need for pupils with diabetes to have glucose tablets or a sugary drink to hand.

Epilepsy

What is epilepsy?

Epilepsy is a common neurological condition. It is more usually found in children or people over the age of 65 but can occur anytime. It can be triggered by a brain trauma. People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Around one in 130 children in the UK has epilepsy and about 80% of them attend mainstream schools. Parents may be reluctant to disclose their child's epilepsy to the school. A positive approach will encourage them to do so and will ensure that both the pupils and the school staff are given adequate support.

Not all pupils with epilepsy experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizures will vary greatly between individuals. Some may exhibit unusual behaviour (e.g. plucking at clothes or repetitive movements), experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and/or loss of consciousness.

What are the signs and symptoms?

Seizures may be partial (where consciousness is not necessarily lost but may be affected) or generalised (where consciousness is lost). Some generalised seizures are:

- Tonic Clonic seizures

During the tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. The pupil's pallor may change to a dusky blue colour. Breathing may be laboured during the seizure.

During the clonic phase there will be rhythmic movements of the body which will gradually cease. Some pupils only experience the tonic phase and others only the clonic stage. The pupil may feel confused for several minutes after a seizure. Recovery time can vary – some require a few seconds, where others need to sleep for several hours.

- Absence seizures

These are short periods of staring or blanking out and are non-convulsive generalised seizures. They last only a few seconds and are most often seen in children. A pupil having this kind of seizure is momentarily completely unaware of anyone/thing around him/her, but quickly returns to full consciousness without falling or loss of muscle control. These seizures are so brief that the person may not notice that anything has happened. Parents and teachers may think that the pupil is being inattentive or is day dreaming.

- Partial seizures

Partial seizures are those in which the epileptic activity is limited to a particular area of the brain.

- Complex partial seizures

This is the most common type of partial seizure. During this, a person will experience some alteration in consciousness. They may be dazed, confused and detached from their surroundings. They may exhibit what appears to be strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object.

Management strategies including medication and control

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely to happen during the school day. The majority of children with epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect a pupil's susceptibility. Flashing or flickering lights, video games and computer graphics, and certain geometric shapes or patterns can be a trigger for seizures in some pupils. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TV. Likely triggers should be thoroughly discussed at point of admission so that reasonable adjustments can be made to minimise exposure.

Pupils with epilepsy must not necessarily be excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming or working in science laboratories. Off-site activities may need additional planning, particularly overnight stays.

Thorough Risk Assessments should be made and ALL involved staff be made aware of emergency procedures. Concern about any potential risks should be discussed with pupils and their parents, and if necessary, by seeking additional advice from the GP, paediatrician or other health professional.

Some children with tonic clonic seizures can be vulnerable to consecutive fits which, if left uncontrolled, can result in permanent damage. These children are usually prescribed Diazepam for rectal administration. Diazepam causes drowsiness so the pupil may need some time to recover.

Nothing must be done to stop or alter the course of a seizure once it has begun, except when medication is being given by appropriately trained staff. The pupil should not be moved unless he or she is in a dangerous place, although something soft can be placed under his or her head. The pupil's airway must be maintained at all times. The pupils should not be restrained and there should be no attempt to put anything into the mouth. Once the convulsion has stopped, the pupils should be turned on his or her side and put into the recovery position. Someone should stay with the pupil until he or she recovers and re-orientates.

Call an ambulance if the seizure lasts longer than usual or if one seizure follows another without the person regaining consciousness or where there is any doubt.

Other safeguarding legislation

Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must in discharging their functions in relation to the conduct of the school promote the well-being of pupils at the school.

Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.

Section 3 of the Children Act 1989 provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.

The NHS Act 2006: Section 3 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. **Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.

Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

- They **must not** discriminate against, harass or victimise disabled children and young people
- They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

Other relevant legislation

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child that has been prescribed a controlled drug.

The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet. It **must** not be teaching accommodation. Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools (including academy schools and alternative provision academies).

The Special Educational Needs Code of Practice

Section 19 of the Education Act 1996 (as amended by Section 3 of the Children Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full time, or such part time education as is in a child's best interests because of their health needs.

Associated resources

Links to other information and associated advice, guidance and resources eg templates and to organisations providing advice and support on specific medical conditions will be provided on the relevant web-pages at GOV.UK.

USEFUL CONTACTS

Allergy UK

Allergy Help Line: (01322) 619864

Website: www.allergyfoundation.com

The Anaphylaxis Campaign

Helpline: (01252) 542029

Website: www.anaphylaxis.org.uk and

www.allergyinschools.co.uk

Association for Spina Bifida and Hydrocephalus

Tel: (01733) 555988 (9am to 5pm)

Website: www.asbah.org

Asthma UK (formerly the National Asthma Campaign)

Advice line: 08457 01 02 03 (Mon-Fri 9am to 5pm)
Website: www.asthma.org.uk

Council for Disabled Children (National Children's Bureau)
Tel: (020) 7843 1900
Website: <http://www.ncb.org.uk/cdc/>

Contact a Family (Information about caring for disabled and special needs children) Helpline: 0808 808 3555.
Website: www.cafamily.org.uk

Cystic Fibrosis Trust
Tel: (020) 8464 7211 (Out of hours: 020 8464 0623)
Website: www.cftrust.org.uk

Diabetes UK
Careline: 0845 1202960 (Weekdays 9am to 5pm)
Website: www.diabetes.org.uk

Disability Rights Commission (DRC)
DRC helpline: 08457 622633.
Text phone: 08457 622 644
Fax: 08457 778878
Website: www.drc-gb.org

Epilepsy Action
Free phone Helpline: 0808 800 5050
(Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)
Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)
HSE Info line: 08701 545500 (Mon-Fri 8am-6pm)
Website: www.hse.gov.uk

Health Education Trust
Tel: (01789) 773915
Website: <http://www.healthedtrust.com>

Hyperactive Children's Support Group
Tel: (01243) 551313
Website: www.hacsg.org.uk

MENCAP
Telephone: (020) 7454 0454
Website: www.mencap.org.uk

National Eczema Society
Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)
Website: www.eczema.org

National Society for Epilepsy

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: www.epilepsynse.org.uk

Psoriasis Association

Tel: 0845 676 0076

(Mon-Thurs 9.15am to 4.45pm. Fri 9.15am to 16.15pm)

Website: <http://www.psoriasis-association.org.uk/>

Young Minds

Tel: 020 7336 8445

Parents Helpline: 08088025544

<http://www.youngminds.org.uk/>

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