

Medical Conditions Policy



Thorn Grove Primary School

Approved by Governing Body on:	7 December 2022
<i>L. Vose</i> Headteacher	<i>C. Alcock</i> Chair of Governors
Next review due by:	November 2024
Based on a Stockport LA policy	Reviewed October 2019

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Policy Record

School Policy Agreed at:	December 2022
Review:	November 2024 (or upon revision from LA)
Designated Person:	Gary Wilson
Governor with Remit:	Chris Hunter
Emergency Contacts for Staff:	Gary Wilson

Policy Statement

At Thorn Grove Primary School we are an inclusive community that aims to support and welcome pupils with medical conditions.

We aim to provide all pupils with all medical conditions the same opportunities as others at schools/ early years settings.

We will help to ensure they can through the following:

- This school/ early years setting ensures all staff understand their duty of care to children and young people in the event of an emergency.
- All staff feel confident in knowing what to do in an emergency.
- This school/ early years setting understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- This school/ early years setting understands the importance of medication being taken as prescribed.
- All staff understand the common medical conditions that affect pupils at this school/ early years setting. This school/ early years setting allows adequate time for staff to receive training on the impact medical conditions can have on pupils.
- Staff receive additional training about any pupils they may be working with who have complex medical needs supported by an Individual Health Plan (IHP).
- This policy is followed and understood by our school community/early years setting, the Local Authority and Stockport NHS Foundation Trust.

Responsibilities

Each member of Thorn Grove Primary School and health community knows their roles and responsibilities in maintaining an effective medical conditions policy.

- a. Thorn Grove Primary School works in partnership with all interested and relevant parties including the governing body, staff, and community healthcare professionals and any relevant emergency practitioners to ensure the policy is planned, implemented and maintained successfully.
- b. The following roles and responsibilities are used for the medical conditions policy at this school/ early years setting. These roles are understood and communicated regularly.

Governor Responsibilities

Governors have a responsibility to:

- Ensure the health and safety of their staff and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips.
- Ensure the school's health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions and reviewed biannually or as required.
- Make sure the medical conditions policy is effectively implemented, monitored and evaluated and regularly updated to the full Governing Body.
- Ensure that the school has robust systems for dealing with medical emergencies and critical incidents (see Stockport's Critical Incidents Guidelines), at any time when pupils are on site or on out of school activities.
- Early Years provision must comply with the EYFS Statutory Requirements.

Headteacher Responsibilities

The Headteacher has a responsibility to:

- Ensure the school setting is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks.
- Ensure the policy is put into action, with good communication of the policy to all teaching and non-teaching staff, parents/carers and governors.
- Ensure every aspect of the policy is maintained.
- Ensure that if the oversight of the policy is delegated to another senior member of staff that the reporting process forms part of their regular supervision/reporting meetings.
- Monitor and review the policy at regular intervals, with input from governors, parents/carers, staff and external stakeholders.
- Report back to governors about implementation of the health and safety and medical conditions policy.
- Ensure through consultation with the governors that the policy is adopted and put into action.
- Ensure adequate numbers of first aiders and up to date training. All school settings must have at least one paediatric trained first aider.
- Early Years provision must comply with the EYFS Statutory Requirements.

Staff Responsibilities

All Staff have a responsibility to:

- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- Call an ambulance in an emergency.
- Understand the school's medical conditions policy.
- Know which pupils in their care have a complex medical need and be familiar with the content of the pupil's Individual Health Plan.
- Know the school's registered first aiders and where assistance can be sought in the event of a medical emergency.
- Know the members of the school's Critical Incident Team if there is a need to seek assistance in the event of an emergency.
- Maintain communication with parents/carers including informing them if their child/young person has been unwell at school.

- Ensure pupils who need medication have it when they go on a school visit or out of the classroom.
- Be aware of pupils with medical conditions who may be experiencing bullying or need extra social support (See Thorn Grove Anti-Bullying Policy).
- Understand the common medical conditions and the impact these can have on pupils.
- Ensure that all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- Ensure that pupils have the appropriate medication or food during any exercise and are allowed to take it when needed.
- Follow standard precautions if handling body fluids:
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522337/Guidance_on_infection_control_in_schools.pdf
- Ensure that pupils who present as unwell should be questioned about the nature of their illness:
 - o if anything in their medical history has contributed to their current feeling of being unwell,
 - o if they have felt unwell at any other point in the day,
 - o if they have an Individual Health Plan and if they have any medication
- The member of staff must remember that while they can involve the pupil in discussions regarding their condition, they are in loco parentis and as such must be assured or seek further advice from a registered first aider if they are in doubt as to the pupil's health, rather than take the child/young person's word that they feel better.

Teaching Staff Responsibilities

Teaching staff have an additional responsibility to also:

- Ensure pupils who have been unwell have the opportunity to catch up on missed school/ early years setting work as appropriate.
- Be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it, in liaison with the SENDCO/ School Nurse.
- Liaise with parents/carers, special educational needs coordinator and welfare officers if a child/young person is falling behind with their work because of their condition.
- If a parent/carer cannot be contacted, advise a senior member of staff.
- Use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

School Nurse or Healthcare Professional Responsibilities

The School Nurse or Healthcare Professional has a responsibility to:

- Offer annual updates for school/ early years setting staff in managing the most common medical conditions at school at the school's request. If a new medical condition arises over the year then the school nurse will provide an update or give advice on the most appropriate service to deliver it and provide information about where the school can access other specialist training.
- Update the Individual Health Plans when informed of a change, in liaison with appropriate school staff and parents/carers.

First Aider Responsibilities

First Aiders have additional responsibilities to:

- Give immediate, appropriate help to casualties with injuries or illnesses.
- When necessary ensure that an ambulance is called.
- Ensure that their training is up to date and in line with the appropriate sector recommendations.
- It is recommended that first aiders are trained in paediatric first aid across the school.
- School settings should take note of the Early Years First Aid requirements.

Special Educational Needs Coordinator Responsibilities

Special Educational Needs Coordinators have the additional responsibility to:

- Ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or coursework.

Pastoral Support Responsibilities

Pastoral Support have the additional responsibility to:

- Know which pupils have a medical condition and which have special educational needs because of their condition.
- Ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.

Pupil Responsibilities

Pupils have a responsibility to:

- Treat other pupils with and without a medical condition equally.
- Tell their parents/carers, teacher or nearest staff member when they are not feeling well.
- Let a member of staff know if another pupil is feeling unwell.
- Treat all medication with respect.
- Know how to gain access to their medication in an emergency.
- Ensure a member of staff is called in an emergency situation.
- Do not share or use medical equipment or medicines with other pupils.

Parents/Carers Responsibilities

Parents/Carers have a responsibility to:

- Tell the school if their child/young person has a medical condition or complex medical need particularly if there is a potential risk to their child/young person and/or other pupils.
- Ensure the school has a complete and up-to-date Individual Health Plan if their child/young person has a complex medical need.
- Inform the school about the prescribed medication their child/young person requires during school hours and before/after school activities/clubs.
- Inform the school of any medication their child/young person requires while taking part in visits, outings or field trips and other out-of-school activities.
- Tell the school about any changes to their child/young person's medication, what they take, when, and how much.
- Inform the school of any changes to their child/young person's condition.
- Ensure their child/young person's medication and medical devices are labelled with their full name.
- Ensure that the school has full emergency contact details for them.
- Provide the school with appropriate spare medication labelled with their child/young person's name.
- Ensure that their child/young person's medication is within expiry dates.
- Keep their child/young person at home if they are not well enough to attend school (refer to Public Health England guidelines and/or other specialist healthcare professionals).
- If there is an outbreak or specific risk of outbreak, then parents/carers must follow the guidance issued by the school (provided by professional bodies).
- Ensure their child/young person catches up on any relevant school work they have missed.
- Ensure their child/young person has regular reviews about their condition with their doctor or specialist healthcare professional.
- If the child/young person has complex medical needs, ensure their child/young person has a written Individual Health Plan for school.
- Have completed/signed all relevant documentation including form 3a and the Individual Health Plan if appropriate.

Policy Guidelines

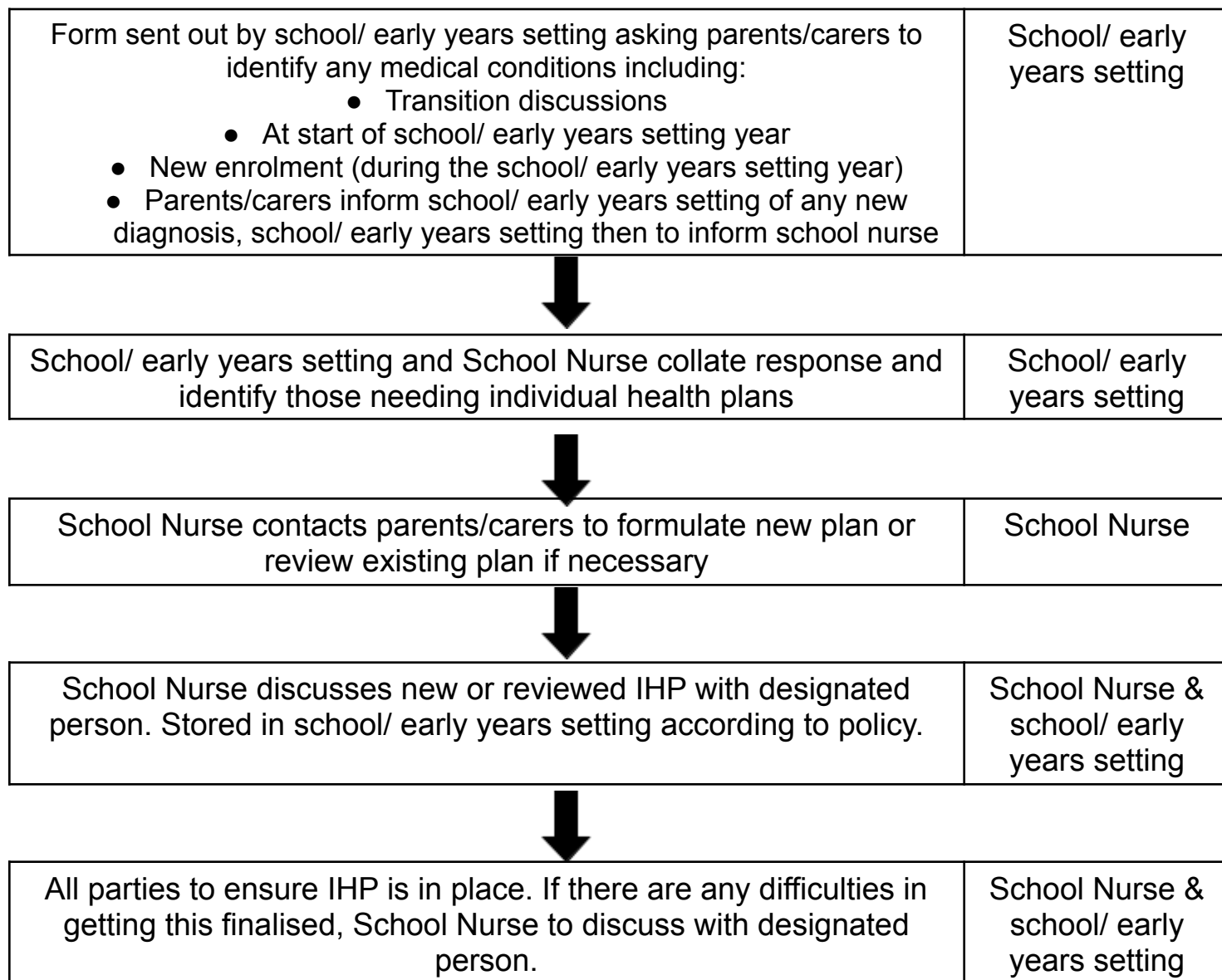
Thorn Grove is an inclusive community that aims to support and welcome pupils with medical conditions. It recognises its duty under the equality regulations to care for all pupils.

- a. Thorn Grove understands that it has a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future. In doing so, the school will work in partnership alongside the child's parents/carers.
- b. Thorn Grove aims to provide all pupils with all medical conditions the same opportunities, where practicable, 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
- c. Pupils with medical conditions are encouraged to manage their condition.
- d. Thorn Grove aims to include all pupils with medical conditions in all school/ early years setting activities wherever possible.
- e. Parents/carers of pupils with medical conditions are aware of the care their child/young person receive at Thorn Grove
- f. Thorn Grove ensures all staff understand their duty of care to children in the event of a medical emergency.
- g. All staff have access to information about what to do in a medical emergency.
- h. Thorn Grove understands that medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
- i. The Nursing Service will offer the school an annual update. If a new medical condition arises over the year then the school nurse will provide an update or give advice on the most appropriate service to deliver it. **The headteacher is responsible for ensuring staff receive annual updates.**
- j. The Headteacher and Governing Body are responsible for ensuring the medical conditions policy is understood and followed by the whole school.
- k. This school understands and encourages the importance of immunisation and the role this has to play in ensuring a safe and inclusive school and will work in partnership with parents/carers and health professionals to this end.

The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation (see Medical Conditions Information Pathway below).

- a. Pupils are informed and reminded about the medical conditions policy:
 - in personal, social and health education (PSHE) classes
- b. Parents/carers are informed about the medical conditions policy and that information about a child's medical condition will be shared with the school nurse:
 - by producing a policy statement and signposting access to the policy at the start of the school year when a communication is sent out about Individual Health Plans
 - in the school Newsletter at intervals in the year
 - when their child is enrolled as a new pupil
 - via the school website, where it is available all year round
- c. Thorn Grove staff are informed and regularly reminded about the school medical conditions policy:
 - through the staff handbook and staff meetings
 - through medical conditions updates
 - through the key principles of the policy being displayed in several prominent staff areas at this school and on the school network
 - all supply and temporary staff are informed of our protocols and their responsibilities including who is the designated person, any medical needs or Individual Health Plans related to the children/young people in their care and how to respond in emergencies
 - Staff are made aware of Individual Health Plans as they relate to their teaching/supervision groups. This is a role for the designated person.
- d. School Governors should receive updates from the Local Authority if changes are made to the policy and ensure points a-c are met by the school/ early years setting.

Medical Conditions Information Pathway



Pupils with medical conditions requiring Individual Health Plans are: those who have diabetes, epilepsy with rescue medication, anaphylaxis, gastrostomy feeds, central line or other long term venous access, tracheostomy, severe asthma that has required an overnight hospital admission within the last 12 months. There may be other pupils with unusual chronic conditions who need a care plan, please liaise with the School Nurse about them.

Relevant staff understand and are updated on what to do in a medical emergency for the most common medical conditions at this school/ early years setting.

- a. Relevant staff at this school are aware of the most common medical conditions at this school/ early years setting.
- b. Staff at school understand their duty of care to pupils both during, and at either side of the school day in the event of a medical emergency. In any emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent/carer. This may include administering medication. In the event of the child/young person attending a pre or after school setting activity organised by a private provider, the responsibility of sharing a child/young person's medical needs is the responsibility of parents/carers.
- c. Staff should receive updates at least once a year from the school nurse for asthma and other medical needs and know how to act in an emergency. Additional training is prioritised for key staff members who work with children/young people who have specific medical conditions supported by an Individual Health Plan.
- d. The action required for staff to take in an emergency for the common conditions at this school is displayed in prominent locations for all staff including classrooms, kitchens, in the school staff room and electronically.
- e. The school uses Individual Health Plans to inform the appropriate staff (including supply teachers and support staff) of pupils with complex medical needs in their care who may need emergency help.
- f. The school has procedures in place so that a copy of the pupil's Individual Health 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.
- g. 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/carer arrives. The school will try to ensure that the staff member will be one the pupil knows. The staff member concerned should inform a member of the school's senior management team.

Infection in Childcare Settings

Schools and nurseries are common sites for transmission of infections. Children are particularly susceptible because:

- they have immature immune systems
- have close contact with other children
- sometimes have no or incomplete vaccinations
- have a poor understanding of hygiene practices

Please see link for further guidance

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

Administration

Thorn Grove has clear guidance on the administration of medication at school.

Administration – Emergency Medication

- a. The School will seek to ensure that pupils with medical conditions have **appropriate access to their emergency medication**.
- b. The school will ensure that all pupils understand the arrangements for a member of staff (and the reserve member of staff) to assist in supporting and/or administering their emergency medication safely.

Administration – General

Schools are not duty bound to administer medication unless specified by the doctor to be taken at certain times of the day. If a pupil has prescribed medication 3 times per day, these can easily be administered either side of the school day. If a pupil is prescribed them for 4 or more times per day, then school would be duty bound to administer at least one of these.

- c. The school understands the importance of medication being taken as prescribed.
- d. All use of medication is done under the appropriate supervision of a member of staff at this school/ early years setting unless there is an agreed plan for self-medication. If staff become aware pupils are using their medication in an abnormal way they should discuss this with the child/young person.

Important Note: Should staff become aware that a child/young person using their reliever (usually blue) inhaler more than three times a week or suddenly using their reliever inhaler more than they normally do, has asthma that may not be under control and may be at greater risk of having an asthma attack. Should this be observed, immediate action should be taken to alert the parents/carers and staff should record any actions or discussions.

- e. 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 or unless the situation is an emergency and falls under their regular duty of care arrangements.
- f. 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 medication to pupils under the age of 16, but only with the written consent of the pupil's parent/carer (see form 3a).
- g. The school will ensure that specific training and updates will be given to all staff members who agree to administer medication to pupils if necessary.
- h. All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent/carer in an emergency situation. This may include taking action such as assisting in administering medication or calling an ambulance.
- i. In some circumstances, medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult. This will be agreed in the Individual Health Plan.
- j. Parents/carers at this school understand that if their child/young person's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately. Parents/carers should provide the school with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital. School should inform the school nurse should the IHP need to be amended.
- k. If a pupil at this school refuses their medication, staff will record this and contact parents/carers /SLT immediately.
- l. All staff attending off-site visits are aware of any pupils on the visit who have medical conditions. They will 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.

- m. The needs of all pupils on trips and visits should be Risk Assessed and the pupil's prescribed medication and spare inhaler, if necessary, should be taken and accessible.
- n. If a trained member of staff, who is usually responsible for administering medication, is not available the school explores possible alternative arrangements with parents/carers. This is always addressed in the risk assessment for off-site activities.
- o. If a pupil misuses medication or medical equipment, either their own or another pupil's, their parents/carers are informed as soon as possible. The school will seek medical advice by ringing 111 if this situation arises. In such circumstances, pupils will be subject to the school's usual disciplinary procedures.
- p. If the school receives a request or instruction from a parent/carer which would appear to be contrary to the advice in the document and from the DFE, the school should seek clarification from the parent/carer and any advice they can provide from consultants/clinicians associated with the pupil's case and also contact School Support (0161 474 3917) / School Nurse (0161 835 6083) to discuss the matter before agreeing any further action.

Use of 'over the counter' i.e. non-prescription medications

There must be written parental consent for recurring 'over the counter' medications e.g. Paracetamol, Piriton for hayfever (form 3a).

Where a non-prescribed medicine is administered to a pupil it should be recorded on Medical Tracker and the parents/carers informed.

Medication e.g. for pain relief, should never be administered without first checking the label for the appropriate dosage and checking when the previous dose was taken.

If a child/young person suffers regularly from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's GP.

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

Early Years providers should follow the EYFS guidance:

'Medicines must not usually be administered unless they have been prescribed for a child/young person by a doctor, dentist, nurse or pharmacist (EYFS Statutory Guidance 2017).'

Guidelines for administering Paracetamol

Paracetamol is a widely used drug for controlling pain and reducing temperature. Despite its prevalence, it can be very dangerous if taken inappropriately. Overdose requires immediate medical attention.

The Local Authority, in consultation with health practitioners, has carefully considered the benefits and dangers of administering this non-prescription drug in schools and settings. Administering paracetamol to children under 5 is not usually recommended.

Early Years providers should follow the EYFS guidance section 3.44-3.46:

'Prescribed medicines must not usually be administered unless they have been prescribed for a pupil by a doctor, dentist, nurse or pharmacist. (Medicines containing Aspirin should only be given if prescribed by a doctor). (EYFS Statutory Guidance 2017).'

For older pupils, it is sometimes appropriate to give paracetamol to control specific pain such as migraine or period pain. Schools administering paracetamol to pupils should adhere to the following conditions:

The member of staff responsible for giving medicines must be wary of routinely giving paracetamol to children. If a pupil complains of pain as soon as they arrive at the school setting and asks for painkillers, it is not advisable to give paracetamol until the amount given over the past 24 hours has been established. No more than 4 doses should be given in a 24 hour period. There should be at least 4 hours between any 2 doses of paracetamol containing medicines. No more than 4 doses of any remedy containing paracetamol should be taken in any 24 hours. Always consider whether the pupil may have been given a dose of paracetamol before coming to school. Many non-prescription remedies such as Beechams Powders, Lemsip, Night Nurse etc. contain paracetamol. If paracetamol tablets are taken soon after taking these remedies, it could cause an unintended overdose.

There must be parental consent to give paracetamol via the online consent form. In addition, before any paracetamol is administered, the staff member must telephone a parent/carer.

Paracetamol must be administered according to the instructions on the box or label. Stronger doses or combination drugs, which contain other drugs besides paracetamol must not be administered. It is recommended that the school/ early years setting keep its own stock of tablets. This reduces the risk of pupils carrying medicines.

Paracetamol must be stored securely and should not be kept in first aid boxes.

Pupils should only be given one dose during the school/ early years setting day. If this does not relieve the pain, contact the parent/carer or the emergency contact.

The member of staff responsible for giving medicines must witness the pupil taking the paracetamol and make a record of it on Medical Tracker. The school/ early years setting must notify the parent/carer on the day, stating the time and the amount of the dose.

The pupil should be made aware that paracetamol should only be taken when absolutely necessary, that it is an ingredient in many cold and headache remedies and that great care should be taken to avoid overdosing.

Storage

Thorn Grove has clear guidance on the storage of medication at school/ early years setting.

Safe Storage – Emergency Medication

- a. Emergency medication is readily available to pupils who require it at all times during the school/ early years setting 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.
- b. If the pupil concerned is involved in extended school services then specific arrangements and risk assessments should be agreed with the parent/carer and appropriate staff involved.
- c. It is appropriate for a pupil to carry an adrenaline auto injector on their person in school/ early years setting after a risk assessment has been completed.

Safe Storage – Non-Emergency Medication

- d. All non-emergency medication is kept in a secure place, in a cool dry place or in the medicine fridge. Pupils with medical conditions know where their medication is stored and how to access it.
- e. It is not appropriate for a pupil to carry insulin on their person in school. This should be stored in a locked cupboard.
- f. Staff ensure that medication is accessible only to those for whom it is prescribed.

Safe Storage – General

- g. This school has an identified member of staff/designated person who ensures the correct storage of medication at school/ early years setting.
- h. All controlled drugs are kept in a locked cupboard and only named staff have access.
- i. The identified member of staff checks the expiry dates for all medication stored at school/ early years setting each term (i.e. three times a year). If expiry dates for medication are listed on Medical Tracker, the system will alert staff when medication is due to expire.
- j. The identified member of staff, along with the parents/carers of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labelled with the pupil's name, the name of the medication, route of administration, dose and frequency, and expiry date of the medication.
- k. All medication is supplied and stored 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.
- l. Medication is stored in accordance with the manufacturer's instructions, paying particular note to temperature.
- m. Some medication for pupils at 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 locked . Medication fridges MUST only be used for the storage of medicines and no other items.
- n. All medication (including blue inhalers) and equipment such as spacers or blood sugar monitoring kits are sent home with pupils at the end of the school term.
- o. It is the parents/carer's responsibility to ensure adequate supplies of in date medication comes into school at the start of each term with the appropriate instructions and ensures that the school receives this.

Safe Disposal

- p. Parents/carers at school are asked to collect out-of-date medication.
- q. If parents/carers 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 with agreement from the local pharmacy.
- r. Sharps boxes are used for the disposal of needles. Parents/carers obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in this school/ early years setting are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis. Each box must be signed and dated as per assembly instructions, there should be one box per child and the temporary closure MUST be used when the box is not in use.
- s. 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, to school setting or to the pupil's parent/carer.
- t. Disposal of sharps boxes - the sharps bin should be closed securely and returned to parents/carers. Parents/carers then need to take the sharps bin to the GP for disposal.

Records

Thorn Grove has clear guidance about record keeping for pupils with medical conditions.

Enrolment Forms

- a. Parents/carers at school are asked if their child/young person has any medical conditions.
- b. If a pupil has a short-term medical condition that requires medication during school hours (e.g. antibiotics to cover a chest infection), a medication form plus explanation is sent to the pupil's parents/carers to complete (form 3a).

Individual Health Plans (Forms 1 – 1g)

Drawing up Individual Health Plans

- c. The school uses an Individual Health Plan for children/young people with complex medical needs to record important details about the individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Individual Health Plan if required (see form 1).

Examples of complex medical needs which may generate an Individual Health Plan following discussion with the school nurse and the school/ early years setting are listed below.

The pupil has:

- diabetes
 - gastrostomy feeds
 - a tracheostomy
 - anaphylaxis
 - a central line or other long term venous access
 - severe asthma that has required an overnight hospital admission within the last 12 months
 - epilepsy with rescue medication.
- d. An Individual Health Plan, accompanied by an explanation of why and how it is used, is sent to all parents/carers of pupils with a complex medical need. This is sent by the school nurse:
 - at the start of the school year
 - at enrolment
 - when a diagnosis is first communicated to the school/ early years setting
 - transition discussions
 - new diagnosis.
 - e. It is the parents/carers responsibility to fill in the Individual Health Plan and return the completed form to the school nurse. If the school nurse does not receive an Individual Health Plan, all school staff should follow standard first aid measures in an emergency. The school will contact the parent/carer if health information has not been returned. If an Individual Health Plan has not been completed, the school nurse will contact the parents/carers and may convene a TAC meeting or consider safeguarding pupil procedures if necessary.
 - f. The finalised plan will be given to the parents/carers, school and school nurse.
 - g. The school ensures that a relevant member of school staff is present, if required, to help draw up an Individual Health Plan for pupils with complex medical or educational needs.

School/ Early Years Setting Individual Health Plan Register

- h. Individual Health Plans are used to create a centralised register of pupils with complex medical needs. An identified member of school staff has responsibility for the register at this school. School should ensure that there is a clear and accessible system for identifying pupils with health plans/medical needs such as names being 'flagged' on the SIMs system and on Medical Tracker, which allows approved staff administering first aid or dealing with illness to see that a child has an Individual Health Plan. A robust procedure should be in place

to ensure that the child/young person's contact details and any changes to the administration of medicines, condition, treatment or incidents of ill health in the school are updated on the school record system.

- i. The responsible member of school staff follows up with the parents/carers and health professional if further detail on a pupil's Individual Health Plan is required or if permission or administration of medication is unclear or incomplete.

On-going Communication and Review of Individual Health Plans

- j. Parents/carers at school are regularly reminded to update their child/young person's Individual Health Plan if their child/young person has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change. Each Individual Health Plan will have a yearly review date with the school nurse. The school should inform the school nurse of any changes to the IHP.
- k. Parents/carers have a designated route/person to direct any additional information, letters or health guidance to in order that the necessary records are altered quickly and the necessary information disseminated.

Storage and Access to Individual Health Plans

- l. Parents/carers and pupils (where appropriate) at school are provided with a copy of the pupil's current agreed Individual Health Plan.
- m. Individual Health Plans are kept in a secure central location at school and saved on Medical Tracker.
- n. Apart from the central copy, specified members of staff (agreed by the pupil and parents/carers) securely hold copies of pupils' Individual Health Plans. These copies are updated at the same time as the central copy. The school must ensure that where multiple copies are in use, there is a robust process for ensuring that they are updated and hold the same information.
- o. 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 the Individual Health Plans and needs of the pupils in their care.
- p. The school ensures that all staff protect pupil confidentiality.
- q. The school informs parents/carers that the Individual Health Plan would 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 is included on the Individual Health Plan.
- r. The information in the Individual Health Plan will remain confidential unless needed in an emergency.

Use of Individual Health Plans

Individual Health Plans are used by this school/ early years setting to:

- inform the appropriate staff about the individual needs of a pupil with a complex medical need in their care
- identify important individual triggers for pupils with complex medical needs at school/ early years setting that bring on symptoms and can cause emergencies. This school/ early years setting uses this information to help reduce the impact of triggers
- ensure this school's emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in an emergency

Consent to Administer Medicines

- s. If a pupil requires regular prescribed medication at school, parents/carers are asked to provide consent on their child/young person's medication plan (form 3a) giving the pupil or staff permission to administer medication on a regular/daily basis, if required. This form is completed by parents/carers for pupils taking short courses of medication.
- t. All parents/carers of pupils with a complex medical need who may require medication in an emergency are asked to provide consent on the Individual Health Plan for staff to administer medication.

Residential Visits

- u. Parents/carers are sent a residential visit form to be completed and returned to school before their child/young person 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 5).
- v. All residential visit forms are taken by the relevant staff member on visits where medication is required. These are accompanied by a copy of the pupil's Individual Health Plan.
- w. All parents/carers of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to supervise administration of medication at night or in the morning if required.
- x. 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 5). A copy of the Individual Health Plan and equipment/medication must be taken on off-site activities.
- y. The residential visit/school trip form contains information on a pupil's last tetanus immunisation. A copy of this form is required to be carried on any external visits.

Record of Awareness Raising Updates and Training

- z. The school holds updates on common medical conditions once a year. A record of the content and attendance of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive updates. The School Nursing Service will provide updates if the school requests this.
- aa. All school staff who volunteer or who are contracted to administer emergency medication are provided with training, if needed, by a specialist nurse, doctor or school nurse. The school keeps a register of staff who have had the relevant training; it is the school's responsibility to arrange this (see appendix 4).
- bb. School should risk assess the number of first aiders it needs and ensure the first aiders are suitably trained to carry out their responsibilities. It is recommended that Primary School/ early years settings should have at least one first aider who has undertaken the paediatric first aid course and must be on the premises and available at all times when pupils are present and must accompany pupils on outings. Training should be compliant with Annex A of EYFS Statutory Framework: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/596629/EYFS_STATUTORY_FRAMEWORK_2017.pdf Training can be accessed through the St. John's Ambulance <http://www.sja.org.uk/sja/training-courses.aspx> or may be provided centrally.

Inclusion

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

Physical Environment

- a. The school is committed to providing a physical environment that is as accessible as possible to pupils with medical conditions.
- b. School does meet the needs of pupils with medical conditions to ensure that the physical environment at this school/ early years setting is as accessible as possible.
- c. The school's commitment to an accessible physical environment includes out-of-school/ early years setting visits. The school/ early years setting recognises that this may sometimes mean changing activities or locations or making reasonable adjustments to these arrangements which are proportionate and are implemented to remove any disadvantage that pupils may otherwise be subjected to because of their disability or medical condition, if it is serious.

Social Interactions

- d. The 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/ early years setting.
- e. The school ensures the needs of pupils with medical conditions are adequately considered to ensure they have access to extended school activities such as school discos, breakfast clubs, school productions, after school clubs and residential visits.
- f. 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.
- g. From September 2020 Relationships, Relationships and Sex Education and Health Education became compulsory for all schools.
 - Compulsory Relationships Education for primary pupils
 - Compulsory Relationships and Sex Education (RSE) for secondary pupils
 - Health Education become compulsory for all pupils – covering both physical and mental health

This is an ideal opportunity for staff to raise awareness of medical conditions amongst pupils and to help create a positive social environment through health education and personal, social and health education (PSHE) lessons.

Exercise and Physical Activity

- h. The school understands the importance of all pupils taking part in physical education, sports, games and activities.
- i. The school seeks to ensure all classroom teachers, TAs, PE teachers and sports coaches make appropriate and proportionate adjustments to sports, games and other activities to make physical activity accessible to all pupils.
- j. The school seeks to ensure that all classroom teachers, TAs, PE teachers and sports coaches understand that if a pupil reports they are feeling unwell, the teacher should seek guidance before considering whether they should take part in an activity.
- k. Teachers and sports coaches are aware of pupils in their care who have been advised, by a healthcare professional, to avoid or to take special precautions with particular activities.
- l. The 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 minimise these triggers.
- m. The school seeks to ensure that all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.
- n. The school ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports as appropriate.

Education and Learning

- o. The 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 in accordance with their needs or if there is an individual health plan (IHP) or education and health care plan (EHCP) in accordance with their agreed plan.
- p. Teachers at school are aware of the potential for pupils with medical conditions to have special educational needs (SEND). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEND coordinator.
- q. The school setting ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.
- r. Pupils at school learn how to respond to common medical conditions.

Risk Assessments

- s. Risk assessments are carried out by the school prior to any out-of-school visit or off site provision and medical conditions are considered during this process. The school considers: how all pupils will be able to access the activities proposed; how routine and emergency medication will be stored and administered, where help can be obtained in an emergency, and any other relevant matters.
- t. The school understands that there may be additional medication, equipment or other factors to consider when planning residential visits or off site activities. This school/ early years setting considers additional medication and facilities that are normally available at school/ early years setting. Where pupils' medical needs require staff to attend specialist training, trained staff are available at all times and places (including evenings and weekends) where those pupils are participating.

Reasonable Adjustments

When considering the reasonableness or proportionality of making any adjustments this School/ early years setting will have regard to:

- (1)The extent to which the adjustment removes the disadvantage,
- (2)The extent to which it is practicable,
- (3)The financial and other costs of making the adjustments,
- (4)The extent to which the step would disrupt the school's activities,
- (5)The financial and other resources available to the school,
- (6)The availability of external financial and other assistance,
- (7)The nature of the school's activities and the size of the undertaking,
- (8)The level of disruption to other pupils and their needs or facilities.

In addition, if an adjustment is reasonable to apply then the school will not pass on the cost of making such an adjustment to the pupil or parents/carers.

Legislation and Guidance

Introduction

- Local authorities, school/ early years settings and governing bodies are all responsible for the health and safety of pupils in their care.
- Areas of legislation that directly affect a medical conditions policy are described in more detail in Supporting Pupils at School with Medical Conditions

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

The main pieces of legislation are the Equality Act (2010) the Children & Families Act (2014) and EYFS Statutory Framework (2017). These acts make it unlawful for service providers, including school/ early years settings, to discriminate against disabled people. Other relevant legislation includes the Education Act 1996, the Care Standards Act 2000, the Health and Safety at Work Act etc. 1974, the Management of Health and Safety at Work Regulations 1999 and the Medicines Act 1968.

This section outlines the main points from the relevant legislation and guidance that school/ early years settings should consider when writing a medical conditions policy.

The following Stockport guidelines/policies need to be considered:-

- Department for Education and Department of Health Special Educational Needs and Disability Code of Practice 0-25 years.
- Stockport's STPD Health and Safety Policies
- Head Teachers Toolkit
- Critical Incidents Guidelines
- Visits and Journeys Guidelines
- Records Management and Retention Policies
- Reporting of Injuries, Diseases & Dangerous Occurrences Regulations. (R.I.D.D.O.R)

This form can be downloaded at:

<http://intranet/smbcintr/new/content/directorates/bs/hr/shrfirst/documents/RIDDOR.pdf>

Managing Medicines in Schools (2005)

This provides guidance from the DFE on managing medicines in schools and early year's settings. The document includes the following chapters:

- developing medicines policies
- roles and responsibilities
- dealing with medicines safely
- drawing up an Individual Health Plan
- relevant forms.

Medical Conditions at School/ early years setting: A Policy Resource Pack is designed to work alongside Managing Medicines in Schools/ early years settings.

Equality Act (2010) (EA) and The Children and Families Act 2014 (CFA).

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

School/Early Years Settings' Responsibilities Include:

- Not to treat any pupil less favourably in any school/ early years setting activities without material and sustainable justification.
- To make reasonable adjustments that cover all activities – this must take into consideration factors such as financial constraints, health and safety requirements and the interests of other pupils. Examples of reasonable adjustments can be found in the Department for Education & Department of Health Special Educational Needs and Disability Code of Practice 2015 and is dealt with here on page 19. *
- To eliminate discrimination and promote equality of opportunity in accordance with the provisions of Section 149 of the Equality Act 2010, which came in to force on 5 April 2011 relating to the public sector equality duty.
- To promote disability equality in line with the guidance provided by the DFE and EHRC through the Disability Equality Scheme.

**DfES publications are available through the DFE.*

The Education Act 1996

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

The Care Standards Act 2000

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

Health and Safety at Work Act etc. 1974

This act places duties on employers for the health safety and welfare of their employees and anyone not in their employment who may be affected by the activity. This covers the head teacher and teachers, non-teaching staff, pupils, visitors and contractors.

Management of Health and Safety at Work Regulations 1999

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

Medicines Act 1968

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

Additional Guidance

Other guidance resources that link to a medical conditions policy include:

- Department for Education & Department of Health Special Educational Needs and Disability Code of Practice 2015.
- Equality Act 2010: Advice for Schools.
- EYFS Statutory Framework (2017).
- Reasonable Adjustments for disabled pupils (2012).
- Supporting pupils at school with medical conditions (2014).
- The Mental Capacity Act Code of Practice: Protecting the vulnerable (2005).
- National Service Framework for Children and Young People and Maternity Services (2004) – provides standards for healthcare professionals working with pupils including school health teams.
- Health and Safety of Pupils on Educational Visits: A Good Practice Guide (2001) – provides guidance to schools when planning educational and residential visits.
- Misuse of Drugs Act 1971 – legislation on the storage and administration of controlled medication and drugs.
- Home to School Travel for Pupils Requiring Special Arrangements (2004) – provides guidance on the safety for pupils when travelling on local authority provided transport.
- Medical Conditions at School Website - <http://medicalconditionsatschool.org.uk/>
- Supporting Pupils at School with Medical Conditions - <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Further Advice and Resources

The Anaphylaxis Campaign

1 Alexandra Road
Farnborough
Hampshire GU14 6BU
Phone 01252 546100
info@anaphylaxis.org.uk
www.anaphylaxis.org.uk

Asthma UK

18 Mansell Street
London E1 8AA
Helpline 0300 222 5800
Phone 0300 222 5800
Fax 020 7256 6075
info@asthma.org.uk
www.asthma.org.uk

Diabetes UK

Wells Lawrence House 126 Back Church Lane
London E1 1FH
Phone 0345 123 2399
info@diabetes.org.uk
www.diabetes.org.uk

Diabetes UK North West

Unit C, 2nd Floor
Dallam Court
Dallam Lane
Warrington
Cheshire WA2 7LT
Phone 01925 653281
Fax 01925 653288
n.west@diabetes.org.uk

Epilepsy Action

New Anstey House
Gate Way Drive
Yeadon
Leeds LS19 7XY
Phone 0800 800 5050
Fax 0113 391 0300
epilepsy@epilepsy.org.uk
www.epilepsy.org.uk

Department for Education

Sanctuary Buildings
Great Smith Street
London SW1P 3BT
Phone 0870 000 2288
Text-phone/Minicom 01928 794274
Fax 01928 794248
info@dcsf.gsi.gov.uk

<https://www.gov.uk/government/organisations/department-for-education>

Council for Disabled Children

National Children's Bureau
23 Mentmore Terrace
Hackney
London
E8 3PN

cdc@ncb.org.uk

www.ncb.org.uk/cdc

National Children's Bureau

23 Mentmore Terrace
Hackney
London E8 3PN

www.ncb.org.uk

Health Protection Team, Stockport

Public Health
Upper Ground Floor
Stopford House
Stockport SK1 3XE

Phone 0161 474 2440

healthprotection@stockport.gov.uk

PHE Health Protection Team

0344 225 0562 Option 1

www.gov.uk/government/organisations/public-health-england

St. John Ambulance

Faulkner House
Faulkner Street
Manchester
M1 4DY

Phone 0844 770 4800

www.sja.org.uk