



Medication and Supporting Pupils at School with Medical Conditions

Date Prepared: November 2023

Date Approved by Governing Body:

Date to be reviewed: November 2024



Statement of Intent

The governing board of Little Hill has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

The aim of this policy is to ensure that children with medical needs receive appropriate care and support at school, as required by the Children and Families Act 2014. Little Hill believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

The school aims to:

- Provide an inclusive community that supports and welcome pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.
- Work with parents to ensure that they feel secure in their pupil's medical support in school.
- Arrange training for staff in respect of certain medical conditions in school.
- Ensure all staff understand and are trained in what to do in an emergency, including for the most common serious medical conditions at this school.
- Have clear guidance on the administration of medication at school.
- Have clear guidance on the storage of medication at school.
- Have clear guidance about record keeping in school.
- Where possible children should be encouraged to self-administer under supervision.
- Liaise with medical services when supporting certain children in school.
- Have clear roles and responsibilities for all staff, medical professionals and stakeholders involved in maintaining the medical policy.
- To ensure the ongoing support of children with long term medical needs through a health care plan.

Legal Framework

This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2011
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971 (as amended)
- The Medicines Act 1968 (as amended)
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017

This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'

- Ofsted (2019) 'The common inspection framework: education, skills and early years'
- DfE (2018) 'Working together to safeguard children'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy has due regard to the following school policies:

- **First Aid policy**
- **SEND Policy**
- **Complaints Procedure Policy**

Roles and Responsibilities

- Each member of the school and health community knows their roles and responsibilities in maintaining an effective medical conditions policy.
- The school works in partnership with all parties to ensure the policy is planned, maintained and implemented successfully.

The role of the governing body

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support pupils with medical conditions.
- Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instils confidence in parents/carers and pupils in the school's ability to provide effective support.
- Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.

- Ensures that policies, plans, procedures and systems are properly and effectively implemented.

The role of the Headteacher, Inclusion Manager and First Aid Lead

- Ensures that this policy is effectively implemented with stakeholders.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Has overall responsibility for the development of IHPs.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.
- Contacts the school nursing service where a pupil with a medical condition requires support that has not yet been identified.
- Ensure that children with medical needs are able to evacuate the building in accordance with the Fire Procedures. If the children are unable to do this a Personal Emergency Evacuation Plan (PEEP) need to be written and adhered to it.

The role of parents/carers

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHP.
- Carry out any agreed actions contained in the IHP.
- Ensure that they, or another nominated adult, are contactable at all times.
- To inform the school immediately of any changes to their child's medical needs.
- To ensure that the school is supplied with appropriate quantities of in-date medication and that asthma inhalers are not empty.
- To follow the school's procedures for bringing medicines into school.
- Keep their child at home if they are not well enough to attend to school.
- Medicine will NOT be administered by staff unless clear written instructions to do so have been provided from the child's parents or carers (appendix A).

The role of pupils

- Are fully involved in discussions about how to support their medical needs.
- Contribute to the development of their IHP.

- Are sensitive to the needs of pupils with medical conditions.
- Tell their parent, teacher or other staff member when they are not feeling well.
- Let a member of staff know if another child is unwell.
- Know how to gain access to their emergency medication.
- If they are able to, know how to take their own medication.
- Ensure that a member of staff is called if they suspect an emergency situation.

The role of school staff

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.
- Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do/who to call and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- Know which pupils in their care have a medical condition and be familiar with the content of IHPs.
- Ensure all pupils have access to their emergency medication when needed, including when they go out of the classroom or on school visits. e.g inhalers
- Communicate effectively with parents regarding medical conditions if their child has been unwell at school.
- Ensure pupils with medical conditions are included in school activities.
- Ensure that pupils who are unwell are given opportunities to catch up on school work and provide extra help where needed.
- Use opportunities such as PSHE to raise awareness of medical conditions.

First aiders

- Administer first aid to the child in line with our 'First Aid' policy.
- When necessary ensure that an ambulance or other professional help is called.

Staff responsible for medications

- Ensure medicine is stored in a known safe and secure place (not necessarily locked up)
- Ensure staff use the appropriate forms for recording administering of medications.
- Ensure that parents fill in the appropriate medical consent forms for prescribed medicine to be administered.

- If a child refuses medication or treatment to be administered by school staff, then the school will:
 - Not force the child to take the medicine / treatment;
 - If considered necessary, call an ambulance to get the child to hospital;
 - Inform the child's parents / carers immediately.

The role of the school nurse

- At the earliest opportunity, notifies the school when a pupil has been identified as having a medical condition which requires support in school.
- Supports staff to implement IHPs and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for pupils with medical conditions.

The role healthcare professionals

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHPs.
- May provide support in the school for children with particular conditions, e.g. asthma, anaphylaxis, diabetes and epilepsy.
- Provide training, as appropriate, for staff who will be administering prescribed medication.
- Where possible prescribe medication that can be taken outside of school hours.

The role of the LA

- Commissions school nurses for local schools.
- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health and care provision for pupils with SEND.
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Works with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

The role of Ofsted

- Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.
- Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural development.

Admissions

No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.

A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

Notification Procedure

When the school is notified that a pupil has a medical condition that requires support in school, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP.

The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the headteacher based on all available evidence (including medical evidence and consultation with parents/carers).

For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.

Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place within two weeks.

Staff Training and Support

Any staff member providing support to a pupil with medical conditions receives suitable training and staff members do not undertake healthcare procedures or administer medication without appropriate training.

Training needs are assessed by the medical lead/senior leadership team through the development and review of IHPs and when a new staff member arrives.

Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.

Self-management

Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHP.

Where possible, pupils are allowed to carry their own medicines and relevant devices. E.g inhalers, auto adrenaline injectors (AAI)

Where it is not possible for pupils to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.

If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP is followed. Following such an event, parents/carers are informed so that alternative options can be considered.

Individual Healthcare Plans (IHPs)

The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher makes the final decision.

The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the pupil is also involved in the process.

IHPs include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.

- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.

Key principles

The school accepts that pupils with medical conditions should be assisted where possible in attending school and that they have a right to the same education as other pupils.

We believe it is important that children should not attend school if they are unwell, but some children may be well enough to attend school provided they receive the appropriate medication.

Where a child has a long-term medical need an IHP will be drawn up with the parents and health professionals.

Parents must inform the school about any particular medical needs before a child is admitted or when a child first develops a medical need.

It is expected that pupils are encouraged to self-administer medication wherever possible.

The Headteacher has overall responsibility for members of the school staff giving or supervising pupils taking prescribed medication during the school day.

There is no legal requirement for school staff to administer medicines but staff members are expected to do what is reasonable and practical to support the inclusion of all pupils.

The school recognises that all employees have rights in supporting pupils in relation to medical needs including:

- Staff who agree to administer medicines to pupils in school do so on an entirely voluntary basis: there is no obligation on staff to volunteer to administer medicines.
- Staff who administer medicines have the right to receive appropriate training.

Ensuring an inclusive environment

Physical environment

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

Social interactions

We ensure that the needs of pupils with medical conditions are adequately considered including their involvement in unstructured social activities e.g. during breaks. We aim to ensure pupils have full access to extended school activities such as school discos, clubs, school productions, after school clubs and residential visits. All staff members at this school are aware of the potential social problems that pupils with medical conditions may experience. Staff members use this knowledge to try to prevent and deal with problems in accordance with the school's behaviour policy. Staff members use opportunities such as personal, social, health and economic education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

Exercise and physical activity

The 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.
- are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities.
- are aware of the potential triggers for pupils' medical conditions when exercising and how to minimize these triggers.
- ensure that all pupils have the appropriate medication with them during physical activity.

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, staff at this school understand that this may be due to their medical condition. Staff at this school are aware of the potential for pupils with medical conditions to have special educational needs and disability (SEND). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEND coordinator. The school's SEND 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.

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.
- where help can be obtained in an emergency.

General emergency procedures

The school is committed to reducing the likelihood of emergencies by identifying and reducing triggers both at school and in out of school visits.

School staff members have been given training in emergency procedures for certain medical conditions.

All staff members are aware of the school's general emergency procedures including how to contact emergency services and what information to give and who to contact within school.

If a pupil needs to be taken to hospital a member of staff will always accompany them (unless the parent arrives at school first) and stay with them until the parent arrives.

This school uses IHPs to support individual pupils who are sensitive to particular triggers or who need procedures in the event of an emergency. Full health and safety risk assessments are carried out on all out-of-school activities before they are approved considering the needs of pupils with medical conditions. The school reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to this school's policy and procedures are implemented after each review.

Procedures for managing medicines

The school has clear guidance on the administration of medication in school.

Non-Prescribed Medication

We understand that there will be times when children may need non-prescription medicines such as paracetamol. If this is the case and your child is well enough to come to school, we would request that you would come to school and administer this medication yourself. In the event of this not being possible, we can administer these only when a form has been completed (appendix A). Any medication needs to be provided in the original packaging.

Prescribed Medication

Prescribed medicine will **NOT** be administered by staff unless clear written instructions to do so have been provided from the child's parents or carers and a form completed from (appendix A).

If the medication needs to be given three times a day, then these three doses can be administered outside of school hours. Therefore, we will **NOT** administer a dose during school hours.

Medicines will NOT be accepted in school that require medical expertise. All medicines must be brought to the school office by an adult. Medicines must NEVER be brought to school in a child's possession.

A secondary check must be made prior to medication being taken / given.

All medicines must be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. They must be clearly labelled with:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date

Medication received will be noted on the medication to be administered form (appendix C). Stating the child's name, name of medicine, where the medicine is being stored and when it is to be administered. All medication will be kept in a safe secure place (not necessarily locked away). It is acknowledged that some drugs may require refrigeration.

Staff administering the medicine will record the following:

- Date administered
- Time administered
- Dose given
- Who administered the medicine.

Tablets given will be counted and recorded.

Medicines must be collected from the office at the end of each day, by a parent / carer. Parents may come to the school office to administer prescription medicines if they prefer. Some children may self-administer medicines if they are competent to do so and this has been directed by parents when filling in the medicine form. Pupils administering their own medicine will always be supervised by a member of staff.

If a child refuses to take the medication, then staff will not force them to do so. The refusal will be recorded and parents will be informed, if necessary immediately on refusal.

Medicines will not be administered outside of their expiry date. It is the parents' responsibility to ensure that all medicines are within the expiry dates.

Storage of medicines

The school has clear guidance on the storage of medicine in school.

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

Medicines requiring refrigeration will be stored in the fridge nearest to the staff room and will be clearly labelled.

All controlled drugs including prescription medications are kept secure, locked in a cupboard. Staff ensure that medication is only accessible to those for whom it is prescribed.

Emergency medication is readily available to pupils who require it at all times during the school day or out of school activities.

Auto Adrenaline Injectors (AAI) will be kept with the child in a clearly labelled and identifiable orange bag. While the child is in the classroom, the AAI will be hung on the hook by the fire exit door to ensure it can be collected quickly in the event of a fire. Asthma inhalers will be stored in the child's classroom within the child's reach. In KS2, the children keep them in their own drawers and in KS1 in a clearly labelled draw string bag.

No medicines other than emergency medication e.g. asthma inhalers, AAI may be kept in the classroom.

Children will have their asthma inhalers and/or AAIs with them for all outdoor activities and PE lessons as well as school trips and visits.

Parents are asked to collect any out of date medication. They will be responsible for the safe return of any expired medications to a pharmacy.

Sharp boxes will be used for the disposal of needles and arrangements for disposal will be arranged with environmental services.

All medicine is sent home with pupils at the end of the school year. It is the parents' responsibility to ensure that children start the new school year with correct medication.

Any medicines brought into school by staff for their personal use e.g. headache tablets and inhalers should be stored in an appropriate place out of the reach of children.

Medicines on school trips and residential visits

Children with medical needs are given the same opportunities to attend visits and trips as others. Staff will discuss any medical needs and any concerns about the child's safety with their parent or carer prior to the visit.

Any medical problems must be highlighted by parent / carers prior to their child's participation in an educational visit and they are asked to fill in a medical form at the beginning of each school year.

These forms are carried by a named person attending the school visit and include emergency contact details.

The school's educational visits leader is responsible to ensure that there is a designated school first aider attending every trip and that arrangements are in place to support children with medical needs prior to the trip.

Parents are required to fill in written instructions for the administration of medicines as per the procedures for the administration for prescription medication in school.

The First Aider will carry any medications required for the school trip in a first aid bag and administer any medicines required and ensure a record of the administration is completed.

Where medication needs to be kept refrigerated, parents / carers may be asked to supply a cool box / bag and ice packs for use on educational visits.

Wherever possible children should carry their own reliever inhalers or emergency treatment e.g. AAI, but it is important that the First Aider or named person is aware of this.

In the event that emergency medication or treatment is required whilst transporting a pupil, it may be deemed appropriate to stop and park the vehicle in the first instance, for safety reasons. A "999" call will then be made to summon emergency assistance.

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 visit.

This form requests up to date information about their current condition and their overall health. This includes up to date information about medication not normally taken during school hours.

All residential visits forms are taken by the relevant staff member on visits and for all out of school activities where medication is required. Copies of pupils' IHPs are also taken on visits.

A named person will be identified to supervise the storage and administration of all medication.

On residential visits medicines will be kept in a locked area provided by the setting except emergency medication e.g. inhalers and AAIs which will be kept with the child at all times. Administration of medicines will be recorded and procedures followed as per procedures for administering and recording medicines in school.

Procedures for children returning to school after illness

Parents / carers are asked to ensure their child knows how to wash his/her hands thoroughly for 20 seconds to reduce risk of cross-infection. School attendance could be improved for all if children and families wash and dry their hands correctly following the six steps guidance.

Children should not be in school if they:

- are unwell with the exception of mild coughs and colds.
- have had vomiting or diarrhoea they must not return to school until they have been clear of symptoms for 48 hours.
- have an undiagnosed rash or a rash caused by any contagious illness.
- have any other recognised symptoms of a contagious illness.

Parents are expected to adhere to the following guidelines in the event of their child contracting particular illnesses / conditions:

Chickenpox	Until blisters have all crusted over or skin healed, usually 5 days from onset of rash, but advise school immediately in case of vulnerable children and/or a pregnant staff member.
Conjunctivitis	Parents/carers expected to administer relevant creams. Stay off school only if unwell.
Nausea	Nausea without vomiting. Return to school 24 hours after last felt nauseous.
Diarrhoea and / or vomiting	Exclude for 48 hours after last bout. Please check your child understands why they need to wash and dry hands frequently.
German measles / rubella	Return to school 5 days after rash appears but advise school immediately in case of vulnerable children and/or a pregnant staff member.
Hand, foot and mouth disease	Until all blisters have crusted over. No exclusion from school if only have white spots. If there is an outbreak, the school will contact the Health Protection Unit.
Head lice	No exclusion, but please wet-comb thoroughly for first treatment, and then every three days for next 2 weeks to remove all lice.

Cold sores	Only exclude if unwell. Encourage hand-washing to reduce viral spread
Impetigo	Until treated for 48hours and sores have crusted over
Measles	For 4 days after rash appears
Mumps	For 5 days after swelling appears
Ringworm	Until treatment has commenced
Scabies	Your child can return to school once they have been given their first treatment although itchiness may continue for 3-4 weeks. All members of the household and those in close contact should receive treatment.
Scarlet fever	Child can return to school once the treatment has been started for 24hours.
Slapped cheek	No exclusion (infectious before rash) but advise school immediately in case of vulnerable children and/or a pregnant staff member
Threadworms	No exclusion. Encourage handwashing including nail scrubbing
Whooping cough	2 days of antibiotics have been given. If mild form and no antibiotics, exclude for 21 days.
Shingles	Exclude only if rash is weeping and cannot be covered but advise school immediately in case of vulnerable children and/or a pregnant staff member.
Viral infections	Exclude until child is well and temperature is normal (35.5-37 degrees).

Procedures for 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 before starting school.

Medical consent forms

Medical consent forms are filled in by the parents for the administering of prescription medicines in school.

Records of administration of medicines (see procedures for medication). These are kept by the school after the administration.

Individual Healthcare plans (IHP)

The school uses an IHP to record important information about and details about a child's medical needs at school including their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the healthcare plan if required. (See section for IHP)

Records of needs

The school keeps a record of all children with medical needs which is kept centrally and in each classroom. The school keeps a record of all children with IHPs.

Records of training

The school keeps a record of all staff who have had relevant training in medical conditions. A log of staff training is reviewed annually to ensure all new staff receive training and ensure that all training is up to date.

Procedure - Long Term / More Complex Medication Needs

General

- In the first instance the Head Teacher should be informed of an individual child's diagnosis and prescription medication.
- An IHP must be drawn up for the pupil (see Appendix B)
- The parents, healthcare professional and pupil with the medical condition are asked to fill out the pupil's healthcare plan together.
- An appropriate member of school staff will be identified and will meet and discuss the issues with the parents/carers of the pupil. The member of staff will be offered professional training and support in relation to the needs of the individual child, as required. This will be provided by a suitably competent person (who may or may not be a qualified trained nurse)

Injections

Children with conditions requiring injections are usually taught to give their own injections, or the injections are required outside of the school day. Where this is not the case an IHP will need to be developed before the child joins the school, and training provided to staff who agree to administer the injections. The care plan must include agreed back up procedures in the event of the absence of trained staff. Special arrangements may also need to be considered in the event of school trips.

Emergency Treatment

Where emergency medication is prescribed this must remain with the pupil at all times (e.g. AAI, asthma inhalers)

- No emergency medication should be kept in school except that specified for use in an emergency for an individual child. The school emergency inhaler can only be

used by the child if their parents have signed permission and, in the event, that they don't have their own emergency medication/inhaler.

- An Individual Health Care Plan (IHCP) must be in place in all cases where a child has been prescribed emergency medication/treatment. See Appendices for guidance and template documentation.
- Emergency medications must be clearly labelled with the child's name, action to be taken, delivery route, dosage and frequency.
- In the event of the absence of all trained staff, parents / carers will be notified immediately and agreement reached on the most appropriate course of action. Exception of anaphylaxis if an AAI is required it will be administered following the instructions of the 999 call handler.
- If it is necessary to give emergency treatment, a clear written account of the incident will be recorded and retained by the school and a copy will be given to the parents / carers of the child. In the case of anaphylaxis if an AAI has been used all paperwork and the AAI will go with the child in the ambulance to hospital.
- In all circumstances, if the school feels concerned they will call an ambulance.

In accordance with the paragraph above:

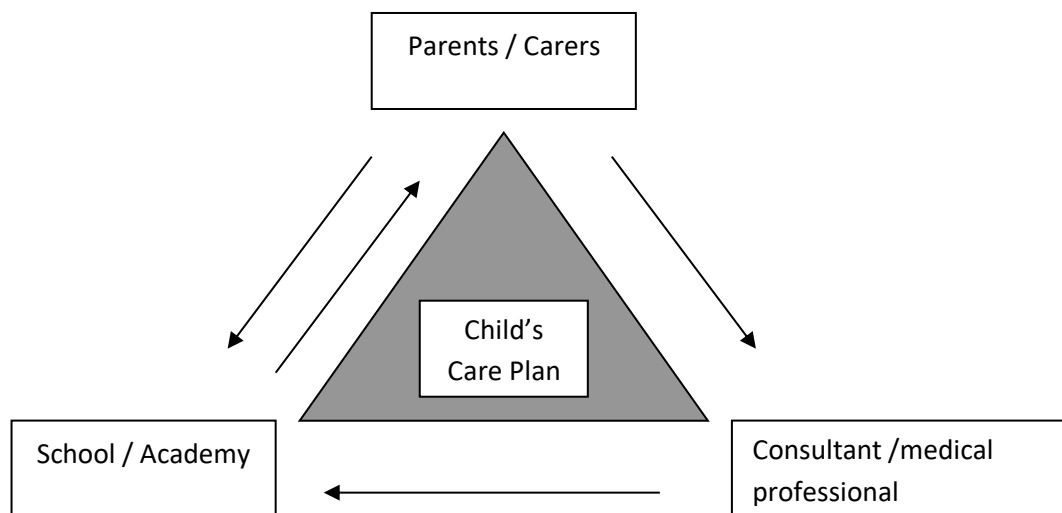
When specifically prescribed, a supply of antihistamines or pre-prepared adrenalin injection (AAI) will be used. Immediate treatment will be given before calling an ambulance. See also Appendix B.

Individual Health Care Plan (IHCP)

An IHCP provides specific information on individual pupil requirements. An individual healthcare plan should include:

- Details of the child's condition and any special requirements
- The side effects of the medicine(s) the child takes
- What would constitute an emergency
- Actions to be taken in an emergency and what not to do
- Emergency contact details.

A written recorded plan will ensure that their needs are met whilst in school and any treatment needed to be administered by members of staff will be fully understood. The plan is to be agreed by the Head Teacher and parents and ***must be formally recorded and reviewed at regular intervals***. A template/proforma can be found in Appendix B.



The procedure for drawing up an Individual Health Care Plan is as follows:

- Child diagnosed or child to attend new school.
- Parent or healthcare professional informs the school.
- Headteacher or senior member of staff arranges a meeting to agree an individual healthcare plan.
- The meeting takes place and includes the child, parents/carers, specialist nurse or school nurse, GP or paediatrician or a letter from the GP/paediatrician, any other relevant healthcare professionals, school staff involved in their care.
- The individual healthcare plan is developed and written (usually by the healthcare professional)
- School staff training needs are identified.
- Training is put in place delivered by the school nurse or specialist staff.
- The individual healthcare plan is implemented and shared with all staff.
- Parents are provided with a copy.
- All members of staff who work with the pupil have access to the healthcare plan
- The individual healthcare plan is reviewed annually.

The school will keep a centralised register of pupils with individual healthcare plans.

Parents are reminded to regularly update healthcare plans if the child has a medical emergency or there are any changes to their symptoms. Staff at the school may use teacher and parent meetings or home school diaries to keep information up to date.

Some children with medical conditions may have physical disabilities. Where this is the case the governing body will comply with its duties under the Equality Act 2010. Some children with medical conditions may have special educational needs and disabilities (SEND) and may have a statement or Education Health Care Plan which will bring together health and social care needs, as well as their special education provision.

Advice on Medical Conditions

The Community Paediatrician or Nurse may be asked to give advice regarding medical conditions to the school.

Parents / carers of children suffering for medical conditions, who require general information, are advised to seek advice from the GP, school health professionals (contact details available on request). These bodies can also supply leaflets regarding the conditions listed.

Asthma at school – a guide for teachers	www.asthma.org.uk Asthma Helpline: 0300 222 5800
Guidance for teachers concerning Children who suffer from fits	www.epilepsy.org.uk Helpline: Freephone 0808 800 5050
Guidelines for Infections (e.g. HIV, AIDS and MRSA)	Public Health England East Midlands Dr Fu-Meng Khaw, Centre Director PHE East Midlands Seaton House, City Link, Nottingham NG2 4LA Tel: 0344 225 4524
Haemophilia	info@haemophilia.org.uk Helpline: 020 7939 0780
Allergies Anaphylaxis Campaign	www.anaphylaxis.org.uk Helpline: 01252 542029
Thalassaemia	www.ukts.org office@ukts.org Tel: 0208 882 0011
Sickle Cell Disease	info@sicklecellsociety.org Tel: See website for daily contact number www.sicklecellsociety.org
Cystic Fibrosis and School (A guide for teachers and parents)	www.cysticfibrosis.org.uk Tel: 020 3795 1555
Children with diabetes - Guidance for teachers and school staff	www.diabetes.org.uk Diabetes UK, Suite 2C, St David's Court, Union Street, Wolverhampton, WV1 3JE Contact Number: 01902 916444
Leicester Royal Infirmary 9 am - 5 pm	Diabetes Office: 0116 2585964

County Community Nursing Teams – information on school nurses	<u>Oadby & Wigston Public Health (School) Nurse Team</u> School nursing base: South Wigston Health Centre School nursing base telephone number: 0300 3003001
Health, Safety & Wellbeing Service, Leicestershire County Council	0116 305 5515 healthandsafety@leics.gov.uk

Appendix A



Little Hill Primary School

Headteacher: Mrs V Pankhanla

Launceston Road, Wigston, Leicestershire, LE18 2GZ

Telephone: 0116 281 1963

E-mail: office@littlehill.leics.sch.uk

Twitter: @LITTLEHILLSCH

www.littlehill.leics.sch.uk

Part of the OWLS Academy Trust

To: Head Teacher of Little Hill Primary School
All non-prescription (over the counter) medicines must be in the original container.
A separate form is required for each medicine.

Child's name	
Class	
Name of medicine	
Strength of medicine	
Quantity of medicine received by the school e.g. number of tablets, sealed or open bottle	
Expiry date of medicine	
Dose - how much to be given e.g. 1 tablet or 1 x 5ml spoonful	
Approximately what time should the medicine be given	
Reason for the medication	
Duration of medicine Please specify how long your child needs to take the medication for	
Are there any possible side effects that the school needs to know about? If yes, please list them	
Name of parent/carer completing the form	
Mobile number of parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone no.	

Signed: Parent/carer Date:

Signed by the member of staff receiving the medication _____

Record of Medicine Administration

Name of Child:

Class:

Date	Time	Name of medicine and dose given	Administered by Name and signed	Witnessed by Name and signed

I **allow / do not allow** for my child to carry out self-administration (delete as appropriate)

I **allow / do not allow** for my child to carry the medication upon themselves (delete as appropriate)

I will ensure that all medication supplied to the school is in a secure, labelled container as originally dispensed and is not a **non-prescribed medicine containing aspirin**.

I will notify the school of any changes in routine, use or dosage.

I agree to maintain an in date supply of the prescribed medication.

I understand that the school cannot monitor the use of self-administered medication (Inhalers) carried by the child and that the school is not responsible for any loss of or damage to any medication.

I understand that if I do not allow my child to carry the medication it will be stored by the school and administered by staff, with the exception of emergency medication which will be near my child at all times.

I understand that staff will be acting voluntarily and in the best interests of my child whilst administering medicines to children.

I undertake to collect all medicines from the school when they are no longer required, expired and at the end of each term.

Signed:

Date:

Name of parent / carer (please print)

Appendix B



INDIVIDUAL HEALTH CARE PLAN (COMPLETE IN SCHOOL)

Child Details

School:	Little Hill Primary School	
Child's Name:	.....	Date of Birth:
Home Address:	..... ..... .....
Medical Diagnosis / Condition:	..... .....
Date:	.....	Review Date:

Family Contact Information

	<u>Contact 1</u>	<u>Contact 2</u>
Name
Relationship to child
Phone (work)
(home)
(mobile)

Clinic / Hospital Contact

Name	.....
Phone	.....

GP

Name	.....
Phone	.....



Person Responsible for Providing Support in School

Name

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues, etc.

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

Daily care requirements

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

Arrangements for school visits/trips, etc.

Other information

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

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

Plan developed with

Staff training needed / undertaken – who, what, when

Form copied to

Appendix C

Medicines to be administered

Child's Name	Medicine	Where it is	When needed	Who is administering