



## Medical Conditions Policy

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<b>Author Initials</b>	RP/MS
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*(This policy supersedes all previous Medical Conditions policies)*

## Amendments

<b>Policy Date</b>	<b>New Version Number</b>	<b>Summary of change</b>	<b>Comments</b>
July 2019	v.1.1	Reviewed at Board	

# MEDICAL CONDITIONS

## 1. **Principles:**

- Education South West (ESW) is an inclusive community that aims to support and welcome all pupils at all of its Academies offering the same opportunities to pupils with medical conditions as those who do not.
- Each School ensures that all staff are aware of the policy for supporting pupils with medical conditions.
- ESW has obligations under the Equality Act 2010 to support pupils with medical needs during any period of absence or hospitalisation, and should liaise with all agencies involved with the child's care.

## 2. **Staff Awareness and Training**

- 2.1 All staff in regular contact with pupils are aware of the most common serious medical conditions at each School.
- 2.2 All staff understand their duty of care to pupils in the event of an emergency. In an emergency situation School staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
- 2.3 Staff who work with pupils with medical conditions receive training and know what to do in an emergency for the pupils in their care.
- 2.4 Staff are aware of the need to wash thoroughly any injuries made by a needle used to inject medicines to a pupil or any contact with bodily fluids. If appropriate the member of staff, or pupil, will seek immediate medical advice.

## 3. **Administration of Medication at each School**

- 3.1 Where appropriate all pupils are encouraged to carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition. All pupils carry their emergency medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.
- 3.2 Pupils who do not carry and administer their own emergency medication know where their medication is stored and how to access it.
- 3.3 All use of medication defined as a controlled drug is administered under the supervision of a named member of staff and is taken as prescribed.
- 3.4 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 contacted to do so. In this case training is given.
- 3.5 For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written consent of the pupil's parents.

- 3.6 Parents understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the School immediately.
- 3.7 If a pupil refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.
- 3.8 If a pupil needs supervision or access to medication during home to school transport organised by the local authority, properly trained escorts are provided by the local authority.
- 3.9 All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.
- 3.10 If a trained member of staff, who is usually responsible for administering medication, is not available, the School makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.
- 3.11 If a pupil misuses medication, either his/her own or another pupil's, their parents are informed as soon as possible. These pupils are subject to the School's usual disciplinary procedures.
- 3.12 In the event that medication has been administered incorrectly, the priority is to ensure the safety of the pupil. Contact should be made with the pupil's parents/GP for advice.
- 3.13 Staff have a duty to report any errors to his/her line manager.
- 3.14 The insurance of the School will cover liability relating to the administration of medication.
- 3.15 Parents/Carers requesting the administration of medication will be given a copy of this policy.

#### **4. Storage of Medication at the School**

- 4.1 All non-emergency medication is kept in a secure place, in a lockable cupboard and stored in accordance with the information sheet provided with the medication. Pupils with medical conditions know where their medication is stored and how to access it. This area should not be accessible to the pupils. Storage of controlled drugs such as Ritalin, the storage container should be secured to a wall.
- 4.2 Staff ensure that medication is only accessible to those for whom it is prescribed.
- 4.3 There is an identified member of staff who ensures the correct storage of medication at School and 3 times a year checks the expiry dates for all medication stored at the School.
- 4.4 The identified member of staff, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought in to School is clearly labelled with the pupil's name, the name and dose of the medication the frequency of dose and all medication must be handed to the responsible adult by the parent/carer.

- 4.5 All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.
- 4.6 All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays.
- 4.7 It is the parents' responsibility to ensure new and in date medication comes into school on the first day of the new academic year.
- 4.8 Parents are asked to collect out-of-date medication.
- 4.9 Medication not collected will be taken to the school nurse for disposal.
- 4.10 Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis. The school nurse will collect and dispose of sharps boxes.
- 4.11 A member of staff may need to bring medication into school for their own use. They have a responsibility to ensure that this medication is kept securely so that no pupil can have access to them at any time.

## **5. Record Keeping**

- 5.1 Parents are asked if their child has any health conditions or health issues on the admission form, which is filled out when joining the School.
- 5.2 Some pupils may need an individual health care plan (IHCP). The IHCP should cover all the steps the School might need to take to help the pupil manage their condition and overcome any barriers. The IHCP should be developed by the School, the pupil, parents and healthcare professionals. The level of details will depend upon the complexity of the medical condition and the degree of support needed. The IHCP should include details of the medical conditions, its triggers, signs, symptoms and treatments; the level of support needed including emergencies and who will provide this support or training. If a pupil is self-medicating this must be clearly stated. IHCPs are used to create a centralised register of pupils with medical needs and to inform the appropriate staff of pupils in their care who may need emergency help. An identified member of staff has responsibility for the register. The plans must be kept in a secure location and can be accessed by staff who work with that pupil. Usual confidentiality expectations apply to these plans.
- 5.3 Procedures are in place so that a copy of the pupils Healthcare Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.
- 5.4 A Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long-term medical condition for them to complete. This is sent:
  - At admission
  - When a diagnosis is first communicated to the School.
  - The IHCP is reviewed annually.

- 5.5 If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The School tries to ensure that the staff member will be one the pupil knows.
- 5.6 If a pupil has a short-term medical condition that requires medication during school hours, a medication form plus explanation is to be completed by the pupil's parents to complete.
- 5.7 Parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to ensure staff can help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours. The form must also ensure consent is given by the parent for staff to administer medication if required.
- 5.8 All medical emergencies and incidents are reviewed to see how they could have been avoided.
- 5.9 All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's Healthcare Plan.
- 5.10 The School keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible. Adverse side effects of medication should be noted.
- 5.11 The School holds training on common medical conditions once a year. A log of the medical condition training is kept by the School and reviewed every 12 months to ensure all new staff receive training.
- 5.12 Written information about how to avoid common triggers for medical conditions has been provided to all School staff.

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

- 6.1 The School is committed to providing a physical environment that is accessible to pupils with medical conditions. This includes out of school visits and P.E. The school recognises that this sometimes means changing activities or locations.
- 6.2 Teachers 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. The 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.
- 6.3 Risk Assessments are carried out by the School prior to any out-of-school visit and medical conditions are considered during this process. Factors this School considers include: how all pupils will be able to access the activities proposed, how routine

and emergency medication will be stored and administered, and where help can be obtained in an emergency.

- 6.4 Where any staff use syringes and needles on site, it is their responsibility to ensure safe disposal of these items into a sharps box. Where pupils are self-administering insulin or other medication with a syringe, they should be assisted by staff in the proper disposal of sharps.

## **7. Asthma**

- 7.1 Asthma can be a life threatening condition and an attack can start very rapidly. It is essential that pupils with asthma have immediate access to their reliever inhalers whenever they need them. If the parents wish the pupils to carry their inhaler, it should be specifically mentioned in their written request. If the pupil is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place and clearly marked with the pupil's name.

- 7.2 From 1<sup>st</sup> October 2014 schools can hold an emergency inhaler and spacer.

- 7.3 Support and Training for Staff

All staff should know the following:

- Symptoms of an asthma attack
- Aware of how to access the inhaler
- Aware of who are designated staff and how to access their help

Designated staff should know how to:

- Recognise signs of asthma attack
- Respond to request for help
- Recognise when emergency action is necessary
- Administer inhalers through a spacer
- Make appropriate record of attacks

- 7.4 Arrangements for storage, care and disposal of asthma medication

Two named volunteers are responsible for ensuring:

- A monthly check that the inhaler/spacers are present and in working order and that there are sufficient number of doses available.
- Replacement inhalers are obtained when expiry dates approach or if the inhaler is used without the spacer when it should be disposed of.
- Replacement spacers are available following use.
- The plastic inhaler housing has been cleaned in warm running water and is returned to the canister when dry.

- 7.5 Inhaler Storage

The following points should be considered when deciding on storage locations:

- Safe and central location which all staff have access to but which is out of the reach and sight of pupils.
- The inhaler and spacer should not be locked away.
- Out of direct sunlight and extremes of temperature.

- 7.6 The emergency inhaler must only be used by pupils who have been diagnosed with asthma and have been prescribed a reliever inhaler AND for whom written parental consent for the use of emergency inhaler has been given.
- 7.7 An asthma register will be kept in a large school to check permission has been given for use of an emergency inhaler.

## **8. Education for children with medical needs who are unable to attend school on a full-time basis**

- 8.1 The School must liaise with all agencies involved in the child's care to ensure appropriate school work is provided.
- 8.2 A return to school planning meeting is held.
- 8.3 The School ensures absent pupils are kept informed of activities and opportunities at school, are entered for exams as appropriate, have a transition plan and a referral to the EWO.
- 8.4 Liaison with the EWO/health professionals, if attendance falls below 50%. a referral for support is made to Schools School (South West).

## **9. Each member of the School and health community knows their roles and responsibilities in maintaining an effective medical conditions policy.**

- 9.1 The School has a named teacher responsible for the medical needs of pupils.
- 9.2 This School works in partnership with all interested and relevant parties including the School's local governing body, all school staff, parents, employers, community healthcare professionals and pupils to ensure the policy is planned, implemented and maintained successfully.
- 9.3 The employer has a responsibility to:
- Ensure the health and safety of their employees and anyone else on the premises or taking part in School activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips.
  - Ensure health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions.
  - Make sure the medical conditions policy is effectively monitored and evaluated and regularly updated.
  - Report to parents, School staff and the local authority about the successes and areas for improvement of this School's medical conditions policy.
  - Provide indemnity for staff who volunteer to administer medication to pupils with medical conditions.

**10.** This policy is written in consultation with the school nurse and in accordance with the Children and Families Act 2014, The Equality Act 2010 and the SEND Code of Practice, the DFE Statutory Guidance supporting pupils at school with Medical Conditions October 2014. Health and Safety Guidance for Academies and Independent School., September 2016.

**11. Review of Policy**

This policy is renewed every two years by the ESW Board or as required by legislation.

**PARENTAL AGREEMENT TO ADMINISTER  
PRESCRIPTION OR NON-PRESCRIPTION MEDICINE**

**Name of School**

**Notes to Parent / Carers**

Note 1: This school will only give your child medicine after you have completed and signed this form.

Note 2: All medicines must either be in the original container as dispensed by the pharmacy, with your child's name, its contents, the dosage and the prescribing doctor's name (in the case of prescription medication) or in the original packaging (eg: sealed blister pack) for non- prescribed medicine.

Note 3: This information is requested, in confidence, to ensure that the school is fully aware of the medical needs of your pupil.

**Medication details**

Date	
Pupil's name	
Date of birth	
Tutor/Class/Group	
Reason for medication	

Name / type of medicine (as described on the container)	
Expiry date of medication	
How much to give (i.e. dose to be given)	
Time(s) for medication to be given	
Special precautions /other instructions (e.g. to be taken with/before/after food)	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	

I understand that I must deliver the medicine personally to ...[name of s	
Number of tablets/quantity to be given	
Time limit – please specify how long your pupil needs to be taking the	_____day/s_____week/s

I give permission for my son/daughter to be administered the emergency inhaler held by the school in the event of an emergency	Yes / No/ Not applicable
I give permission for my son/daughter to carry their own asthma inhalers	Yes / No / Not applicable
I give permission for my son/daughter to carry their own asthma inhaler and manage its use	Yes / No / Not applicable
I give permission for my teenage son/daughter to carry their adrenaline auto injector for anaphylaxis (epi pen)	Yes / No / Not applicable
I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the School and medical	Yes / No / Not applicable

**Details of Person Completing the Form:**

Name of parent/guardian	
Relationship to pupil	
Daytime telephone number	
Alternative contact details in the event of an emergency	
Name and phone number of GP	
Agreed review date to be initiated by [named member of staff]	

*I confirm that the medicine detailed overleaf has been prescribed by a doctor and that I give my permission for the Principal (or his/her nominee) to administer the medicine to my son/daughter.*

*I confirm that the medicine detailed is in the original packaging (in the case of non-prescription medication).*

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies.

The above information is, to the best of my knowledge, accurate at the time of writing.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian/person with parental responsibility)



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**Example Individual Health Care Plan**

Name of school/establishment	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review Date	
<b>Family Contact Information</b>	
<i>Name/relationship to child</i>	
Phone number (work)	
Phone number (home)	
Mobile	
<i>Name/relationship to child</i>	
Phone number (work)	
Phone number (home)	
Mobile	
<b>Clinic/hospital contact details</b>	
Name	
Phone number	
<b>GP Details</b>	

Name	
Phone number	

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 education, 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 ( <i>state if different for off-site activities</i> )
Plan developed with
Staff training needed/undertaken – who, what when?
Form copied to

## **APPENDIX FOUR**

To be completed by each School in Education South West.

Name of School:

The staff of XNAME OF SCHOOLX will ensure that pupils with medical needs receive proper care and support as stated in the medical conditions policy.

### **Responsibilities:**

The responsibility for ensuring the medical conditions policy is followed is held by:

Role:

The responsibility for storage, care and disposal of pupil medication is held by:

Position:

### **Assisted by:**

Position:

Position:

The Principal will accept responsibility in principle for member of school staff giving or supervising a pupil taking prescribed medication during the day where those members of staff have volunteered to do so.