



# **WIMBLEDON PARK PRIMARY SCHOOL**

## **Managing Medicines and Medical Conditions Policy**

Approved: Chair of Governors

Headteacher

Date:

Date

Next revision: March 2020

## **This school is an inclusive community that aims to support and welcome pupils with medical conditions**

- a. This school 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.
- b. This school aims to provide all children with all medical conditions the same opportunities as others at school.
- c. Pupils with medical conditions are encouraged to take control of their condition. Pupils feel confident in the support they receive from the school to help them do this.
- d. This school aims to include all pupils with medical conditions in all school activities. Medical intervention in school time should be minimised to ensure full access to the curriculum.
- e. Parents/carers of pupils with medical conditions feel secure in the care their children receive at this school.
- f. The school ensures all staff understand their duty of care to children and young people in the event of an emergency.
- g. All staff feel confident in knowing what to do in an emergency.
- h. This school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
- i. All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact this can have on pupils.
- j. The medical conditions policy is understood and supported by the whole school and local health community.

## **Communications Plan**

- a. Pupils are informed and regularly reminded about the medical conditions policy:
  - through the pupil leadership team
  - in personal, social and health education (PSHE) classes
- b. Parents are informed and regularly reminded about the medical conditions policy:
  - when their child is enrolled as a new pupil
  - via the school's website, where it is available all year round
  - through school-wide communication
- c. School staff are informed and regularly reminded about the medical conditions policy:
  - through the annual reminders document in September
  - at scheduled medical conditions training
  - through the key principles of the policy being displayed prominently around the school
  - through school-wide communication
- d. The school nurse was involved in drawing up the policy and in reviewing Healthcare Plans, and in liaising with other local healthcare professionals
- e. External club providers are informed and regularly reminded about the medical conditions policy:
  - Annually through the Clubs Protocol, or whenever a new external club starts
  - Through the key principles and information from this policy being displayed prominently around the school
- f. Governors agree the policy and review it biennially

## Pupil Information, Record Keeping and Healthcare Plans

- a. Parents have the prime responsibility for their child's health and should provide the school with information about their child's medical condition. Parents are asked if their child has any health conditions or health issues on the enrolment form, which is filled out when they start at in Nursery and Reception
- b. Health information/dietary needs are also shared between parents and the school on home visits before pupils start Nursery or Reception, or when parents visit the school for admissions other than at Nursery/Reception.
- c. This school uses a Healthcare Plan (Appendix A) to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Healthcare Plan if required.
- d. If a pupil has a longer term medical condition the school, the healthcare professional, parent and pupil with a medical condition (if appropriate), are asked to fill out the pupil's Healthcare Plan together.
- e. Healthcare Plans are used to create a centralised register of pupils with medical needs. An identified member of staff has responsibility for the register at this school.
- f. The responsible member of staff follows up with the parents any further details on a pupil's Healthcare Plan required or if permission for administration of medication is unclear or incomplete.
- g. Parents at this school are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.
- h. Staff at Wimbledon Park use opportunities such as teacher-parent interviews and home-school diaries to check that information held by the school on a pupil's condition is accurate and up to date.
- i. Every pupil with a Healthcare Plan at this school has their plan reviewed at least once a year.
- j. Healthcare Plans are kept in the medical room.
- k. Apart from the central copy, teachers securely hold copies of pupils' Healthcare Plans in the class pupil information files.
- l. All members of staff who work with groups of pupils have access to the Healthcare Plans of pupils in their care.
- m. When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of pupils in their care.
- n. This school ensures that all staff protect pupil confidentiality.
- o. This school seeks verbal permission from parents to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day.
- p. This school seeks permission from the pupil and parents before sharing any medical information with any other party, such as when a pupil takes part in a work experience placement.
- q. The plan is designed to help the school to effectively supports pupils with medical conditions in accessing the curriculum and wider school life.
- r. Healthcare plans should be developed in the context of assessing and managing risks to the Childs' education, health and social well-being and to minimise time out of school/ learning. Where the child has a special education need this health care plan should be attached to the EHC Plan.

- s. Where a child is absent for over 15 days due to illness the school will consider reviewing or setting up a health care plan with school nursing/ GP. The aim of this review is to promote the child's attendance and engagement in school and maximise their access to the curriculum.
- t. Where this health care plan review decides that the pupil cannot attend school on medical grounds a referral will be made to the Local Authority Medical Provision for consideration.
- u. If a pupil requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Healthcare Plan giving the pupil or staff permission to administer medication on a regular/daily basis, if required.
- v. This school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible.
- w. A photographic register of pupils in school with severe medical conditions or allergies is maintained and regularly updated. A copy of this register is available in every classroom and other locations around the school to support all staff in identifying pupils who may be at risk.
- x. Supply teachers are also given a copy of the photographic register (and shown the photographic register in the classroom), and informed about any particular medical conditions in the class(es) they are covering.

## **Staff Training**

- a. Staff at this school are aware of the most common serious medical conditions at this school (which currently are anaphylaxis and asthma).
- b. Staff at this school understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
- c. Training is regularly refreshed for all staff on general emergency procedures
- d. New staff and supply staff are inducted into school processes.
- e. All staff who work with pupils receive training and know what to do in an emergency for the pupils in their care with serious medical conditions.
- f. A Healthcare Plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies.
- g. Staff should not give medicines without appropriate training from health professionals. When staff agree to assist a child with medical needs, we arrange appropriate training in collaboration with local health services/school nurse (who also advise on further training/refresher training needs).

## **General emergency procedures**

- a. In the case of an emergency, the school will call an ambulance, inform a member of the senior leadership team and contact the parents (if necessary following the procedures in the school's critical incident management plan)
- b. 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.
- c. If a pupil has a Healthcare Plan, this should be sent to the hospital/emergency care setting with the pupil.
  - d. On occasions when this is not possible, the form is sent (or the information on it is communicated) as soon as possible.
  - e. Staff should not take pupils to hospital in their own car, unless this is specifically authorised by the headteacher (or deputy headteacher in his absence).
  - f. When conditions require immediate emergency treatment, trained staff may volunteer to administer medication or emergency procedures such as resuscitation. In all cases, administration of medication and/or treatment to a pupil will be at the discretion of the Headteacher and Governors of the school. However, ultimate responsibility remains with the parents/carers.
  - g. Individual Healthcare Plans should include instructions as to how to manage the child in an emergency, and identify who has the responsibility in an emergency.

## **Administration of medication at school**

- a. All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under the supervision of a named member of staff at this school.
- b. Medication should only be administered in school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.
- c. We will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
- d. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
- e. If a child is ill, we ask parents that they keep them at home as illness can spread very quickly in a school environment. As a precaution, we also ask parents for children not to return to the school for a period of time after a bout of illness. We ask parents to notify the school of any contagious illnesses as soon as a diagnosis has been confirmed.
- f. If a pupil has a short-term medical condition that requires prescription medication during school hours, parents are asked to complete an Ad-Hoc Medication form (Appendix B) Only the prescribed/ recommended dose will be administered; this cannot be changed unless written instructions are given from a medical professional. The Ad-Hoc Medication form should be signed by the parent or guardian and retained in the school office for reference by staff involved. If the instructions have not been given in writing, it will not be possible for the school to accept responsibility for administering the medication.
- g. 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.
- h. Training is given to all staff members who agree to administer medication to pupils, where specific training is needed.
- i. Members of staff are happy to take on the voluntary role of administering medication where this policy's guidelines have been met. 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 in an emergency situation. This may include taking action such as administering medication.

- j. Any member of staff giving medicines to a child should check: the child's name, prescribed dose, expiry date, and written instructions provided by the prescriber on the label or container. If there is any doubt about any procedure staff should not administer the medicine but check with the parents or a health professional before taking further action.
- k. Staff should never give a non-prescribed medicine to a child unless as part of a Healthcare Plan. Parents can make arrangements for themselves or an appointed adult to come into school to administer non-prescribed medicines. If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP. A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.
- l. In some circumstances medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult.
- m. If a pupil with a long term medical condition requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Healthcare Plan giving the pupil or staff permission to administer medication on a regular/daily basis, if required.
- n. All parents of pupils with a medical condition who may require medication in an emergency are asked to provide consent on the Healthcare Plan for staff to administer medication.
- o. Pupils are encouraged to administer their own medication, when their parents and health specialists determine they are able to start taking responsibility for their condition.
- p. 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. Training is given to all staff members who agree to administer medication to pupils, where specific training is needed.
- q. All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under the supervision of a named member of staff.
- r. Parents at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.
- s. On every occasion that a pupil takes medication in school (whether given or supervised taking and whether in class or the medical room), a written record must be made of the pupil name, the date and time, the dose/medication taken and the supervising member of staff.
- t. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible.
- u. Written records are kept in the central medicines log (Appendix C) in the medical room or in an individual Medication Log kept by the class teacher.
- v. 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.
- w. If a trained member of staff, who is usually responsible for administering medication, is not available on the off site visit, we will make alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.
- x. If a pupil misuses medication, either their own or another pupil's, their parents are informed as soon as possible. These pupils are subject to the school's usual

disciplinary procedures.

## **Storage of Medication**

- a. It is the parent's responsibility to ensure that the school has sufficient in-date medication.
- b. There is an identified member of staff who ensures the correct storage of medication at school (currently Annika Flasck and Candice Stevenson).
- c. All controlled drugs are stored securely even if pupils normally administer the medication themselves.
- d. Annually in September, an audit of medication is carried out by the identified member of staff. The audit checks the medication logs, that medication is in date, correctly stored in the location(s) agreed in the Healthcare Plan and that classroom Medication Logs are in place where necessary.
- e. The identified member of staff, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labeled with the pupil's name, the name and dose of the medication and the frequency of dose.
- f. All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- g. Medication is stored in accordance with instructions, paying particular note to temperature.
- h. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is securely stored in the medical fridge.
- i. All emergency medicines, such as asthma inhalers and adrenaline pens ("AAIs") are readily available to pupils who require it at all times during the school day or at off-site activities.
- j. Pupils with medical conditions know where their medication is stored and how to access it.
- k. For Reception and Nursery, emergency medicines are kept in the classroom. For years 1-6, emergency medication (including spare AAIs) is kept centrally in the medical room and a second AAI is kept in the child's classroom.
- l. Pupils, whose healthcare professionals and parents advise the school that their child is not yet able or old enough to self-manage and carry their own emergency medication, know exactly where to access their emergency medication.
- m. All non-emergency medication is stored securely. Pupils with medical conditions know where their medication is stored and how to access it.
- n. Staff ensure that medication is only accessible to those for whom it is prescribed.
- o. Where a child needs two or more prescribed medicines, these are stored within the child's named container.
- p. Non-healthcare staff should never transfer medicines from their original containers.

## **Safe disposal**

- a. Parents at this school are asked to collect out-of-date medication.
- b. If parents do not pick up out-of-date medication, it is taken to a local pharmacy for safe

disposal.

- c. A named member of staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired.
- d. Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

## **Residential visits and School Trips**

- a. All pupils should be encouraged to take part in school trips. Staff supervising school trips should always be aware of any medical needs, and relevant emergency procedures.
- b. It may be necessary to take copies of any relevant Healthcare Plans (which should be read in advance) in case of an emergency.
- c. Parents of children with allergies should be consulted about the arrangements for the trip, and always be given priority among parent helpers. Sometimes additional safety measures may need to be taken for a trip (e.g. it may be that an additional adult or the particular parent may need to accompany the school trip).
- d. Prescription medication held in school must be taken for relevant pupils on all school trips, i.e. AAls. This medication must be logged in and out of school. It is the responsibility of the trip leader to ensure that medication is logged in and out of school and that there are appropriate provisions for administering medicine consistent with the Managing Medicines policy.
- e. For residential trips, Parents complete a health information form (Appendix D) prior to any residential trip. 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.
- f. All health information 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.
- g. All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.
- h. A discussion is held with the parent about how the medical condition will be managed whilst on the trip.
- i. Risk assessments are carried out by this school prior to any out-of-school visit and medical conditions are considered during this process. Factors this school considers include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.
- j. This school understands that there may be additional medication, equipment or other factors to consider when planning residential visits. This school considers additional medication and facilities that are normally available at school.

## **Inclusion**

- a. This school is committed to providing a physical environment that is accessible to



- pupils with medical conditions, the includes school trips and journeys.
- b. This school ensures the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.
  - c. This 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 club, school productions, after school clubs and residential visits.
  - d. 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.
  - e. Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.
  - f. This school understands the importance of all pupils taking part in sports, games and activities.
  - g. 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.
  - h. This school ensures all classroom teachers, PE teachers and sports coaches understand that pupils should not be forced to take part in an activity if they feel unwell.
  - i. Teachers and sports coaches are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities.
  - j. This school ensures all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimize these triggers.
  - k. This school ensures all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.
  - l. This school ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.
  - m. 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.
  - n. If a pupil is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers at this school understand that this may be due to their medical condition.
  - o. Teachers at this 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. 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.

## **Managing Common Triggers**

- a. This school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.
- b. School staff have been given information and training on common medical conditions. This includes information on how to avoid and reduce exposure to common triggers.

- c. The school has a list of common triggers for the common medical conditions at this school.
- d. Written information about how to avoid common triggers for medical conditions has been provided to all school staff. (Appendix E)
- e. We have a specific and separate policy for managing the risk of severe allergies (the most frequent medical condition with common triggers)
- f. We use Healthcare Plans to identify individual pupils who are sensitive to particular triggers.
- g. Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, taking into account the needs of pupils with medical conditions.
- h. 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.

## **Roles and responsibilities**

- a. This school works in partnership with all interested and relevant parties including the school's governing body, all school staff, parents, employers, community healthcare professionals and pupils 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. These roles are understood and communicated regularly.

## **Governors**

"Governing Bodies - make arrangements to support pupils with medical conditions; ensure that such children can access and enjoy the same opportunities at school as any other child. Governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening, they should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The governing body should ensure that its arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need. Ensuring that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.

Supporting pupils at school with medical conditions December 2015.

## **Headteacher**

The headteacher has a responsibility to:

- ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- liaise between interested parties including pupils, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching

assistants, school nurses, parents, governors, the school health service, the local authority transport service, and local emergency care services

- ensure the policy is put into action, with good communication of the policy to all
- ensure every aspect of the policy is maintained
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils' Healthcare Plans
- ensure pupil confidentiality
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply teachers and new staff know the medical conditions policy
- delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register
- monitor and review the policy at least once a year, with input from pupils, parents, staff and external stakeholders
- update the policy at least once a year according to review recommendations and recent local and national guidance and legislation
- report back to all key stakeholders about implementation of the medical conditions policy.
- implement and review the policy

### **All school staff**

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
- understand the school's medical conditions policy
- know which pupils in their care have a medical condition and be familiar with the content of the pupil's Healthcare Plan
- allow all pupils to have immediate access to their emergency medication
- maintain effective communication with parents including informing them if their child has been unwell at school
- be aware of pupils with medical conditions who may be experiencing bullying or need extra social support
- understand the common medical conditions and the impact it can have on pupils (pupils should not be forced to take part in any activity if they feel unwell) and ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.
- must not be given prescription medication or undertake a medical procedure without appropriate training / updated to reflect the individual care plan.

### **Teaching staff**

Teachers have a responsibility to:

- ensure pupils who have been unwell catch up on missed school work
- be aware that medical conditions can affect a pupil's learning and provide extra

help when pupils need it

- liaise with parents, the pupil's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
- use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

### **School nurse or school healthcare professional**

School Nursing will not necessarily be aware of all pupil's medical conditions, but there is a clear expectation from the school that school nursing services are involved in the care plan process as appropriate including the following:

- Initiate and update health care plans regularly
- Inform the school of pupils in need for a health care plan
- help update the school's medical conditions policy including recommending training
- Help provide regular training for school staff in managing the most common medical conditions at school and advising training on less common conditions
- Collate relevant health information to support pupil, family and school to inform the health care plan.
- Provide information about where the school can access other specialist training.
- Ensure health care plans are designed to maximise attendance at school and engagement with learning, including effective reintegration to schools.

### **First aider**

First aiders have a responsibility to:

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

### **Inclusion Manager**

The inclusion manager has the responsibility to:

- help update the school's medical condition policy
- know which pupils have a medical condition and which have special educational needs because of their condition
- ensure pupils who have been unwell catch up on missed schoolwork
- ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or course work.

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

Individual doctors and specialist healthcare professionals caring for pupils who attend this school, have a responsibility to:

- complete the pupil's Healthcare Plans provided by parents
- where possible, and without compromising the best interests of the child, try to

- prescribe medication that can be taken outside of school hours
- offer every child or young person (and their parents) a written care/self-management plan to ensure children and young people know how to self manage their condition
- ensure the child or young person knows how to take their medication effectively
- ensure children and young people have regular reviews of their condition and their medication
- provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents)
- understand and provide input in to the school's medical conditions policy.

## **Pupils**

The pupils at this school have a responsibility to:

- treat other pupils with and without a medical condition equally
- tell their parents, teacher or nearest staff member when they are not feeling well
- let a member of staff know if another pupil is feeling unwell
- let any pupil take their medication when they need it, and ensure a member of staff is called
- treat all medication with respect
- know how to gain access to their medication in an emergency
- if mature and old enough, know how to take their own medication and to take it when they need it
- ensure a member of staff is called in an emergency situation.

## **Parents/Carer (any person or body with parental responsibility)**

The parents of children at this school have a responsibility to:

- tell the school if their child has a medical condition
- ensure the school has a complete and up-to-date Healthcare Plan for their child
- inform the school about the medication their child requires during school hours
- inform the school of any medication their child 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's medication, what they take, when, and how much
- inform the school of any changes to their child's condition
- ensure their child's medication and medical devices are labelled with their child's full name
- provide the school with appropriate spare medication labelled with their child's name
- ensure that their child's medication is within expiry dates
- keep their child at home if they are not well enough to attend school
- ensure their child catches up on any school work they have missed
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- Ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

## Unacceptable practice

The DfE guidance 2014 lists the following unacceptable practices:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

## Review and Update

- a. This school's medical condition policy is reviewed, evaluated and updated every 2 years in line with the school's policy review timeline.
- b. Any updated DfE and Department of Health guidance will feed into the review.
- c. In evaluating the policy, this school seeks feedback on the effectiveness and acceptability of the medical conditions policy with a wide-range of key stakeholders within the school and health settings. These key stakeholders include:
  - pupils
  - parents
  - school nurse and/or school healthcare professionals
  - headteacher
  - teachers
  - inclusion manager
  - first aider
  - other school staff
  - local health professionals
  - local authority
  - school governors.

at its meeting on March 2018

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Chair of Governors

Policy date	March 2018
Next review date	March 2021

## Appendix A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


### Clinic/Hospital Contact

Name

Phone no.


### G.P.

Name

Phone no.


Who is responsible for providing support in school

--

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

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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

## Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

--

Name of school/setting

--

Name of child

--

Date of birth

--

Group/class/form

--

Medical condition or illness

--

### Medicine

Name/type of medicine  
*(as described on the container)*

--

Expiry date

--

Dosage and method

--

Timing

--

Special precautions/other instructions

--

Are there any side effects that the school/setting needs to know about?

--

Self-administration - y/n

--

Procedures to take in an emergency

--

**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name

--

Daytime telephone no.

--

Relationship to child

--

Address

--

I understand that I must deliver the medicine personally to

[agreed member of staff]
--------------------------

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_



## Appendix D – Residential Health Information Form

### WIMBLEDON PARK PRIMARY SCHOOL PARENT CONSENT FORM FOR RESIDENTIAL SCHOOL JOURNEYS

1. CHILD AND SCHOOL JOURNEY DETAILS		
Your Child's full name (capital letters please)		Age at time of journey Years      Months
Journey to	From	To

2. MEDICAL, HEALTH AND DIET INFORMATION
Does your child follow any special diet for <b>medical reasons</b> YES/NO If answer is YES, please give details of any foods they <b>should not eat</b> while on school journey and also information on possible reaction and treatment if this food/drink is taken by accident
Does your child follow any special diet for other reasons e.g. vegetarian because of religion or family choice? YES/NO If answer is YES, please give details of any foods they <b>should not eat</b> while on school journey
Does your child have any conditions, requiring medical treatment, including medication? YES/NO If answer is YES, please give details  Please note any medication sent in will need to be sent in original container, with child's name, dosage and dose frequency
Is your child allergic to any medication? YES/NO If answer is YES, please give details
Has your child received a tetanus injection in the last five years? YES/NO  Date if known
To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or become infectious or contagious? YES/NO If answer is YES, please give details

Can pain relief medication (ie, paracetamol suspension for correct age range) be administered by school staff? YES/NO If NO, will you be supplying an alternative pain relief medication for school staff to administer? YES/NO If an alternative medicine is needed please send in, in original container, with child's name, dosage and dose frequency.
Can plasters be used on cuts? YES/NO If answer is NO, please advise an alternative. <i>Please provide any alternative dressings necessary.</i>
As children will be outdoors much of the day in June, please send in, if you think necessary,,: Sun block / cream etc to be applied by themselves YES/NO
Has your child been away from home, without you, before? YES/NO

3. CONTACT NUMBERS AND ADDRESSES		
Your child's family doctor	Name	Address  Tel. Nos.
Parent(s)	Name	Home Address
	Telephone numbers: Home  Mobile Work (If available)	
In emergency, neighbour's/relative's address and telephone number. <b>YOU MUST PROVIDE AN EMERGENCY CONTACT OTHER THAN A PARENT.</b>	Name	Address
	Telephone numbers: Home  Mobile Work (If available)	
Please write here any further information, which you feel, may be of assistance to the staff in charge of the party.		

4. DECLARATION
<ol style="list-style-type: none"> <li>1. I confirm that I wish my son/daughter/ward to be allowed to take part in the above-mentioned school journey and having read the information sheet, agree to his/her taking part in the activities described. I also support the code of conduct given in the Information Sheet.</li> <li>2. I understand the extent and limitations of the insurance cover.</li> <li>3. I agree to my child receiving medication as instructed here</li> <li>4. I consent to any emergency medical/ surgical treatment necessary during the course of the visit. This includes emergency anaesthetic, blood transfusion and dental work considered necessary by the medical authorities present and may include any immediate lifesaving procedures without consent.</li> <li>5. I undertake to inform the school (Headteacher/Party Leader) as soon as possible of any changes in the medical circumstances between now and the beginning of the journey.</li> </ol>
Date_____ Signed_____
Father / Mother / Legal Guardian

## **Appendix E – Information about Common Medical Conditions**

### **Asthma**

Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children have asthma in the UK. Children with asthma need to have immediate access to their inhalers when they need them, and inhalers should always be available during physical education, sports activities and educational visits.

The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. Not everyone will get all these symptoms, and some children may only get symptoms from time to time.

An ambulance should be called if:

- the symptoms do not improve sufficiently in 5-10 minutes
- the child is too breathless to speak
- the child is becoming exhausted
- the child looks blue

Children with asthma should participate in all aspects of the school day including physical activities. They need to take their inhaler with them on all off-site activities. Physical activity benefits children with asthma in the same way as other children. Swimming is particularly beneficial, although endurance work should be avoided. Some children may need to take their asthma medicines before any physical exertion. Warm-up activities are essential before any sudden activity especially in cold weather. Particular care may be necessary in cold or wet weather.

The school supervises all children using an inhaler and the inhaler is kept in the medical room. As before, all inhalers should be regularly renewed - it is the responsibility of the parent to ensure that the inhalers are renewed and that the medication has not exceeded its expiry date.

### **Epilepsy**

Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. At least one in 200 children have epilepsy and around 80 per cent of them attend mainstream school. Most children with diagnosed epilepsy never have a seizure during the school day.

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours.

Children with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming. Concerns about safety should be discussed with the child and parents as part of the health care plan. During a seizure it is important to make sure the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under the child's head will help to protect it. Nothing should be placed in their mouth. After a convulsive seizure has stopped, the child should be placed in the recovery position and stayed with, until they are fully recovered.

An ambulance should be called during a convulsive seizure if:

- it is the child's first seizure
- the child has injured themselves badly
- they have problems breathing after a seizure
- a seizure lasts longer than the period set out in the child's health care plan
- a seizure lasts for five minutes if you do not know how long they usually last for that child or there are repeated seizures, unless this is usual for the child as set out in the child's Healthcare Plan

## **Diabetes**

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes).

Diabetes for the majority of children is controlled by injections of insulin each day. Some younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours. If injections are required at school, the arrangements for this will be agreed on the Healthcare Plan.

Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting. Most older children will be able to do this themselves and will simply need a suitable place to do so. However younger children may need adult supervision to carry out the test and/or interpret test results.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose levels fall too low. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – a hypoglycaemic reaction (hypo) in a child with diabetes (however, each child may experience different symptoms and this should be discussed when drawing up their Healthcare Plan):

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking or trembling
- lack of concentration
- irritability
- headache
- mood changes, especially angry or aggressive behaviour

If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given

immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later. The specific course of action should be specified in the child's Healthcare Plan.

An ambulance should be called if:

- the child's recovery takes longer than 10-15 minutes
- the child becomes unconscious

Some children may experience hyperglycaemia (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, any such signs should be drawn to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

### **Anaphylaxis (nut and other allergies)**

Up to 8% of children in UK have food allergies however, the majority of allergic reaction to food are not anaphylaxis. Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

Children who are at risk of severe allergic reactions are not ill in the usual sense. They are normal children in every respect – except that if they come into contact with a certain food or substance, they may become very unwell. It is important that these children are not stigmatised or made to feel different.

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

Warning symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where these symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction. With early symptoms, immediate actions to be taken are to administer an anti-histamine (and sometimes an inhaler), and call the parents/carers. Children exhibiting any symptoms of allergic reactions should always be directly supervised to monitor the allergic reaction until collected by their parent/carer.

In rare cases even after taking anti-histamine, the allergic reaction may become more severe (anaphylaxis). The treatment for anaphylaxis is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices ("AAls" or Adrenaline Auto Injectors) containing one measured dose of adrenaline are available on prescription. Should a severe allergic reaction occur, the adrenaline injection should be administered by a trained member of staff into the muscle of the upper outer thigh (in accordance with the provisions for administering medicines in the Managing Medicines policy). However, severe reactions may require more than one dose of adrenaline, and children can initially improve but then deteriorate late. It is therefore essential to always call for an ambulance to provide further medical attention, whenever anaphylaxis occurs.



The school policy is for children to have two AAIs in school: one in the medical room and one in the classroom. In the case of the nursery, or in accordance with the parents' preference, both AAIs may be kept in the classroom. The aim is always to provide rapid access to an AAI in the case of an emergency at any time of the school day. The school will also keep a spare AAI in the medical office for use if a child's own AAI is not available.

We adhere to a Nut Free policy in school and take appropriate steps to minimise any risks to children with allergies in school. These include procedures and policies for the school kitchen, lunchtime supervision, birthday treats, cake sales and other instances of food brought into school.

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allows all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

Any AAIs held by the school should be considered a spare/ back-up device and not a replacement for a pupil's own AAIs. Schools are not required to hold AAIs.

Spare AAIs will be stored and disposed of in the same way as other AAIs and will be kept in a separate labelled box.

## Appendix F – Education of Pupils with Medical Needs

This appendix covers access to education for the following groups of pupils:

- Those who are absent from school for a significant period of time due to illness or injury
- Those with long term or recurring conditions such as asthma or epilepsy which may lead to frequent absence from school and necessitate individual arrangements for medical care in school
- Those with mental health issues such as depression which may lead to frequent absence from school

### Responsibilities

Schools have a vital part to play in ensuring that pupils who are absent from school because of their medical needs have the educational support they need to maintain their education. The school has a designated contact (Paul Lufkin, Headteacher) responsible for the education of pupils with medical needs whose role it is to facilitate communication with all parties and ensure that the school is meeting the needs of all pupils in the school with a medical condition.

The school is fully responsible for ensuring the education of pupils who are away from school due to illness for a period (single period or cumulative in one school year) of less than 15 working days. Above 15 days, Local Authorities have the responsibility for providing the education directly. In Merton, this home tuition is provided by the SMART Centre, based at the Chaucer Centre.

School areas of general responsibility include:

- Maintaining a list of pupils with medical conditions in the school.
- Ensuring that medical needs referral forms are completed and passed to the relevant agencies.
- Ensuring that close contact is maintained with pupils (and their families) who are away from school due to illness for a period of less than 15 working days.
- Making arrangements for the setting and marking of work (if the pupil is well enough).
- Support continuing contact with other pupils, for example by helping them to send letters or cards.
- Ensuring that all staff are aware of the up to date medical situation of the pupil and ensuring that any adjustments to accommodation, curriculum are made, together with ongoing monitoring of the pupil's situation and needs whilst in school.
- Keeping the Educational Welfare Officer informed of all attendance issues regarding pupils where there may be medical needs, either physical or mental.
- Ensuring that the school register is marked appropriately.
- Maintaining contact with the school nurse.
- Notifying the local authority if a pupil is (or is likely to be) away from school due to medical needs for more than 15 working days in one school year.
- Liaise with the SMART Centre, EWO and other healthcare professionals to convene a planning meeting to draw up a Support Plan to cover the complete education of a pupil who is likely to be at home/in hospital for more than 15 working days and pupils with chronic illnesses who regularly miss school.
- Supply the SMART Centre with information about a pupil's capabilities, educational progress, and programmes of work.
- Ensuring that children who are unable to attend the school because of medical conditions have access to public examinations, including requesting special arrangements where necessary
- The school has a key role to play in successful reintegration and will be proactive in working with all agencies to support a smooth transition and in ensuring that peers are involved in supporting pupil's reintegration after a period of medical absence

### ***Pupils with chronic conditions***

Some pupils may have long term conditions such as asthma, epilepsy, severe allergies or congenital heart disease which may lead to frequent absences from school, to episodes which need to be managed quickly within school and to periods of time where the pupil is unable to work to their full potential. Where a pupil is absent from school and likely to experience prolonged or recurring periods of absence, the school will make a referral to the SMART Centre.

As far as possible within school, pupils with chronic medical conditions should have access to an appropriately challenging curriculum with the same experiences and activities as that offered to other pupils of their age and curriculum level. Staff should assess risk carefully and take note of the following points when planning activities:

- Some activities or stimuli may trigger a medical incident. For example, certain kinds of lighting, sudden exertion. Alternative activities or additional support may be needed.
- Pupils who are able to should be supported to monitor their health and to avoid possible triggers. For example, a pupil with cardiac difficulties should be encouraged to tell an adult when he or she is tired. Appropriate contingency plans should be in place.
- Some pupils do use their medical conditions as a pretext to avoid activities they dislike. Classroom staff should be alert to this possibility while giving the benefit of any doubt to prevent compromising a pupil's health.
- Some conditions require an immediate response to a medical need e.g. a seizure or an episode of breathlessness.
- In school or on a school activity, no pupil who may need the use of an AAI should be without a member of staff who is able to recognise and respond to the need for this procedure.

### ***Emotional/mental health needs***

For pupils whose emotional/mental health needs are causing a concern about safety and/or lack of attendance, the school should call a Team Around the Child (TAC) Meeting. This should include relevant members of school staff, Educational Psychologists, Education Welfare Officer, Medical Practitioner/CAMHS worker, school nurse, parent/carer and pupil and other supporting agencies (i.e. Social Inclusion Service, Youth Offending Team, Children and Family Service). From this meeting an action plan should be set, using Merton's CASA format. This may include a referral request for tuition or for a SMART Centre placement.

### ***Degenerative medical conditions***

Pupils with a variety of progressive or degenerative medical conditions may require special consideration when educational support or intervention is considered. In particular:

- Some conditions are rapidly progressive. This means that the direction of their progress runs counter to that of their peer group and raises particular issues of curriculum accessibility and appropriate activities for the child and young person's age and ability. They require rapid responses from the various agencies contributing to SEND statutory assessment and provision at school.
- Maintaining educational input, even when a condition is progressing rapidly, is important to the child and family.
- Although regression may occur with varying degrees of rapidity, reviews of educational and other provision may need to occur more frequently and more rapidly for this group of pupils.
- These pupils will have greater medical needs than many others with SEND. Close liaison between health professionals, hospital schools and other schools will be necessary, particularly where medications and medical equipment are provided.
- Appropriate training and support for staff in the relevant care procedures will be needed to help pupils access learning activities, and to enable staff to manage pupils' medical needs.

### ***Partnership with parents/carers and pupils***

Parents/carers hold key information and knowledge and have a crucial part to play. They should be full collaborative partners and should be informed about their child's educational programme and performance. Children and young people also have a right to be involved in making decisions and exercising choices.

Where educational provision is being made through the SMART Centre, parents'/carers' views of their child's education are taken fully into account when planning programmes and parents/carers will be encouraged to provide additional liaison with the school.

In the case of a child or young person in public care, the LEA, as the corporate parent, is responsible for safeguarding and promoting their welfare and education.