



Supporting Pupils with Medical Needs Policy

Plan administration	
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Version number:	1
Date of issue:	September 2016
Date of next review:	September 2017

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1. Policy Aims

- The 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.
- The school aims to provide all children with all medical conditions the same opportunities as others at school. We will help to ensure they can:
 - be healthy
 - stay safe
 - enjoy and achieve
 - make a positive contribution
 - achieve economic well-being.
- Pupils with medical conditions are encouraged to take control of their condition. Pupils feel confident in the support they receive from the school to help them do this.
- The school aims to include all pupils with medical conditions in all school activities where possible.
- Parents and carers of pupils with medical conditions should feel secure in the care their children receive at this school.
- The school ensures all staff understand their duty of care to children and young people in the event of an emergency.
- All staff feel confident in knowing what to do in an emergency.
- This school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
- All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact this can have on pupils.
- The medical conditions policy is understood and supported by the whole school and local health community.

2. Consultation

- The school has consulted on the development of this medical condition policy with a wide-range of key stakeholders within both the school and health settings. These key stakeholders include:
 - school nurse
 - Head Teacher
 - teachers
 - special educational needs coordinator
 - pastoral care/welfare officer
 - members of staff trained in first aid
 - all other school staff
 - local healthcare professionals
 - the school employer
 - school governors
- The views of pupils with various medical conditions were actively sought and considered central to the consultation process.
- All key stakeholders were consulted in two phases:
 - initial consultation during development of the policy
 - comments on a draft policy before publication.
- This school recognises the importance of providing feedback to those involved in the development process and is committed to acknowledging input and providing follow-up to suggestions put forward.

3. Policy Communication

- Pupils are informed and regularly reminded about the medical conditions policy:
 - in the school newsletter at intervals in the school year
 - in personal, social and health education (PSHE) classes
- Parents/carers are informed and regularly reminded about the medical conditions policy:
 - by including the policy statement in the school's prospectus
 - at the start of the school year when communication is sent out about Healthcare Plans
 - in the school newsletter at intervals in the school year
 - when their child is enrolled as a new pupil
 - via the school's website
- School staff are informed and regularly reminded about the medical conditions policy:
 - through copies handed out at the first inset day of the school year and before Healthcare Plans are distributed to parents/carers
 - at scheduled medical conditions training
 - via the staff handbook / H&S policy
 - safeguarding review meetings
 - through school-wide communication about results of the monitoring and evaluation of the policy
 - all supply and temporary staff are informed of the policy and their responsibilities.

4. Responsibilities

- This school works in partnership with all interested and relevant parties including the school's governing body, all school staff, parents/carers, employers, community healthcare professionals and pupils to ensure the policy is planned, implemented and maintained successfully.
- The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly.

Governing Body

- Make sure the medical conditions policy is effectively monitored and evaluated and regularly updated.
- Report to parents/carers, pupils, school staff and Schools Health and Safety Team about the successes and areas for improvement of this school's medical conditions policy.

Head Teacher

- 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/carers, 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 on an annual basis taking into account any recommendations and recent local and national guidance and legislation
- report back to all key stakeholders about implementation of the medical conditions policy.

All school staff

- 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/carers including informing them if their child has been unwell at school
- ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom
- be aware of pupils with medical conditions who may be experiencing bullying or need extra social support
- understand the common medical conditions and the impact it can have on pupils

- 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.

Teaching staff

- 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/carers, 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

- help update the school's medical conditions policy
- help provide regular training for school staff in managing the most common medical conditions at school
- provide information about where the school can access other specialist training.

First aider

- 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 Leader

- 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.

Pastoral support/welfare officers

- help update the school's medical conditions policy
- know which pupils have a medical condition and which have special educational needs because of their condition
- ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.

Emergency care services

- have an agreed system for receiving information held by the school about children and young people's medical conditions, to ensure best possible care
- understand and provide input in to the school's medical conditions policy.

Pupils

- treat other pupils with and without a medical condition equally

- tell their parents/carers, teacher or nearest staff member when they or another pupil are not feeling well
- let any pupil take their medication when they need it, and ensure a member of staff is called
- know how to gain access to their medication in an emergency
- if competent to do so, 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 and Carers

- 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.

5. Training

a. Policy Awareness Training

All staff are made aware of this policy. See section 3.

b. Common Medical Conditions Awareness Training

The most common medical conditions in school age children which require support, are asthma, diabetes, epilepsy, eczema, allergic reactions (anaphylaxis if severe) and cystic fibrosis. Irrespective of whether staff have volunteered to support pupils with health care needs and administer medication to these pupils they all may come into contact with such pupils during the course of a school day. A **basic understanding** of these common conditions will be given to help staff recognise symptoms and seek appropriate support.

Training is provided as part of staff induction and refreshed at least once a year.

c. Administration of Medicines Training

All members of school staff providing support to a pupil with medical needs will receive suitable training as identified during the development or review of Healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professional will normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. Typical content is included below.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual Healthcare Plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals, including the school nurse, will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The school will ask the family of a child to provide relevant information to school staff about how their child's needs can be met, and parents/carers should be asked for their views.

Allergic reactions

Training will include the recognition of the signs and symptoms of mild and severe allergic reactions, first aid procedures including the protection of airways and the recovery position, administration of medication including the use of auto-injectors and emergency procedures.

Asthma

Any training course will give a basic understanding of the condition and the possible triggers and develop competence in the administration of medicine including the use of inhalers and spacer devices. Any training will also cover the possible side effects of medication and what to do if they occur. The type of training necessary will depend on the individual case.

All staff, particularly PE teachers, will have training or be provided with information about asthma once a year. This should support them to feel confident about recognising worsening symptoms of asthma, knowing about asthma medicines and their delivery and what to do if a child has an asthma attack.

Normally children should not need to use a nebuliser in school. If a doctor or nurse does advise that a child needs to use a nebuliser in school, the staff involved will be provided with training by a health professional.

Attention Deficit Hyperactivity Disorder

Training for staff should cover the symptoms of the condition, treatment and management of ADHD.

Attention Deficit and Hyperactivity Disorder (ADHD) occurs in 3-5% of children. It is characterised by inattention, over-activity and impulsiveness and is usually present from early childhood. It can have a very detrimental effect on the child's life and development. Education is often disrupted, family life is commonly stressful and peer relations may suffer. In the majority of cases, ADHD will persist into the secondary school age group.

Many sufferers will be prescribed stimulant medication, commonly methylphenidate which is now sold under two brand names "Ritalin" and "Equasym". A single dose of methylphenidate is effective for about 4 hours. Commonly children will have a dose at about 8am, when they leave home for school and therefore need a second dose around 12 noon, which will usually need to be administered at school. Methylphenidate is a class A drug and it is important that accurate records are maintained.

Cystic Fibrosis

Training will cover a basic understanding of the disease, including its genetic origins, the maintenance treatment involved including the use of therapies, mobility and drugs for a range of reasons and the effect the disease has on the child's family and their education.

Diabetes

Training will cover an understanding of the condition, the importance of diet and the symptoms of a hypoglycaemia (low blood sugar) episode. Staff should be aware of appropriate emergency treatment for low blood sugar. For some cases, identified through the individual health care plan, knowledge of how to measure blood sugar levels may be helpful.

Eczema

Training will cover the origins of the condition and the possible triggers and an understanding of the treatments available.

Epilepsy

Training will conform to nationally agreed training standards published by the Joint Epilepsy Council for the emergency treatment of seizures.

d. General Emergency Procedures

All staff know what action to take in the event of a medical emergency. This includes:

- how to contact emergency services and what information to give
- who to contact within the school
- Training is provided as part of staff induction and refreshed at least once a year.
- Action to take in a general medical emergency is displayed in the staffroom for staff. (Ref: **Appendix F**- contacting emergency services) Individual Care Plans are also in a file in the staffroom

- 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.
- Staff should only take pupils to hospital in their own car in exceptional circumstances.

e. Pupil Specific Emergency Procedures

All staff are aware of the most common serious medical conditions that pupils have in the school.

Staff understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required to act like any reasonably prudent parent. This may include administering medication.

All staff who work with groups of pupils at this school receive training and know what to do in an emergency for the pupils in their care with medical conditions. This is recorded on the Healthcare Plans.

Training is refreshed for all staff at least once a year.

Action for staff to take in an emergency for the common serious conditions at this school is displayed in the staff room.

f. Records

A log of all training is kept by the school and reviewed every 12 months to ensure all new staff receive training

g. Training Providers

Name of Trainer	Area of Training
Nottingham Health Care Trust – Diabetic Nurse	Administering insulin for diabetics
Nottingham Health Care Trust – Specialist Asthma Nurse	Understanding and providing appropriate care for those children with asthma and requiring an inhaler
School Nurse	Individual Care Plans for those children with specific medical needs
Nottingham LA	Positive Handling Training
St Johns Ambulance	Paediatric First Aid
Nottingham LA Safeguarding Team	Child Protection Training – Basic Awareness, Designated Senior Leaders

6. Understanding Pupils' Medical Needs

a. Admissions

This school may initially learn of a child's specific medical needs through the admissions process in the event that the parent believes that the medical needs can only be met this (preferred) school.

b. Enrolment forms

Parents/carers are asked if their child has any health conditions or health issues on the enrolment form, completed at the start of each school year. Parents/carers of new pupils starting at other times during the year are also asked to provide this information on the enrolment form.

c. Healthcare Plans

Healthcare Plans are used to:

- Help to ensure that the school effectively supports pupils with medical conditions.
- Inform appropriate staff about the individual needs of a pupil with a medical condition in their care and what needs to be done, when and by whom.
- Identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers.
- Ensure the local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency.

The following information is recorded:

- Personal Details
- Family contact information
- Medical Services contact information
- 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.
- Description of what constitutes an emergency, and the action to take if this occurs
- Who is responsible in an emergency (and state if different for off-site activities)
- Other relevant information

d. Healthcare Plan Initiation

Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child.

The model letter in **Appendix G** will be letter inviting parents to contribute to individual healthcare plan development.

They will be used in cases where conditions fluctuate or where there is a high risk that emergency

intervention will be needed, and in other cases where medical conditions are long-term and complex. The school, healthcare professional and parent will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher will make the final decision.

e. School Healthcare Plan register

A centralised register of pupils with medical needs which details all pupils with Healthcare Plans is stored confidentially. Inclusion Leader and admin staff have responsibility for updating the register at this school.

Inclusion Leader or School Nurse will follow up with the parents/carers any further details on a pupil's Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

f. Storage and sharing Healthcare Plans

Healthcare Plans are kept in a secure central location at school at these locations: Inclusion Leaders Office and Admin Office. Summary information sheets are available in a file stored in the staffroom

Parents/carers are provided with a copy of the pupil's current agreed Healthcare Plan.

All members of staff who work with groups of pupils have access to the Healthcare Plans of pupils in their care. Temporary cover staff are made aware of the plans.

The school will seek permission from the pupil and parents/carers before sharing any medical information with any other party, such as when a pupil takes part in a work experience placement.

Copies of the pupil's Healthcare Plan will be sent to any 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.

The school will ensure the timely transfer of Healthcare Plans to the hospital in the event of an emergency.

g. Review of Healthcare Plans

Parents/carers at this school are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.

Staff at this school use opportunities such as teacher-parent interviews and home-school diaries to check that information held by the school on a pupil's condition is accurate and up to date.

Every pupil with a Healthcare Plan at this school has their plan discussed and reviewed at least once a year.

7. Administration of medication

a. General Policy

Medicines are only administered at school when it would be detrimental to a child's health or school attendance not to do so.

b. Access to medicines

If a pupil requires regular prescribed or non-prescribed medication at school or has a medical condition which may require medication in an emergency, parents/carers are asked to provide consent giving the pupil or staff permission (**Admin**)

Parents/carers of pupils with medical conditions at this school are all asked at the start of the school year via the Healthcare Plan if they and their child's healthcare professional believe the child is able to manage, carry and administer their own emergency medication.

The admin team in partnership with the parents/carers of pupils with medical conditions, will ensure that **all** medication brought in to school is clearly labelled with the pupil's name, the name and dose of the medication and the frequency of dose.

If a pupil requires regular/daily help in administering their medication then the school outlines the school's agreement to administer this medication on the pupil's Healthcare Plan.

Parents/carers have been informed that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.

c. Access to Emergency Inhalers

Parents/carers of pupils that have been diagnosed with asthma and prescribed an inhaler or prescribed a reliever inhaler have been specifically asked whether they give permission for their child to have access to the school's emergency inhaler in an emergency situation.

The School's procedure to manage this provision is described in the document "*How to Implement Emergency Inhalers in School Procedure*".

d. Administration of medicines – general principles

- The school understands the importance of medication being taken as prescribed.
- All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication.
- The following persons have volunteered and appointed to administer medicine:

Name	Types of Medicines
Julie Walsh	GP prescribed with name labels printed
Jacqueline Ogle	GP prescribed with name labels printed
Kelly Lee	GP prescribed with name labels printed
Lindsay Clark	GP prescribed with name labels printed
Cara Lambert	Insulin

- Staff will not give prescription medicines or undertake healthcare procedures without appropriate training. Training is given to all staff members who agree to administer medication to pupils, where

specific training is needed (see section 4).

- If a trained member of staff, who is usually responsible for administering medication, is not available this school makes alternative arrangements to provide the service.
- In certain specified circumstances as described on the Healthcare plan, medication is only administered by an adult of the same gender as the pupil.
- If a pupil at this school refuses their medication, staff record this and follow procedures identified by the Healthcare plan. Parents/carers are informed as soon as possible.
- All controlled drugs, even if the pupil can administer the medication themselves, are done under the supervision of a named member of staff at this school.
- If a pupil misuses medication, either their own or another pupil's, their parents/carers are informed as soon as possible. These pupils are subject to the school's usual disciplinary procedures.

e. Intimate Care

Intimate care encompasses areas of personal care, which most people usually carry out for themselves but some are unable to do so because of impairment or disability. The school has a "named doctor/nurse" to whom they can refer for advice. The Head Teacher will arrange appropriate training for school staff who are willing to administer intimate care. Where practical the school will try to arrange for two adults, one the same gender as the pupil, to be present for the administration of intimate or invasive treatment, this minimises the potential for accusations of abuse. Two adults often ease practical administration of treatment too. Staff will protect the dignity of the pupil as far as possible, even in emergencies.

f. Records

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/carers are informed as soon as possible.

8. Access to medication (including storage and disposal)

a. Safe Storage

All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.

Medication is stored in accordance with instructions, paying particular note to temperature.

Some medication may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away.

Pupils are regularly reminded to carry their emergency medication with them where applicable.

All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place..... Pupils with medical conditions know where their medication is stored and how to access it.

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

***** checks the expiry dates for all medication stored at school on a ***** basis.

All medication is sent home with pupils at the end of the school year. Medication is not stored on site in the summer holidays.

b. Emergency medication

Pupils are encouraged to carry and administer their own emergency medication, when their parents/carers and health specialists determine they are able to start taking responsibility for their condition.

Where children have been determined not yet able or old enough to self-manage and carry their own emergency medication, they know exactly where to access their emergency medication. Where relevant they are informed who holds the key to the storage facility.

c. Controlled Drugs

Children who have been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use may be an offence. Otherwise the controlled drugs will be securely stored in a non-portable container and only named staff have access. The school will make the ultimate decision on a pupil by pupil basis.

d. Safe disposal

Parents/carers are asked to collect out of date medication.

If parents/carers do not pick up out of date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

***** is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year and is always documented.

Sharps boxes are used for the disposal of needles. Parents/carers obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in this school are stored in a locked cupboard

unless alternative safe and secure arrangements are put in place on a case-by-case basis.
Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

9. Accessing the School and the Curriculum

a. Physical environment

This school is committed to providing a physical environment that is accessible as is reasonably practicable to pupils with medical conditions.

This school's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this sometimes means changing activities or locations.

Health and Safety inspections of the school have due regard for the needs of pupils with medical conditions.

b. 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.

The CLEAPSS document *G77- Science for Secondary-aged Pupils with Special Educational Needs and/or Disability Practical advice for Science lessons* is referred to as necessary.

Teaching staff are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school's SEN coordinator consults the pupil, parents/carers and the pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is properly considered.

This school ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs. Healthcare plans (qv) are shared as necessary with external providers.

If a pupil is missing significant 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.

c. Exercise and physical activity

This school believes that all pupils, irrespective of any medical need have an entitlement to a meaningful and fulfilling experience of PE and sport.

Pupils with medical needs will not be treated less favourably and will be enabled to participate in sport and PE as far as is reasonably practicable. Teachers will be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The schools will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. The school uses guidance from the afpe book *"Safe Practice in Physical Education & Sport"*.

Any restrictions on a child's ability to participate in PE will be recorded in their individual health care plan.

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.

d. Social interactions

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.

The needs of pupils with medical conditions are adequately considered to ensure they have full access to extended school activities.

All staff are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.

Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

10. Home to School Transport

a. General

The Local Authority Home to School transport organiser (Passenger Transport Team) has the duty to ensure that pupils are safe during any home to school journey. The arrangements is described in detail their [Home to School Transport Medicines Policy](#).

The school will provide the Passenger Transport Team copies of Healthcare plans as necessary and when they are updated. The Passenger Transport Team will then extract information from this form to create a transport specific healthcare plan.

Most pupils with medical needs will not require supervision on school transport, but the Local Authority will provide appropriate trained escorts if they consider them necessary. Guidance will be sought from the child's GP or paediatrician.

Drivers and escorts know what to do in the case of a medical emergency- they receive training on an annual basis and support and fully understand what procedures to follow.

All drivers and escorts will have basic first aid training. Additionally trained escorts may be required to support some pupils with complex medical needs. These can be healthcare professionals or escorts trained by them.

The risk of severe allergic reactions will be minimised by restricting anyone allowed to eat on the vehicle.

11. Off-Site Visits

a. Principles

Planning arrangements for visits and activities are sufficiently flexible to support the inclusion of pupils with medical conditions. Staff are made aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

b. Planning- Accessing visits

As part of any planning that supports residential or day visits the risk assessment will ensure all pupils with medical conditions are included. Factors to be considered include:

- How all pupils will be able to access the activities proposed
- How routine and emergency medication will be stored and administered
- Whether additional staff support is needed and if this will be required overnight, where can help be obtained in an emergency.
- Consider if any additional staff training is required to effectively manage medicines
- Consider whether insurance policies cover staff and pupils with pre-existing medical needs.

As part of any visit planning arrangements should be made to take sufficient supplies of any necessary medicines, ensuring they are safely labelled, transported, stored (refrigerated if necessary), controlled and administered and that records are kept of their use.

All staff supervising visits should be made aware of individuals' medical needs and any medical emergency procedures. Summary sheets held by all staff, containing details of each individual's needs and any other relevant information provided by parents/carers, is one way of achieving this. You should consider how individuals' confidentiality can be protected, and ensure that personal information is securely disposed of when it is no longer needed.

Risk assessments are carried out before pupils start any work experience or off-site educational placement. It is this school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the pupil. Permission is sought from the pupil and their parents/carers before any medical information is shared with an employer or other education provider.

If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent.

c. Minor ailments occurring during a visit

Depending upon the duration and type of visit, it is likely that some participants may require medication for the prevention or treatment of minor ailments, for example:

- sunburn
- heat rash
- insect bites
- period pains, headaches
- athlete's foot

- indigestion
- sore throats, colds and coughs
- cuts and grazes
- muscle stiffness

Parents/carers are provided with a list of common non-prescription medicines and they are asked to indicate if there are any which they do not want administered to their child. At the same time parents/carers are asked about allergies to adhesive plasters. This process is carried out when sending consent forms for off-site activities to parents/carers at the start of each academic year.

If a condition arises which requires medication which had not been anticipated, parental permission should be obtained, and a doctor's prescription may be necessary.

d. Pre-existing medical conditions

Parents/carers will be sent an OV1 form to be completed and returned to school 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 and should include; written details of medical conditions and of any medication required (including instructions on dosage/times), and for their permission for staff to administer medication, or for their child to administer their own if this is appropriate.

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.

For residential visits and extended day visits OV1 visit forms, or summary forms containing the relevant information in the OV1 are taken by the visit leader or nominated staff member on visits and for all out-of-school hours activities where medication is required. It may also be essential to take a copy of the pupil's Healthcare Plan.

All parents/carers 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, within the OV1 form.

The OV1 form also details what medication and dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away.

e. Overseas visits

Medicines which may be legally held in one country may be illegal in another. The rules of any country to be visited will be checked. Medicines will be properly labelled, and prescription medicines will be accompanied by a copy of the prescription. Where medication includes delivery by syringe, it may be necessary to show an accompanying doctor's note at border security. A personal licence may be required to take certain controlled medicines abroad.

In some countries, it is possible to purchase medicines over the counter which would require a prescription in the UK. These should not be used unless prescribed by a qualified medical practitioner.

12. Reducing the Risk

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.

The school has a list of common triggers for the common medical conditions. A trigger reduction schedule has been created and the school is actively working towards reducing or eliminating these health risks.

Written information about how to avoid common triggers for medical conditions has been provided to all school staff.

References

- Anaphylaxis Campaign- “Catering for Allergy – practical measures”
www.anaphylaxis.org.uk/food-industry/catering-for-allergy---practical-measures
- Medical Conditions Awareness Sessions Session 5: Epilepsy
http://medicalconditionsatschool.org.uk/dl/hcp-speaker-notes/HCP_epilepsy_spknotes.pdf

13. Forms / Reference Documents

Children and Adults Guidance Sheets

- Medicines- Management of

Risk Assessment

- Managing Medicines Risk Assessment

General Guidance

- DfE- Supporting pupils at school with medical conditions
- DfES- Managing Medicines in Schools and Early Years Settings (2005 Document)
- OSCAR- School Policy Sickle Cell and Thalassaemia

Emergency Inhalers in Schools

1. How to Implement Emergency Inhalers in School Procedure
2. DoH- Guidance on use of emergency inhalers in schools September 2014
3. Emergency asthma inhaler kit contents and monthly check
4. Sample contents for letter to a pharmacist when purchasing emergency inhalers spacers
5. Sample letter to inform parents regarding new policy- emergency inhalers
6. Consent form- Use of emergency salbutamol inhaler
7. Asthma Inhaler Pupil Register
8. How to deal with an asthma attack Schools Poster (Asthma UK)
9. Sample statement regarding new policy emergency inhalers
10. Specimen letter to inform parents of emergency salbutamol inhaler usage

Management of Medicines Templates (Schools)

- Template A- individual healthcare plan
- Template B- parental agreement for setting to administer medicine
- Template C- record of medicine administered to an individual child
- Template D- record of medicine administered to all children
- Template E- staff training record - administration of medicines
- Template F- contacting emergency services
- Template G- model letter inviting parents to contribute to individual healthcare plan development

Supporting pupils with medical conditions: links to other useful resources

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2>

14. Policy Review

This school's medical condition policy is reviewed, evaluated and updated every year in line with the school's policy review timeline.

Any new governmental or guidance from the Schools H&S Team is used in this review.

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.

The views of pupils with various medical conditions are actively sought and considered central to the evaluation process.