



Medical Conditions Policy

Supporting Pupils with Special Medical Needs

Policy Statement

John Wilkinson Primary School and Nursery is an inclusive community that aims to support and welcome students with medical conditions. We aim to provide students with medical conditions the same opportunities as others at school and ensure that pupils with medical conditions receive appropriate care and support at school.

This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 updated 11th December 2015 – "Supporting pupils at school with medical conditions" under a statutory duty from section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014

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

The school will have regard to the statutory guidance issued. We take account of it; carefully consider it and we make all efforts to comply.

For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice (part 3 of the Children and Families Act 2014) will ensure compliance with this guidance with respect to those children.

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

Ofsted places a clear emphasis on meeting the needs of pupils with SEN and disabilities, also including pupils with medical conditions. Disabilities, also including those pupils with medical conditions.

LAs and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises.

Students with medical conditions will feel confident in school and will receive support they need from us to help them. We aim to include all students with medical conditions in all school activities where ever possible. Reasonable adjustments are made to be inclusive.

Parents of students with medical conditions will feel secure in the care their students receive at John Wilkinson Primary School and Nursery and understand fully their responsibility and duty in keeping the school informed about the medical condition.

John Wilkinson Primary School and Nursery will ensure all staff understand their duty of care to the students in the event of an emergency and all staff feel confident in knowing what to do .

We understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood. Also, we understand the importance of medication being taken as prescribed.

This policy should be viewed together with its appendices to ensure safe administration of medicine and support for all students with medical conditions.

Purpose of this Policy

The purpose of this policy is to ensure that John Wilkinson Primary School and Nursery meets the needs of students with medical needs and ensure that everyone, including parents, are clear about their respective roles. The policy ensures that we put in place effective management systems to help support individual students with medical needs. Within the policy it is indicated how medicines are handled responsibly. Also it outlines clearly to all school staff about what to do in the event of a medical emergency.

Aims

The school aims to:

- assist parents in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- adopt and implement the LA policy of Medication in Schools;
- arrange training for volunteer staff to support individual pupils;
- liaise as necessary with medical services in support of the individual pupil;
- ensure access to full education if possible.
- monitor and keep appropriate records.

Admissions

Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.

School and home work together to meet children's needs and this partnership is very important. However, the prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site.

The school takes advice and guidance from the Shropshire Council Medicines in Schools section of the Health and Safety Policy which encourages self- administration of medication when possible.

Should you require them, contact details for our School Nurse can be found in the school prospectus which also states a copy of this policy is available to parents.

Entitlement

The school accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils.

The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- choose whether or not they are prepared to be involved;
- receive appropriate training;
- work to clear guidelines;
- have concerns about legal liability;
- bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

Students with Medical Conditions

John Wilkinson Primary School and Nursery recognises that many students may need to take medicines during their time at school.

Rationale Definition

Pupils' medical needs may be broadly summarised as being of two types:

- (a) Short-term affecting their participation in school activities which they are on a course of medication.
- (b) Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

Short Term

To allow students to overcome a short term medical need and to minimise the time that they need to be absent John Wilkinson Primary School and Nursery allows the administration of medication at school. However such medicines must only be taken to school where it would be detrimental to a student's health if it were not administered during the school day.

Long Term

Some students have longer term medical needs and may require medicines on a long-term basis to keep them well, for example students with well-controlled epilepsy.

John Wilkinson Primary School and Nursery clearly states that it is important all the information and care plans for a medical condition of any student with long-term medical needs must be given to the school prior to the student joining. If a student's medical needs are inadequately supported this may have a significant impact on a student's experiences and the way they function in or out of school.

Individual Healthcare Plans (IcPs)

Some children have medical needs which require careful consideration. Where necessary an Individual Healthcare Plan (IcP) will be developed in collaboration with the pupil, parents/carers, Headteacher, Special Educational Needs Coordinator (SENCO) and medical professionals. (Headteachers will make the final decision relating to this)

IcPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are deemed inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IcP as visitors /parent helpers etc. may enter. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage such as Intranet or locked file is more appropriate for the full plan. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone. With parental permission we have a board with pictures of children who have medical needs and a single word description of the need for swift reference.

IcPs will be reviewed regularly, usually annually or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an Education, Health and Care plan or special needs statement, the IcP will be linked to it or become part of it.

Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IcP identifies the support the child needs to reintegrate.

Transport

Where a pupil with an ICP is allocated school transport the school should invite a member of DCC Transport team who will arrange for the driver or escort to participate in the ICP meeting. A copy of the ICP will be copied to the Transport team and kept on the pupil record. The ICP must be passed to the current operator for use by the driver /escort and the Transport team will ensure that the information is supplied when a change of operator takes place

For some medical conditions the driver/ escort will require adequate training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport.

When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc.

Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

Education Health Needs (EHN) referrals

- a) All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils.
- b) In order to provide the most appropriate provision for the condition the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.

Communication

The medical conditions policy is supported by a clear communication plan for staff and parents to ensure its full implementation. This includes the following:

Medical conditions list on board

Schools admissions forms request information on pre-existing medical conditions. Parents have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the ICP and also to share information for recording attendance

A medical conditions board is kept, updated and reviewed regularly by the nominated member of staff. These are on our staffroom wall with pictures for easy access. Each class have an overview of the list for the pupils in their care, within easy access.

Supply staff and support staff similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.

Parents are informed and regularly reminded about the medical conditions policy:

- at the start of the school year when Healthcare Plans are discussed if necessary
- when their student is enrolled as a new pupil
- via the school's website

For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

Emergency

In an emergency situation all staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication. In staff meetings all staff will be made aware of the likelihood of an emergency arising and what action to take if one occurs.

The action to take in an emergency for the common serious conditions at John Wilkinson Primary school and nursery are displayed in prominent locations in the staff room

Action to take in the event of a medical emergency:

- contact emergency services and give information of who to contact within the school (Emergency Appendix)
- a member of staff will always accompany a student if s/he is required to go to hospital and will stay with the student until a parent arrives. This will be a staff member who the student knows.
- the student will be transported to hospital using an ambulance, not own car
- school permissions will be taken to the hospital and contact details of parents
- we will communicate the student's Healthcare Plan to the hospital as soon as possible if one exists

Training

At John Wilkinson School and Nursery we recognise that some staff may be naturally concerned for the health and safety of a student with a medical condition, particularly if it is potentially life threatening. Staff training including how to deal with asthma, epilepsy(when necessary) and anaphylaxis will be logged. Training for hemophilia has also been completed.

The staff who work closely with the students will receive training and know what to do in an emergency for general emergency procedures and for students at the school with medical conditions. In accordance with the National Service Framework for Students, Young People and Maternity Services, all schools and educational settings have access to training provided by health professionals on all medical conditions. Training is refreshed on an cycle in line with health service guidance on frequency e.g. annually for anaphylaxis when school has an child registered as anaphylactic .

Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction.

The clinical lead for each training area/session will be named on each IcP.

No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent or without HT permission.

School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

Requirements of EYFS qualifications will be adhered to ensuring sufficient paediatric first aid trained staff are available in rota. See Early years foundation stage and all new staff will be trained as required.

Setting the standards for learning, development and care for children from birth to five
Published: 3 March 2017 Effective: 3 April 2017

An adequate number of first aid trained staff will be on the school site during opening

Risk Assessment

Individual risk assessments will be written for school visits, holidays, and other school activities outside the normal timetable for pupils with specific medical needs if necessary. Day to day school activities may need to be risk assessed for some pupils, the head teacher will decide when this is

necessary and make suitable arrangements with parents to complete a mutually agreed risk assessment.

Administration of Medicine

Parents must ensure that the minimal administration of medicines will occur during the school day and this procedure will be followed:

- smallest possible dose will be brought to the school
- medicine should be self-administered if possible, under the supervision of an adult

Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours, this includes those prescribed three times a day – before school, after school and bedtime.

If this is not possible i.e. medicine prescribed four times a day, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form. No child will be given any prescription medicines without written parental consent except in exceptional circumstances.

All use of medication defined as a controlled drug is administered by a named member of staff. John Wilkinson Primary School and Nursery recognises that there is no legal or contractual duty on school staff to administer medicine or to supervise a pupil taking it. This is a purely voluntary role and is recognised as such by the DfCSF. While teachers have a general legal duty of care to their students, this does not extend to a requirement to routinely administer medicines.

Many members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to the students, but only with the written consent of the pupil's parent.

Any member of staff giving medicines to a student should check:

- the student's name,
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container
- school forms

Where possible the administration of all medicine will be witnessed by a second adult unless otherwise agreed.

If in doubt about any procedure staff should not administer the medicines but check with the parents before taking further action. If staff have any other concerns related to administering medicine to a particular student, the issue should be discussed with the Head.

No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.

Medicines **MUST** be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.

A maximum of four weeks' supply of the medication may be provided to the school at one time.

A child who has 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 is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency.

Medications will be stored in the School Office.

Any medications left over at the end of the course will be returned to the child's parents.

Written records will be kept of any medication administered to children.

Pupils will never be prevented from accessing their medication. Emergency salbutamol inhaler kits may be kept voluntarily by school

General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the staff room

John Wilkinson Primary School and Nursery cannot be held responsible for side effects that occur when medication is taken correctly.

Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.

The Head will agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the Head will seek advice from health professionals.

Storage of Medicine

The Head is responsible for ensuring the safe storage of medicines following the guidelines set out in Control of Substances Hazardous to Health Regulations 2002 (COSHH). Both prescribed and non-prescription remedies can only be in school with parental written permission.

- where two or more medicines are required by a particular student, each should be kept in a separate container
- students must know where their own medication is stored and how to obtain it
- medicines must be stored in their original containers, clearly labeled with the name of the pupil, the name and dose of the drug, the frequency of administration, any likely side effects, and the expiry date
- medicines must - subject to the exceptions below - be stored in the office in a locked cupboard within a labeled airtight box with restricted access
- some medicines, such as asthma inhalers and Epipens, must be readily available to students and must not be locked away
- students who are capable of carrying their own inhalers may be allowed to do so, following consultation between parents and the Head but generally they are in the office cupboard with open access
- the school will not store surplus or out-of-date medicines
- three times a year the identified member of the staff checks the expiry dates for all medication stored at school.
- all medication is supplied and stored in its original containers.
- medication is stored in accordance with instructions, paying particular note to temperature.
- all refrigerated medication is stored in an airtight container and is clearly labeled. The refrigerator used is in a secure place in the office, inaccessible to unsupervised students.
- it is the parent's responsibility to ensure new and in date medication comes into school prior to the first day of the new academic year.

For further information on storing medicines the school office should contact the local pharmacists.

Safe Disposal

- parents are asked to collect out-of-date medication
- if parents do not pick up out-of-date medication, or at the end of the school year, medication will be taken to a local pharmacy for safe disposal
- medication is not stored in summer holidays unless the child is attending holiday club.

- the identified member of the office staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired.
- checks are done three times a year and is always documented
- sharps boxes are used for the disposal of needles.
- all sharps boxes in this school are stored in a locked cupboard in the school office.
- 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 the student's parent.
- collection and disposal of sharps boxes is the responsibility of the parent.

Staff Medication

All medicine in school must be safely locked away. It does not need to be stored in the office, but must not be kept in classrooms or in any area to which students have access. Staff lockers can be used. Staff must inform the Headteacher if they begin medication which may compromise their ability to do their job. If this occurs medical advice and evidence will be required to ensure the member of staff is safe to work.

General

Refusal of Medicine

If a student refuses medication, it will be recorded and parents will be informed as soon as possible. If it is a student with long term medical needs the parents will be required to come to school to either administer the medicine or take the student home. If a refusal to take medicines results in an emergency, the school will contact the ambulance service followed by the parents. If a student misuses medication, either their own or another student's, their parents will be informed immediately. The student will be subject to the school's disciplinary procedures.

Prescription Medicines

We will administer medicines that are essential; that is where it would be detrimental to a student's health if the medicine were not administered during the school or setting 'day'. The school will accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. If the school feels that the frequency and dosage administered in school is excessive the Head will consult the parents in the first instance and then Health Care Professionals

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and the associated regulations. Some may be prescribed as medication for use by students, e.g. methylphenidate. Any member of staff may administer a controlled drug to the student for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions. It is permissible for the school to look after a controlled drug, where it is agreed that it will be administered to the student for whom it has been prescribed.

Misuse of a controlled drug, such as passing it to another student for use, is an offence.

Non Prescription Medicines

These may include Calpol, Paracetamol, cough or throat lozenges or any herbal remedies Travel sickness pills must be administered by the parents prior to the beginning of a trip. For Residential Trips parents are required to complete the medicine permission form. For all non-prescription medicine parents are required to complete the permission form.

Sun screen should be self applied by students and parents must sign a consent form for this.

Self-Management

John Wilkinson Primary School and Nursery recognises it is good practice to support and encourage students, who are able, to take responsibility to manage their own medicines from a relatively early age and encourage this. The age at which a student will be ready to take care of, and be responsible for, their own medicines, varies. Older students with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent.

When making this decision the Head will ask health professionals to assess, with parents and the student, the appropriate time to make this transition. If it is agreed by all bodies that a student can take their medicines independently, a member of staff will supervise administration and complete the record of administration referred to in the administration of medicine.

A Healthcare plan will be completed indicating whether the student may carry, and administer (where appropriate), their own medicines, bearing in mind the safety of other students and medical advice from the prescriber in respect of the individual student.

Record Keeping

The School Office has the file for all the written records for all Healthcare Plans and permission forms for the administration of medicine.

a. Enrolment forms

Parents at John Wilkinson Primary are asked if their student has any health conditions or health issues on the information form, which is filled out prior to joining the school.

b. Healthcare Plans

The Healthcare Plan records important details about a student's medical needs at school,

- signs (triggers) and symptoms
- medication and other treatments (Healthcare Plan Appendix)

A Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of students with a long-term medical condition. This is sent:

- at the start of the school year or
- at enrolment or
- when a diagnosis is first communicated to the school or changes occur.

The parents, healthcare professional and relevant member of staffs will complete the student's Healthcare Plan together.

Day trips, residential visits and sporting activities

Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.

To comply with best practice risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IcP requirements for the school day.

Ongoing communication and review of Healthcare Plans

Parents will be reminded to update their student's Healthcare Plan if their student has a medical emergency or if there have been changes to their symptoms, or their medication and treatments change. Staff will use opportunities such as teacher-parent interviews to check that information held by the school on a student's condition is accurate and up to date. Every pupil with a detailed Healthcare Plan at this school has their plan discussed and reviewed at least once a year when training occurs.

Storage and access to Healthcare Plans

- parents are provided with a copy of the student's current agreed Healthcare Plan.
- kept in a secure central location in the office's
- all members of staff who work with the student will have access to the Healthcare Plan
- new member of staff for example supply staff, the Head will ensure that they are made aware of (and have access to) the Healthcare Plans of students in their care
- all Health Care Plan information will be communicated to the emergency staff

Use of Healthcare Plans

Healthcare Plans are used by this school to:

- inform the appropriate staff and supply teachers about the individual needs of a student with a medical condition in their care
- identify common or important individual triggers for students with medical conditions at school that bring on symptoms and can cause emergencies.
- reduce the impact of common triggers ensure that all medication stored at school
- remind parents of students with medical conditions to ensure that any medication kept at school for their student is within its expiry dates. This includes spare medication.

All parents of students 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. When relevant with parental permission all the information is shared and made accessible to all staff

Residential Visits Form

All parents are sent a residential visit form to be completed and returned to school shortly before their student leaves for an overnight visit. This form requests up-to-date information about the student's current condition and their overall Health.

Other record keeping

We keep an accurate record of each occasion a student is given medication.

Medical Condition Training Log

- reviewed annually to ensure all new staff receive training

Medical /Dietary Needs Record

Each term the office staff will collate all the information received from the parents and inform the staff and cook.

Confidentiality

The school will always treat medical information confidentially. The Head will agree with the parents, who else should have access to records and other information about a student.

Physical Environment

John Wilkinson Primary School and Nursery is committed to providing a physical environment that is accessible to students with medical conditions this includes out-of-school visits.

Social Interactions

We ensure the needs of students with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school. All staff are aware of the potential social problems that students with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the promoting positive behavior and anti-bullying policy. We use opportunities such as personal, social and health education (PSHE / IS) lessons to raise awareness of medical conditions amongst students and to help create a positive social environment.

Exercise and Physical Activity

John Wilkinson Primary School and Nursery understands the importance of all students taking part in sports, games and activities. We ensure all PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all students. They are aware of students in their care who have been advised to avoid or to take special precautions with particular activities. In addition they are aware of the potential triggers for students' medical conditions when exercising and how to minimize these triggers. The PE staff ensure that all the appropriate medication or food is taken off site. All students with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

Education and Learning

All students with medical conditions can participate fully in all aspects of the curriculum and we ensure that appropriate adjustments and extra support are provided. If a student is missing a lot of time at school, has limited concentration or are frequently tired, all teachers at this school understand that this may be due to their medical condition. Teachers at this school are aware of the potential for students with medical conditions to have special educational needs (SEN). Students with medical conditions who are finding it difficult to keep up with the curriculum are referred to the SEN coordinator. The SENCo will consult the parents and the student's healthcare professional to ensure the effect of the student's condition on their schoolwork is properly considered.

Risks Assessments

The school is aware of the common triggers that can make medical conditions worse or can bring on an emergency, as indicated in the appendix. We are actively working towards reducing or eliminating these health and safety risks. An assessment of the risks to the health and safety of staff and others and measures put in place to manage any identified risks will be completed by a member of the Health & Safety Committee.

Avoiding unacceptable practice

Each case will be judged individually but in general the following is not considered acceptable. The following behaviour is unacceptable:

Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.

Assuming that pupils with the same condition require the same treatment.

Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.

Sending pupils home frequently or preventing them from taking part in activities at school
Sending the pupil to the school office alone or with an unsuitable escort if they become ill.

Penalizing pupils with medical conditions for their attendance record where the absences relate to their condition.

Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.

Creating barriers to children participating in school life, including school trips.

Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

Insurance

Teachers who undertake responsibilities within this policy will be assured by the Headteacher that are covered by the LA insurance.

Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Head.

Complaints

- a) All complaints should be raised with the school in the first instance.
- b) The details of how to make a formal complaint can be found in the School Complaints Policy.

Roles and Responsibilities

a) The Local Authority (LA) is responsible for:

- 1) Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- 2) Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
- 3) Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

b) The Governing Body is responsible for:

- 1) Ensuring arrangements are in place to support pupils with medical conditions.**
- 2) Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.**
- 3) Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.**
- 4) Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.**
- 5) Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.**
- 6) Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.**
- 7) Ensuring written records are kept of, any and all, medicines administered to pupils.**
- 8) Ensuring the policy sets out procedures in place for emergency situations.**
- 9) Ensuring the level of insurance in place reflects the level of risk.**
- 10) Handling complaints regarding this policy as outlined in the school's Complaints Policy.**

Be aware that the school has a responsibility to:

- ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all students). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips
- ensure health and safety policies and risk assessments are inclusive of the needs of students with medical conditions
- make sure the medical conditions policy is effectively monitored and evaluated and regularly updated
- provide indemnity for staff who volunteer to administer medication to students with medical conditions.

4

The Headteacher is responsible for:

- 1) Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- 2) The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures.
- 3) Liaising with healthcare professionals regarding the training required for staff.
- 4) Identifying staff who need to be aware of a child's medical condition.

- 5) Developing Individual care Plans (IcPs).
- 6) Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IcPs in normal, contingency and emergency situations.
- 7) If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
- 8) Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- 9) Continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- 10) Ensuring confidentiality and data protection
- 11) Assigning appropriate accommodation for medical treatment/ care
- 12) Considering the purchase of a defibrillator once training has occurred.
- 13) Voluntarily holding 'spare' salbutamol asthma inhalers for emergency use.
- 14) Ensuring the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- 15) Ensuring the policy is put into action, with good communication of the policy to all ensure every aspect of the policy is maintained
- 16) Ensuring pupil confidentiality
- 17) Liaise between interested parties including students, school staff, teaching assistants, parents, governors, the health service, and local emergency care services
- 18) Ensure all supply teachers know the medical conditions policy or have access to information

d) Staff members are responsible for:

- 1) Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. A first-aid certificate is not sufficient.
- 2) Knowing where controlled drugs are stored and where the key is held.
- 3) Taking account of the needs of pupils with medical conditions in lessons.
- 4) Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- 5) Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.
- 6) Check the expiry date of medicines kept at school
- 7) Send all medicines home at the end of each academic year.
- 8) Collate all the information sent by new parents regarding medical conditions and inform the Head.
know what to do in an emergency
- 9) accept training on emergency care for common medical conditions
- 10) understand the school's medical conditions policy
- 11) know which students in the school have a medical condition and be familiar with the content of the pupil's Care Plan
- 12) allow all students to have immediate access to emergency medication
- 13) maintain effective communication with parents including informing them if their student has been unwell at school
- 14) be aware of students with medical conditions who may be experiencing bullying or need extra social support
- 15) understand the common medical conditions and the impact it can have on students
- 16) ensure all students with medical conditions are not excluded unnecessarily from activities they wish to take part in
- 17) ensure students have the appropriate medication or food with them during any exercise and are allowed to take it when needed
- 18) use opportunities such as PSHE and other areas of the curriculum to raise students' awareness about medical conditions.
- 19) follow the controlled guidelines and instructions whilst administering medicine taking every reasonable precaution

- 20) ensure, where possible, two members of staff are involved during the administration of medicine – one to administer, one to witness
- 21) as the member of staff is regarded as acting in the interests of the employer s/he is effectively indemnified against personal liability by the rules of 'vicarious liability'
- 22) in cases of accident and emergency be prepared to take the appropriate action to relieve extreme distress or prevent further and otherwise irreparable harm
- 23) To secure qualified medical treatment in emergencies at the earliest opportunity
- 24) ensure students who have been unwell catch up on missed school work in liaison with parents
- 25) be aware that medical conditions can affect a pupil's learning
- 26) liaise with parents, Learning Support Leader and Head if a student is falling behind with their work because of their condition

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

e) School nurses are responsible for:

- 1) Collaborating on developing an ICP in anticipation of a child with a medical condition starting school.
- 2) Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- 3) Supporting staff to implement an ICP and then participate in regular reviews of the ICP. Giving advice and liaison on training needs.
- 4) Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training.

f) Parents and carers are responsible for:

- 1) Keeping the school informed about any new medical condition or changes to their child/children's health.
- 2) Participating in the development and regular reviews of their child's ICP.
- 3) Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- 4) Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- 5) Carrying out actions assigned to them in the ICP with particular emphasis on, they or a nominated adult, being contactable at all times.

Parents/carers

- keep their child at home if they are not well enough to attend school
- support the school in ensuring their student 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's doctor or specialist healthcare professional contributes to their student's healthcare plan
- provide maximum support and assistance in helping the school accommodate the student
- sign a consent form for the administration of all medicines

g) Pupils are responsible for:

- 1) Providing information on how their medical condition affects them.
- 2) Contributing to their ICP if able
- 3) Complying with the ICP and self-managing their medication or health needs including carrying

medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

4) complying with staff when dealing with medical needs

Special Educational Needs Coordinator

- know which students have a medical condition and which have special educational needs because of their condition
- ensure students who have been unwell catchup on missed schoolwork
- ensure teachers make the necessary arrangements if a student needs special consideration or access arrangements in exams or delegate this to the HT

13) Definitions

- a) 'Parent(s)' is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.
- b) 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. Being 'unwell' and common childhood diseases are not covered.
- c) 'Medication' is defined as any prescribed or over the counter treatment.
- d) 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- e) A 'staff member' is defined as any member of staff employed at John Wilkinson Primary School and Nursery and Nursery School.

Policy into Practice

There is a need for proper documentation at all stages when considering the issue of support for pupils with medical needs in school.

Forms for medicines and permissions are kept

Additional detailed plans are established for pupils with significant medical needs in liaison with parents.

Policy adopted by the Governing body on: May 17

The policy will be reviewed annually

Reviewed 2018

Reviewed 2019

Appendices

1. Common Conditions

- Asthma
- Epilepsy
- Diabetes
- Anaphylaxis

2. Healthcare Plan

3. Template Healthcare Plan Letter

4. Medical Permission Form

- 5. Record of Medical Administration**
- 6. Contacting Emergency Services**
- 7. Authorization for the Administration of Rectal Diazepam**
- 8. Students with Medical/Dietary Needs**

Documents

Managing Medicines in Schools and Early Years Settings March 2005 (Department of Health Reference: 1448-2005DCL-EN)
Code of Practice for Schools – Disability Discrimination Act 1995: Part 4 (Disability Rights Commission, 2002)
Implementing the Disability Discrimination Act in Schools and Early Years settings
Every Student Matters; Change for Students
Me (DFES & Council for Disabled Students)
Procedure for managing non & prescription medicines on school trips, Trips Policy Health and Safety of Students on Educational Visits: a good practice guide (DCSF previously known as DfES, 1998) paragraphs 100-106. 12
Drugs: Guidance for Schools (DfES, 2004)
Drug Misuse Policy
Access to the school's emergency procedures
Risk assessment and management procedures
School Bus Policy
Student Protection Policy
Early Year Policy
Health & Safety
Severe Food Allergies Policy
Insurance – A guide for schools (DfES, 2003)
Employers Liability Insurance
Control of Substances Hazardous to Health Regulations 2002 (COSHH)
First Aid and Provision Policy
Guidance on First Aid for Schools: a good practice guide (DfES, 1998)
Medical Conditions at School Guidelines (DCSF)
Health and Safety: Responsibilities and Powers (DfES, 2001) Ref: DfES/0803/2001 (DfES, 1998)
Home to school travel for students requiring special arrangements (DfES, 2004)
School Admissions Code of Practice (DfES, 2003)
Special Educational Needs Code of Practice (DfES, 2001)
Standards for School Premises (DfEE, 2000)
Work Related Learning and the Law (DfES, 2004)

Useful Contacts

Allergy UK www.allergyfoundation.com
The Anaphylaxis Campaign www.anaphylaxis.org.uk & www.allergyinschools.co.uk
Association for Spina Bifida and Hydrocephalus www.asbah.org
Asthma UK www.asthma.org.uk
Council for Disabled Students www.ncb.org.uk/cdc/
Contact a Family www.cafamily.org.uk
Cystic Fibrosis Trust www.cftrust.org.uk
Diabetes UK www.diabetes.org.uk
Department of Health www.dh.gov.uk
Disability Rights Commission (DRC) www.drc-gb.org
Epilepsy Action www.epilepsy.org.uk
Health and Safety Executive (HSE) www.hse.gov.uk
Health Education Trust www.healthedtrust.com
Hyperactive Students's Support Group www.hacsg.org.uk
MENCAP www.mencap.org.uk
National Eczema Society www.eczema.org
National Society for Epilepsy www.epilepsynse.org.uk

Common Conditions

ASTHMA

Asthma is common and appears to be increasingly prevalent in students and young people.

Triggers:

- tobacco smoke
- cold and flu
- chalk dust
- stress and emotions
- house dust mites
- animal fur/feathers
- mould
- scented products such as perfume
- pollen and grass cuttings
- latex gloves
- dust for flour and grains
- chemicals and fumes
- dust from wood work
- weather
- aerosol sprays – cleaning and gardening products

The signs of an asthma attack include:

- coughing
- being short of breath
- wheezy breathing
- feeling of tight chest
- being unusually quiet

Younger students may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest.

Students with asthma should have asthma plans agreed by the parents of students with asthma. This will indicate on how staff can recognise when their student's asthma gets worse and what action will be taken.

Medicine and Control

- Relievers (blue inhalers) usually a student will only need a reliever during the school day and are taken during an asthma attack, sometimes taken before exercise

Students will have immediate access to these and the must be taken to all sporting activities including clubs.

- Preventers (brown, red, orange inhalers, sometimes tablets) are usually used out of school hours
- Spacers are used for students under the age of 12
- Nebulisers
- Steroid Tablets

When a student has an attack they should be treated according to their individual healthcare plan or asthma card as previously agreed.

An ambulance should be called if:

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

A student should have a regular asthma review with their GP. Parents should arrange the review and make sure that a copy of their student's management plan is available to the school.

Students with asthma may not attend on some days due to their condition, and may also at times have some sleep disturbances due to night symptoms.
All staff, particularly PE teachers, should have training or be provided with information.

Organisations

www.asthma.org.uk

www.kickasthma.org.uk

Asthma UK Adviceline 08457 01 02 03

NHS Direct Phone 0845 4647 & www.nhsdirect.nhs.uk

EPILEPSY

Students 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 students have epilepsy and around 80 per cent of them attend mainstream school. Most students with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

If a student does experience a seizure at school, details will be recorded and communicated to parents including:

- any factors which might possibly have acted as a trigger to the seizure – e.g. visual/auditory stimulation, emotion (anxiety, upset)
- any unusual ‘feelings’ reported by the student prior to the seizure
- parts of the body demonstrating seizure activity e.g. limbs or facial muscles
- the timing of the seizure – when it happened and how long it lasted
- whether the student lost consciousness
- whether the student was incontinent

This will help parents to give more accurate information on seizures and seizure frequency to the student’s specialist.

Not all seizures involve loss of consciousness. When only a part of the brain is affected, a student will remain conscious with symptoms ranging from the twitching or jerking of a limb to experiencing strange tastes or sensations such as pins and needles. Where consciousness is affected; a student may appear confused, wander around and be unaware of their surroundings. They could also behave in unusual ways such as plucking at clothes, fiddling with objects or making mumbling sounds and chewing movements. They may not respond if spoken to. Afterwards, they may have little or no memory of the seizure.

In some cases, such seizures go on to affect all of the brain and the student loses consciousness. Such seizures might start with the student crying out, then the muscles becoming stiff and rigid. The student may fall down. Then there are jerking movements as muscles relax and tighten rhythmically. During a seizure breathing may become difficult and the student’s colour may change to a pale blue or grey colour around the mouth. Some students may bite their tongue or cheek and may wet themselves.

After a seizure a student may feel tired, be confused, have a headache and need time to rest or sleep. Recovery times vary. Some students feel better after a few minutes while others may need to sleep for several hours.

Another type of seizure affecting all of the brain involves a loss of consciousness for a few seconds. A student may appear ‘blank’ or ‘staring’, sometimes with fluttering of the eyelids. Such absence seizures can be so subtle that they may go unnoticed. They might be mistaken for daydreaming or not paying attention in class. If such seizures happen frequently they could be a cause of deteriorating academic performance.

Medicine and Control

anti-epileptic medicines

Triggers

- anxiety
- stress
- tiredness
- being unwell
- flashing or flickering lights
- some geometric shapes or patterns – photosensitivity, is very rare.

During a seizure it is important to make sure the student is in a safe position, not to restrict a student's movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under the student's head will help to protect it. Nothing should be placed in their mouth. After a convulsive seizure has stopped, the student 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 student's first seizure
- the student has injured themselves badly
- they have problems breathing after a seizure
- a seizure lasts longer than the period set out in the student's health care plan
- a seizure lasts for five minutes if you do not know how long they usually last for that student
- there are repeated seizures, unless this is usual for the student as set out in the student's health care plan

Organisations

Epilepsy Action

www.epilepsy.org.uk

NHS Direct Phone 0845 4647 www.nhsdirect.co.uk

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 student's needs or the insulin is not working properly (Type 2 diabetes).

About one in 550 school-age students have diabetes. The majority of students have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Students with Type 2 diabetes are usually treated by diet and exercise alone.

Each student may experience different symptoms and this should be discussed when drawing up the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention.

Medicine and Control

The diabetes of the majority of students is controlled by injections of insulin each day.

Most younger students 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, although for those who do it may be necessary for an adult to administer the injection.

Some students may require insulin with breakfast, lunch and the evening meal, and before substantial snacks. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give.

Students 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.

Students with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for students with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the student may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low.

Staff in charge of physical education or other physical activity sessions should be aware of the need for students with diabetes to have glucose tablets or a sugary drink to hand.

Following symptoms, either individually or combined, may be indicators of low blood sugar – a hypoglycaemic reaction (hypo) in a student with diabetes:

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

If a student has a hypo, it is very important that the student 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 student and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the student has recovered, some 10-15 minutes later.

An ambulance should be called if:

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

Some students 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, and staff will naturally wish to draw any such signs to the parents' attention. If the student is unwell, vomiting or has diarrhoea this can lead to dehydration. If the student is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the student will need urgent medical attention.

Organisations

www.diabetes.org.uk

careline@diabetes.org.uk

www.studentswithdiabetes.com/uk/

INPUT (promoting INsulin Pump Therapy)

www.input.me.uk

Juvenile Diabetes Research Foundation

www.jdrf.org.uk

NHS Direct Phone 0845 4647 www.nhsdirect.nhs.uk

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.

Triggers

- peanuts
- tree nuts
- sesame
- eggs
- cow's milk
- fish
- shellfish
- certain fruits such as kiwifruit
- penicillin
- latex
- venom of stinging insects (such as bees, wasps or hornets)
- exercise

Anaphylaxis (nut allergy) is a condition, which appears to be on the increase. It is difficult to diagnose in advance and is often discovered only when a student eats a nut for the first time. We ask all parents to observe strictly the following rule:

NO NUTS OR NUT PRODUCTS ON THE SCHOOL PREMISES

This is stated in the Parent Handbooks and all Curriculum Evening Meetings at the beginning of the year.

Symptoms

- unconsciousness
- swelling in the throat
- severe asthma
- tingling or itching in the mouth
- hives anywhere on the body
- generalised flushing of the skin
- abdominal cramps, nausea and vomiting
- sudden feeling of weakness
- sense of impending doom



Nettle Rash (Hives)



Swelling of mouth

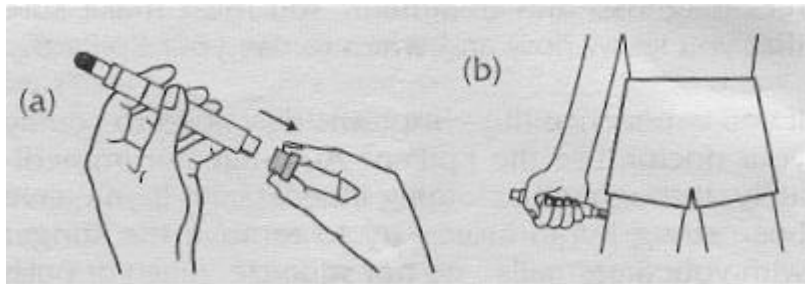
Even where mild symptoms are present, the student should be watched carefully. They may be heralding the start of a more serious reaction.

Medicine and Control

- anti histamine
- epipen or anapen – injectable adrenaline

These should only be administered by trained staff:

1. Pull the end off e.g. grey cap
2. Hold onto the muscle at the top of the leg i.e. thigh
3. Aim the pen. It must be placed **OUTSIDE THE THIGH AND LEFT:**



4. Press down on the top of the pen: this will click which in turn will push the needle into the leg
5. Count slowly to ten: this allows the adrenaline to be absorbed.
6. Withdraw needle i.e. pull the EpiPen away.
7. Look for a positive response.
8. **INJECT A SECOND DOSAGE AFTER TEN MINUTES IF REQUIRED.**

An ambulance should be called if:

- an epipen or anapen has been administered
- a student goes into anaphylactic shock

Food Management

This is the day to day policy measures are needed for food management, awareness of the student's needs in relation to the menu, individual meal requirements and snacks in school. When kitchen staff are employed by a separate organisation, it is important to ensure that the catering supervisor is fully aware of the student's particular requirements. A 'kitchen code of practice' could be put in place.

All appropriate steps to minimise any risks to allergic students will be taken.

Organisations

www.anaphylaxis.org.uk

www.allergyinschools.org.uk

www.cateringforallergy.org

www.anaphylaxis.org.uk

www.epipen.co.uk

NHS Direct Phone 0845 4647 www.nhsdirect.co.uk

JOHN WILKINSON PRIMARY SCHOOL

INITIAL CARE PLAN

Name:

Date of Birth:

Address:

Contact Details:

Name of Parent:

Telephone:

Home:

Work:

Mobile:

Name of Doctor:

Telephone Number:

Hospital Contact:

(Paediatrician)

Telephone Number:

Member of staff responsible for home-school communication

Medical Condition:

1. Pupil's information

Medical condition information

2. Details of pupil's medical conditions

Signs and symptoms of this pupil's condition:

Triggers or things that make this pupil's condition/s worse:

3. Routine healthcare requirements

(For example, dietary, therapy, nursing needs or before physical activity)

During school hours:

Outside school hours:

5. What to do in an emergency

JOHN WILKINSON PRIMARY SCHOOL

TRAINING

Names of staff volunteers who have been trained to administer/supervise medication.

NAME	TRAINING	DATE

Additional Information

Communication

JOHN WILKINSON PRIMARY SCHOOL

AGREEMENT AND CONCLUSION

A copy of these notes will be retained by the school and parents.

Any changes in routine will be noted and circulated in writing to all involved parties.

Agreed and signed

I request that the treatment be given in accordance with the above information by a responsible member of the school staff who has received any necessary training. I understand that it may be necessary for this treatment to be carried out during education visits and other out of school activities, as well as on the school premises.

I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must notify the John Wilkinson Primary School and Nursery of any changes in writing.

Parents

School

Date



Contacting Emergency Services

Dial 999

Ask for an ambulance and be ready with the following information

1. The telephone number: 01952 882950
2. Give the location as follows:

John Wilkinson Primary School and Nursery
Coalport Rd
Broseley
TF125AN

Note the school is behind the garage as this was an issue for one ambulance team

3. Give exact location in the school of the person needing help.
4. Give your name.
5. Give the name of the person needing help.
6. Give a brief description of the person's symptoms
(And any known medical condition).
7. Inform ambulance control of the best entrance a member of staff will be waiting at the gate to allow entrance for the ambulance and ambulance crew will be taken to the student/adult.
9. Don't hang up until the information has been repeated back to you.

Collect medical forms from the secretary

Collect notes from care giver

Speak clearly and slowly

Supporting Pupils with Medical Conditions

Parent or health professional notifies schools that a child has a medical condition

Meeting with school or nursery occurs to identify needs and plan for the completion of a care plan – a member of staff is identified as a key person for contact

Meeting held to discuss and agree a Health care plan with all key people meeting: school staff , parents/ carers, medical staff

Record in writing an agreed care plan which both school and parents sign

Ensure staff training occurs if required (Head teacher responsibility)

Records of training retained

Implement

Monitor of individual healthcare plans

Review regularly and particularly if needs change or adapt .This can be initiated by staff , parents or medical providers