



Medical Conditions Policy

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Introduction

Rattlesden C of E Primary Academy is an inclusive community that aims to support and welcome pupils with medical conditions and aims to provide all pupils with medical conditions the same opportunities as others at school.

At Rattlesden, we understand that medical conditions should not be a barrier to learning, so we will ensure that all staff understand their duty of care to children in the event of an emergency and feel confident in knowing what to do in an emergency.

Pupils with medical conditions are encouraged to take control of their condition and the school will make every effort to ensure that they are confident in the support they receive to help them do this.

This school aims to include all pupils with medical conditions in all school activities and there will be an expectation that medical intervention in school time should be minimised to ensure full access to the curriculum.

We understand that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood. Therefore, we will ensure that all staff understand the common medical conditions that affect children at this school and receive training on the impact this can have on pupils and with specific medical conditions that affect any child at our school and what to do in an emergency.

We follow the national DfE guidance, 'Supporting Pupils with Medical Conditions at School' (updated August 2017) and @Guidance on the use of emergency salbutamol inhalers in Schools' (March 2015).

Staff awareness & training

Staff are aware and understand the signs and symptoms of the most common serious medical conditions at this school and they understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required (under common law duty of care) to act like any reasonably prudent parent. This may include administering medication.

Staff at this school receive training and know what to do for the pupils in their care with medical conditions. Training is refreshed for all staff at least once a year or if a child with a new medical conditions starts the school.

Action for staff to take in an emergency, for the common serious conditions at this school, is displayed in prominent locations for all staff and staff complete training for asthma, epilepsy and anaphylaxis, which is updated regularly. A record of those who have attended training is held centrally in the school office.

This school uses Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need medical assistance. These are kept in the child's folder and class folder that is accessible to all staff working in that classroom, including supply teachers and covering staff.

Appendix one (Responding to asthma symptoms and an asthma attack from DfE guidance on the use of emergency salbutamol inhalers in schools) should be read by all staff.

General emergency procedures

The school will ensure that all staff know what action to take in the event of a medical emergency. Healthcare plans will be followed in an event of an emergency. New staff and supply staff are inducted into school processes. If a pupil needs to be taken to hospital, and their parent or carer is not immediately available, a member of staff will accompany them and will stay with them until a parent/carer arrives. Any emergency medication given to a child as well as their healthcare plan will either be given to the paramedic or taken to the hospital. 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 administer emergency medication (unless it is their first one) and call 999 in an event of anaphylaxis and asthma attack and after 5 minutes of an epileptic seizure or sooner if needed.

Notes will be taken at the time and after an emergency situation in order to inform medical treatment and inform how the child's condition in the future. Information such as times, medication doses and observations will be recorded. This is particularly important for a child having an epilepsy seizure.

Staff should not take pupils to hospital in their own car. This school has clear guidance from the local authority on when (and if) this is appropriate

Administering medication

All staff for pupils at this school with medical conditions have easy access to their medication. Emergency medication such as inhalers for asthma, epilepsy medication, auto-injector pens or anti-histamine is kept in a secure but easy to access place in the child's classroom in an easy identifiable box, in original packaging, alongside their care plan, information about the condition and medication and photo of the child. All staff, including midday supervisors, are aware of their location (there is a list of their location in the lunch first aid box, school office and photocopying room). Emergency medication is taken by a responsible adult when the child is taking part in lessons in a different location than the classroom, for example, PE lessons.

All other prescribed or non-prescribed medication which a child is taking short term, such as paracetamol or anti-biotics will be stored in a secure location in our school office or fridge. This will only be administered under the supervision of a member of staff at the school - even if the pupil can administer the medication themselves (pupils will be encouraged to administer their own emergency medication when their parents and health specialists determine they are able to start taking responsibility for their condition).

All staff understand the importance of medication being taken and staff administering medication will follow the information given either on the child's healthcare plan or administration of medication form. When any medication is administered, this is recorded on the relevant form or record book. If any emergency medication is administered, for example inhaler for asthma, parents will be informed. This is so parents are aware if their child's medical condition is no longer under control and they need to visit their GP. When a child uses their inhaler, the location, time, dose and adult supervising should be recorded.

When a pupil is off-site their medication will be carried by a responsible adult, who will be available to administer the medicine and assist the pupil. All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed. This is always addressed in the risk assessment for off-site activities.

Training is given to all staff members who give medication to pupils, where specific training is needed. If a trained member of staff, who is usually responsible for administering medication, is not available the school makes alternative arrangements to provide the service.

Parents at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately and healthcare plans should be updated.

If a pupil misuses medication, either theirs or another pupil's, their parents are informed as soon as possible. These pupils are subject to the school's usual disciplinary procedures.

The school holds an emergency salbutamol inhaler and adrenaline auto-injector pen in the school office. This may be used in an event of an emergency if a child's own medication cannot be used for any reason. This emergency medication can only be used on pupils who have the medical condition and where permission has been given or if told by a medical professional in an event of an emergency, e.g. paramedic/999. Parents are asked to give permission at the beginning of the school year.

If a pupil at this school refuses their medication, staff record this and follow procedures. Parents are informed as soon as possible.

Storing medicines at school

Storage of medication is the responsibility of class teachers and office staff. Medication is stored in accordance with instructions, paying particular note to temperature.

All controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

It is the parents' responsibility to check expiry dates for all medication stored at school. A reminder will be sent home to parents at the beginning of the school year. Staff responsible for storing the medication will endeavor to check expiry dates at the beginning of the school year.

All medication is supplied and stored, wherever possible, in its original containers. All medication is labelled with the pupil's name and picture, the name of the

medication, expiry date and the prescriber's instructions for administration, including dose and frequency.

Some medication for pupils at this school 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.

All medication is sent home with pupils at the end of the school year. Medication is not stored during the summer holidays. It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

Safe disposal

Although not currently needed, sharps boxes would be used for the disposal of needles. Collection and disposal of sharps boxes would be dealt with appropriately.

Record keeping

Parents at this school are asked if their child has any health conditions or health issues on the enrolment form, which is filled out when they start at the school. Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms. These will be kept in their files and a central register of pupils with medical needs is compiled and class medical lists will then be available for class teachers.

Information about a child's medical condition with a photo of the child, including emergency procedures will be displayed (away from public view) for all adults working in the child's class.

Healthcare Plans

Healthcare Plans help the school to effectively support pupils with medical conditions in accessing the curriculum and wider school life. We use Healthcare Plans to access important details about individual children's medical needs at school, e.g. their triggers, signs, symptoms, medication and other treatments.

If a pupil has a longer-term medical condition that requires treatment or medication during school hours, the parent is asked to supply a healthcare plan, written by a healthcare professional. If this cannot be provided, the parent and school will write a healthcare plan with advice from a healthcare professional if possible. A child with epilepsy who has been given emergency medication must have care plan written and signed by the hospital.

If a pupil has a short-term medical condition that requires medication during school hours, a medication administration form plus explanation is given to the pupil's parents to complete.

Parents at this school are regularly reminded to update their child's Healthcare Plan, for example if their child has a medical emergency or if there have been changes to their symptoms, or their medication and treatments change. Asthma healthcare plans should be updated by a healthcare professional every year. For children with allergies, this may only need to be done if their condition becomes unstable. The school will contact parents to check that information held by the school on a pupil's condition is accurate and up to date at the beginning of the school year.

Every pupil with a Healthcare Plan at this school has their plan discussed and reviewed/updated at least once a year. Healthcare Plans are kept in the child's file and a copy is given to the class teacher who shares the information with any adult working in that class and kept in a place which is accessible to all staff working in that class, including supply teachers. This school ensures that all staff protect pupil confidentiality.

This school shares medical information in line with our GDPR policy.

Residential visits and School Trips

Parents are sent a residential visit/school trips form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up to-date information about the pupil's current condition and their overall health. This provides essential and up to-date information to 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. We also ask parents to give permission to administer paracetamol and bite/sting cream. Parents are informed if these have been administered.

All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required. Training is given to those staff if required. A discussion between the relevant staff member and parent may be held if it is felt necessary.

All residential visit forms are taken by the relevant staff member on residential trips and out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's healthcare plan.

Risk assessments are carried out by this school prior to any out-of-school visit and medical conditions are considered during this process. Factors this school considers include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency. This school understands that there may be additional medication, equipment or other factors to consider when planning residential visits.

Inclusion

Rattlesden C of E Primary Academy is committed to providing a physical environment that is accessible to pupils with medical conditions, including school trips.

We ensure that pupils with medical conditions can participate fully in all aspects of the curriculum, including physical activities, as well as social activities such as lunchtimes and that appropriate adjustments and extra support are provided. Pupils with medical conditions are adequately considered to ensure they have full access to extended school activities, out-of-school clubs and team sports.

Staff are aware of the potential social problems that pupils with medical conditions may experience and 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 PSHE lessons to raise awareness of medical conditions.

During physical activities, school staff and sports coaches are aware of potential triggers for pupil's medical conditions when exercising and how to minimise these

triggers. This school ensures all pupils have the appropriate medication or food with them during physical activity.

Education and learning

If a pupil is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers at this school understand that this may be due to their medical condition. Teachers at this school are aware of the potential for pupils with medical conditions to have special educational needs (SEND) and procedures to identify additional needs will be followed.

Absence from school due to medical Condition

We will follow the DfE guidance, 'Ensuring a good education for children who cannot attend school because of health needs' (2013).

If a child is going to be absent from school for a short period due to illness, class teachers will liaise with parents to send learning home if it is appropriate to do so. If a child is in hospital, the hospital may provide education for the child. If the period of absence is long term (for more than 15 days, either in one period or over the course of the year) the school will inform the LA, who have a duty for providing education for any child in full time education who cannot attend school despite adjustments being put in place. This could be either at home or hospital, through alternative tuition service (ATS) which the school can make a referral for. The school will maintain good links with the LA, healthcare professionals and ATS during this time.

Safeguarding the child being tutored is the responsibility of the school and ATS and there will be regular communication between the school, ATS and the family.

The child will remain on role unless it is in agreement with the LA or it has been agreed that they will not be ready to return to school before school leaver age or the parents have made it clear they do not wish for the child to return before school leaver age.

If a child has an EHCP and is admitted into school, the LA responsible for the plan will be informed.

When a child is ready to return to school after long term absence, the school, health care professionals and LA will work closely together to establish a

reintegration plan to ensure a successful transition. This will most likely happen near to the time of reintegration in order to not put pressure on the child.

Roles and responsibilities

This school works in partnership with all interested and relevant parties including the school's governing body, all school staff, parents, employers, community healthcare professionals and pupils to ensure the policy is planned, implemented and maintained successfully.

The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly.

Governors

- ensure a policy for supporting pupils with medical conditions has been developed, implemented and reviewed
- ensure that a pupil with a medical condition is supported to enable the fullest participation possible in all aspects of school life.
- ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

Governors will receive annual updates as to the effective working of the policy, including numbers of pupils and key issues arising from school health care plans and training provided.

Headteacher/SENCO

- ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks.
- liaise between interested parties including pupils, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents, governors, the school health service, and academy trust.
- ensure the policy is put into action, with good communication of the policy to all.

- ensure 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, using the appropriate healthcare professionals.
- ensure all supply teachers and new staff know the medical conditions policy
- monitor and review the policy at least every two years, according to review recommendations and recent local and national guidance and legislation.
- report back to all key stakeholders about implementation of the medical conditions policy.

All school staff

- Attend regular medical training of common medical conditions (yearly is recommended) such as asthma, anaphylaxis and epilepsy or for a particular medical condition if needed.
- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- understand the school's medical conditions policy.
- know which pupils in their care have a medical condition and be familiar with the content of the pupil's Healthcare Plan.
- allow all pupils to have immediate access to their emergency medication.
- maintain effective communication with parents including informing them if their child has been unwell at school.
- ensure medication is taken with them 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.
- must not be given prescription medication or undertake a medical procedure without appropriate training / updated to reflect the individual care plan.

- Ensure medication is stored securely but is accessible, paying attention to temperature and inhalers used for asthmas are not kept in plastic bags.

Teaching staff

- where appropriate and where possible, liaise with parents and carers of pupils who have been unwell, to provide some additional work.
- be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it.
- liaise with parents, the pupil's healthcare professionals and head teacher 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.

First aider

- give immediate help to casualties with common injuries or illnesses.
- when necessary, ensure that an ambulance or other professional medical help is called.

Local doctors and specialist healthcare professionals

- complete the pupil's Healthcare Plans.
- where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours.
- ensure the child or young person knows how to take their medication effectively.
- ensure children and young people have regular reviews of their condition and their medication.
- Work closely with the school to provide the school with information, advice and training regarding individual children and young people with medical conditions (with the consent of the pupil and their parents).

Pupils

- treat other pupils with and without a medical condition equally.

- tell their parents, teacher or nearest staff member when they or another pupil is not feeling well.
- let any pupil take their medication when they need it, and ensure a member of staff is called.
- treat all medication with respect
- know how to gain access to their medication in an emergency if mature and old enough.
- if mature and old enough and with written consent from parents, know how to take their own medication and to take it when they need it.
- Do not take any other pupil's medication.

Parents/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 written by a healthcare professional.
- 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, medication name, use-by date and where possible in their original containers and information about dose and administration.
- ensure that their child's medication is within expiry dates and check this every term.
- 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.

Appendix One

Responding to asthma symptoms and an asthma attack

Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

For this reason, the emergency inhaler should only be used by children who have been diagnosed with asthma, and prescribed a reliever inhaler, or who have been prescribed an reliever inhaler AND whose parents have given consent for an emergency inhaler to be used.

It is recommended that each school's asthma policy includes general information on how to recognise and respond to an asthma attack, and what to do in emergency situations. Staff should be aware in particular of the difficulties very young children may have in explaining how they feel. Often guidance provided to schools by local authorities will provide this information. Some schools will already have this information in an asthma policy or medical conditions policy.

Asthma UK has produced demonstration films on using a metered-dose inhaler and spacers suitable for staff and children. <http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>

Education for Health is a charity providing asthma training with the most up to date guidelines and best practice <http://www.educationforhealth.org>

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)

- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

Responding to signs of an asthma attack

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.

- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Recording use of the inhaler and informing parents/carers

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. Supporting pupils requires written records to be kept of medicines administered to children.