



The Societas Trust

Primary Academy

Medical Conditions Policy

Date of Policy	2021
Reviewed and Agreed by	The Directors' Board
Review Date	14 July 2021
Next Review Date	Summer 2022

Definition

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

- a) Short-term:
affecting their participation in school activities when they are on a course of medication (for example a short course of antibiotics);

- b) Long Term:
potentially limiting their access to education and requiring extra care and support (deemed **special medical conditions**).
Medication in particular circumstances, such as children with severe allergies who may need an emergency treatment such as adrenaline injection.
Daily medication for a condition such as asthma, where children may have the need for daily inhalers (and potentially additional assistance during an asthma attack).

Rationale

Academies have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employees responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical conditions, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the Academy. This may mean making special arrangements for particular pupils who may be at more risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary trained to provide any additional support these pupils may need.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. **Pupils with special medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.** However, teachers and other academy 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. This could extend to a need administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the Academy with information. The Academy takes advice and guidance from 'Supporting Pupils with Medical Conditions in School' (Department for Education) December 2015 provides guidance to schools in relation to medical conditions. Contact details for our School Nursing Service can be obtained from the main office. A copy of this policy is also available upon request.

At [redacted] Primary Academy we place the needs of each individual child at the heart of their learning. This includes children with medical conditions.

Entitlement

The Academy believes that pupils with medical conditions, in terms of both physical and mental health, should be assisted if at all possible and that they have a right to the full education available to other pupils in order that they can play a full and active role in school life, remain healthy and achieve their academic potential.

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

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

- receive appropriate training;
- work to clear guidelines;
- have concerns about legal liability;
- bring to the attention of [redacted] any concern or matter relating to supporting pupils with medical conditions.

Expectations

It is expected that:

- parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative. The administration of medicine will always be supervised though by an adult in school.

Aims

The Academy aims to:

- assist parents in providing medical care for their children;
- educate staff and children in respect of special medical conditions;
- provide necessary training for academy staff;
- arrange training for volunteer staff to support individual pupils;
- liaise as necessary with Healthcare Professionals in support of the individual pupil;
- ensure access to full education if possible;
- monitor and keep appropriate records.

- Training for Asthma, Anaphylaxis and Epilepsy is provided on a three yearly cycle. There may also be occasions though where the School Nursing Service will provide further training around a specific medical condition.

School Nursing Service

Primary Academy can request to receive support from the School Nursing Service. The School Nurse will have the lead role in ensuring that pupils with medical conditions are properly supported in schools, including writing the individual Healthcare Plan in conjunction with and will support staff in implementing a child's plan. **The School Nurse will also endorse the child's individual Healthcare Plan.**

GPs and Paediatricians (or other Healthcare Professionals)

On occasions a Paediatrician, Consultant or other Healthcare Professional may contact the Academy to provide advice around a child's Healthcare Plan. Schools can also request the School Nursing Service to liaise with hospital staff if further information around a child's medical condition is needed.

Pupils

As the person with the medical condition, the child is best placed to provide information about how their condition affects them. The child will be fully involved in discussions about their medical support needs and will **contribute as much as possible to the development of, and** comply with their healthcare plan.

Parents

- Parents will provide the academy with sufficient and up-to-date information about their child's medical conditions. Parents may notify the academy that their child has a medical condition. Parents are a key partner and will be fully involved in the development and review of the child's Healthcare Plan.
- Parents also have the responsibility to check that their child's medication is in date and ensure that it is in school. For inhalers we suggest the children bring a spare inhaler so that this can be kept in school.
- Parents will need to carry out any action that they have agreed to in the Healthcare Plan e.g., providing medicines and equipment and ensure that another adult is contactable at all times.

Arrangements for Briefing New Teachers, Including Supply Teachers

- When a new member of staff joins our academy, [redacted] will show the new member of staff where our medical records are kept. These can be accessed on the Academy Server and paper copies of Healthcare Plans are locked away in a secure filing cabinet.
- An assessment of training needs will be conducted before this person commences employment.
- Staff are asked to keep a record of medical conditions for children in their class in their planning file and also in a separate information file. This is also available for supply teachers.

Academy Procedures for Healthcare Plans

At [redacted] Primary Academy all children may have medical conditions from time to time. When a child has a medical condition that is long term s/he will have an Individual Healthcare Plan.

- These are written in partnership with pupils, parents, academy staff and any outside agencies that are involved including Nurses or Doctors.
- They are reviewed on an annual basis, unless a child's needs change before this date. In this case a plan is reviewed as soon as a mutual date can be arranged for all stakeholders to meet and review it.
- Staff, Parents or an external professional may raise a request for a Healthcare Plan and in the first instance [redacted] will be informed and a subsequent meeting would be arranged to discuss the needs of the child.
- A Healthcare Plan is drawn up. Parents and the Academy sign to say that they are happy with this. This would be checked by a School Nurse if the School Nursing Service are involved in the development of the Healthcare Plan.
- Staff are alerted to a new Healthcare Plan or a review, which may include a change.
- Any member of staff working with a child will need to read a new or reviewed/amended Healthcare plan.
- Staff will also be alerted to any associated risk assessment with the Healthcare Plan.

When a Healthcare Plan is created, the best interests of the child are central to this. At [redacted] Primary Academy we try our best to ensure that all risks to a child's education, health and social wellbeing have been assessed, managed and that any disruptions are minimised.

The academy does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the headteacher based

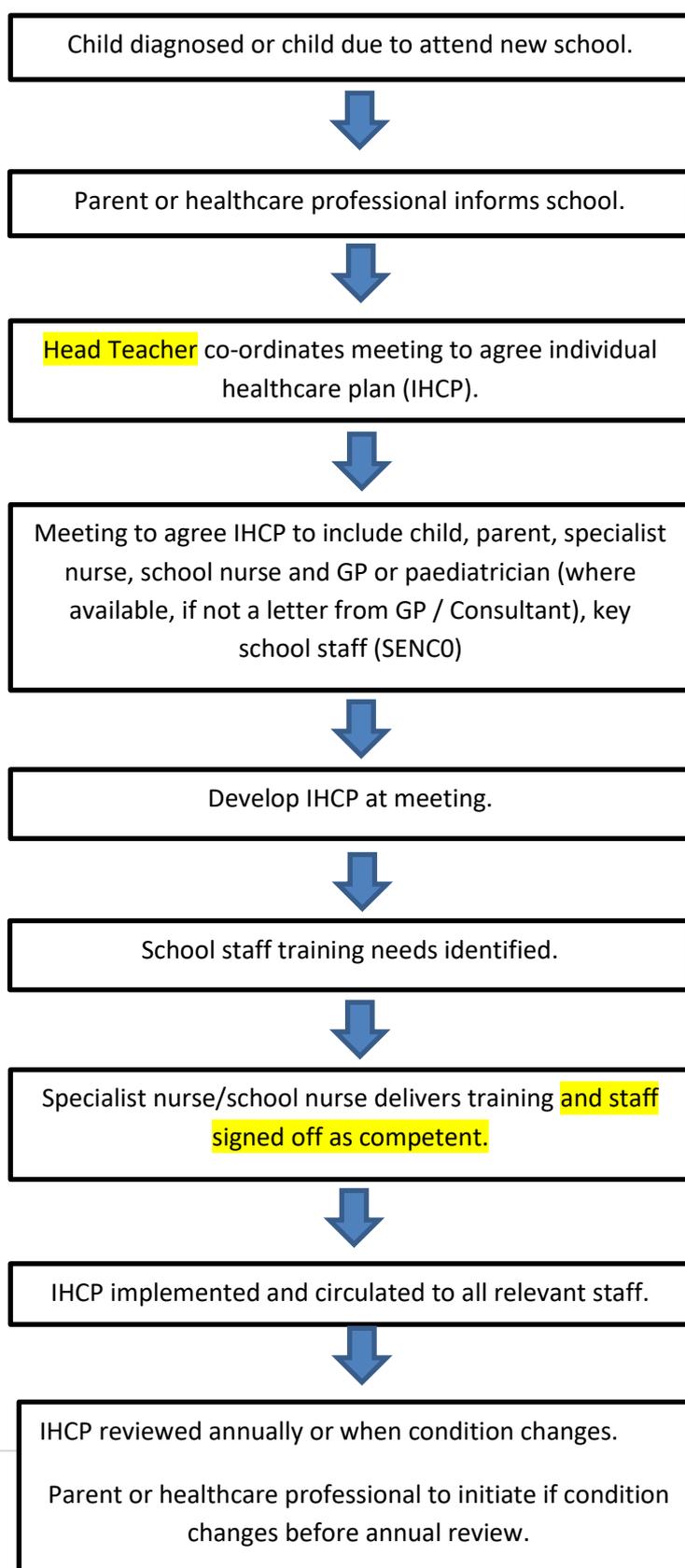
on all available evidence (including medical evidence and consultation with parents/carers).

Individual Healthcare Plans will contain the following information:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (its side effects and storage) and other treatments; dose, time, facilities, equipment, testing, dietary requirements and environmental issues e.g. crowded corridors.
- **Specific support for the pupil's educational, social and emotional needs – for example how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.**
- The level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring and supervision.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional.
- Cover arrangements for when the named supporting staff member is unavailable.
- **Who in the academy needs to be aware of the child's condition and the support required.**
- Written permission from parents/Carers for medication to be administered by a member of staff, or self-administered by individual pupils during school hours with supervision.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessment.
- **Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.**
- What to do in an emergency, including whom to contact and contingency arrangements.

The flow chart below outlines how our school identifies and agrees the support that a child may need when developing a Healthcare Plan.

Source: Supporting Pupils at School with Medical Conditions Department for Education December 2015 Annex A.)



For some children with a disability which is not a Special Educational Need i.e. a wheelchair user, the above plans will also be put into place to ensure that the building and the curriculum is still accessible.

Administration of Medication for a Child with a Healthcare Plan.

- At [redacted] Primary Academy medication is only administered if it would be detrimental to the child's health or attendance, if this was not administered. Any form of medication will only be administered when written consent has been received by the child's parent(s)/Carer (s) either temporary or through a Healthcare Plan.
- Where parents have asked the Academy to administer the medication for their child, this must be in the original container. The prescription, dosage regime, name should be typed or printed clearly on the outside. The name of the pharmacist should also be visible.
- Any medications not presented properly will not be accepted by academy staff. [redacted] Primary Academy will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
- Non-prescription medicines may be administered in the following situation:
 - When it would be detrimental to the pupil's health not to do so as instructed by a medical professional.
- Pupils should not bring in their own medicine. This should be brought into school by the parent and signed in at the office.
- Staff should record the administration of the medication on the correct paperwork, including date, time and note any side effects. This will also be countersigned by another adult.
- the Academy will liaise with the School Health Service for advice about a pupil's special medical conditions, and will seek support from the relevant practitioners where necessary and in the interests of the pupil.
- **The Academy can only administer medication that has been agreed in the Healthcare Plan.** The exception to this is insulin which must still be in date, but is generally available to schools inside an insulin pen or pump, rather than in its original container.
- A child under 16 will not be given medicine containing aspirin unless it has been prescribed by a doctor. Medication (for example for pain relief) will not be administered without maximum dosages being checked and when the previous dose was taken. Parents will be informed if their child has taken pain relief medication **(according to their Healthcare Plan).**
- In some instances a child may refuse to take their medication. When this happens staff will inform parents/carers so that alternative options can be considered. A member of staff will never force a child to take medication.
- Where clinically possible, medicines should be prescribed in dose frequencies which enables them to be taken outside school hours.

- All medicines will be stored safely. Children will be told where their medicines are at all times and be able to access them immediately. On school trips, the child will know which adult has their (medication) and will always be grouped with the named adult. Individual risk assessments for school trips will include the information regarding which adult has the responsibility for those items.
- A member of staff will only administer a controlled drug to the child for whom it has been prescribed providing they have received specialist training/instruction where appropriate. Any side effects of the medication to be administered at school will be noted on the individual Healthcare Plan and parents will be informed.
- Medicines will be returned to parents when no longer required to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.
*Children with asthma are allowed immediate access to their relevant inhalers when they need them.

Academy Procedures for the Temporary Administration of Medication.

- Medication that has been prescribed four times a day can be difficult to administer at home due to the nature of the timings. Where a parent is unable to attend school to administer this themselves the Academy can administer the lunch time dose if a consent form has been completed. This medication must be in the container that it was prescribed in from the Pharmacy, clearly marked with the child's name, dosage and timings. Temporary medication is always administered by _____ in the Main Office. It also kept in the Main Office.
- All requests for temporary administration from parents are considered on an individual basis.

The Academy will not administer any medication that has not been prescribed by the Doctor. We cannot administer over the counter brought medicines.

IMPORTANT The first two doses of antibiotics should be administered by parents/carers. If a child was to have a reaction to antibiotics this reaction would occur after the second dose. We will only administer antibiotics on the third dose or after.

Staff Medicine

Any medicines brought into school by the staff eg headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the Academy.

Allergies

When a parent informs the Academy that their child has an allergy this is recorded on our records. Children with severe allergies will have their photographs displayed **in classrooms**. If the allergy is around a food type then there will be some liaison with, our Cook, so that she can accommodate any dietary needs. Some children in school have an Adrenaline Auto Injector device (Epipen) prescribed. **One is kept in the main office and one near the child at all times.** We adhere to the DfE guidance (2017) **:'Guidance on the use of adrenaline auto-injectors in schools.'** Please see our **Allergen and Anaphylaxis Policy for The Administration of Adrenaline Auto Injectors'** for further information. The Office record expiry dates.

Asthma Inhalers

Asthma Inhalers are kept in school for emergency use only. Before allowing the use of an Asthma Inhaler in school parents/carers must complete, agree and sign an asthma care plan and this also gives consent for our emergency inhalers to be used. The Academy also has 4 emergency inhalers in school and these can be used if a child cannot find their inhaler or it has been left at home. Emergency inhalers cannot be used by children who do not have an Asthma Care Plan.

A child's Asthma Inhaler will be kept within accessible reach of the child at all times (this will usually be in their classroom). When this is administered a member of staff will supervise or administer this. This then needs to be recorded on the administration paperwork and countersigned. Further details regarding Asthma can be found in the Asthma Classroom Pack 2014.

Children's Role in Managing their own Medical Conditions

When writing the individual Healthcare Plan, the School Nurse, Parents/Carers, **the child** and designated staff member will identify whether or not the child is competent to manage their own health needs and medicines with supervision (e.g. own application of cream with supervision) and whether or not it is appropriate for them to do so. Self-medication with supervision will only be possible if all signatories of the Healthcare plan are in agreement.

Children will only administer their medicines with an appropriate adult present.

Record Keeping

The Academy will maintain and keep written records of all medicines administered to children. These will be kept confidential under GDPR procedures.

Emergency Procedures

Healthcare Plans will reflect the Academy's Emergency Procedures, for example, including information on the best routes for a child to use in an emergency, where

their medication will be if the Academy is evacuated (e.g. inhalers, epipens) and who will be responsible for their medication in the event of an emergency.

Guidance on the use of adrenaline auto-injectors in schools

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow schools to obtain, without a prescription, adrenaline auto-injector (AAI) devices, if they wish, for use in emergencies. This will be for any pupil who holds both medical authorisation and parental consent for an AAI to be administered. The AAI(s) can be used if the pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

- | | |
|-----------------------|---|
| AIRWAY: | Persistent cough
Hoarse voice
Difficulty swallowing, swollen tongue |
| BREATHING: | Difficult or noisy breathing
Wheeze or persistent cough |
| CONSCIOUSNESS: | Persistent dizziness
Becoming pale or floppy
Suddenly sleepy, collapse, unconscious |

IF ANY ONE (or more) of these signs are present;

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)   
2. Use Adrenaline autoinjector* **without delay**
3. Dial 999 to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Academies who have pupils that are prescribed Adrenaline auto-injectors can purchase spare AAI's for emergency use.

Academies may administer their "spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

If someone appears to be having a severe allergic reaction (anaphylaxis), you **MUST** call 999 without delay, even if they have already used their own AAI device, or a spare AAI.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

Practical points:

- When dialling 999, give clear and precise directions to the emergency operator, including the postcode of your location.
- If the pupil's condition deteriorates and a second dose adrenaline is administered after making the initial 999 call, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Tell the paramedics:
 - if the child is known to have an allergy;
 - what might have caused this reaction e.g. recent food;
 - the time the AAI was given.

Further guidance about the use of AAI's and Anaphylaxis can be found in the following document: [Guidance on the use of adrenaline auto-injectors in schools](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Defibrillators

The setting has a **Mediana HeartOn A15** automated external defibrillator (AED). It is stored in **the medical room** in an **unlocked cabinet**. All staff members are aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the schools has been carried out.

Note, no training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used, or requires using. Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Maintenance checks will be undertaken on AEDs on a **weekly** basis by **name of designated person**, with a record of all checks and maintenance work being kept up-to-date by the designated person.

Day Trips, Residential Visits and Sporting Activities

Children with a medical condition will be supported in order that they participate fully in school trips and visits, except where evidence from a clinician, such as a GP, indicates that this is not possible.

The member of staff leading a school trip or residential will prepare an individual risk assessment, following the guidelines and information on the child's individual Healthcare plan. In some circumstances this will be shared with the child's parents prior to the trip. The individual risk assessment will contain information regarding specific emergency procedures for the child.

Academy procedures will be followed rigorously on day trips, residential visits and sporting activities. The provider of the day trip/residential visit and sporting activities will also be notified of the specific medical conditions provision.

Home to School Transport for Pupils Requiring Special Arrangements

Pupils with medical conditions travelling to and from school are the responsibility of their parents. **Where pupils are using transport provided by the Local Authority, risk assessments will be written and provided to the relevant transport provider. For pupils with life threatening conditions, specific transport healthcare plans will be carried on vehicles.**

Liability and Indemnity

The Academy's insurance arrangements are as follows:.....

Complaints

If parents or carers have a complaint about the support provided to their child with a medical condition, they should, in the first instance speak to your child's class teacher and then [REDACTED]. For further details of our complaints procedure please see the Academy's Complaint's Policy.