



Howard Park Community School (Arial 18 Bold)

Medical Policy

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<i>Signature</i>	<i>Signature</i>
Date:	Date:
Chair of Governors	Head Teacher

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1. The Role of the Governing Bodies, Management Teams, Proprietors and Management Committees

Almost all children at some time will have a medical condition or need that affects their attendance or ability to take part in play, attend childcare, school or take part in extra curricular activities.

Any condition must be managed so that each child's access to a learning, social and caring environment is safeguarded and that no child is discriminated against on the basis of disability caused by a medical condition. Medicines must be managed and administered safely.

We aim to provide all children with medical conditions the same opportunities as others. We will endeavour to ensure they can receive a full education and ensure we have plans in place to reintegrate them back into Howard Park after periods of absence.

We are committed to providing, as far as reasonably practicable, a physical environment that is accessible to children with medical conditions and that relevant children are included in the consultation process (as far as is possible).

We are aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it and that certain conditions are serious and can be potentially life-threatening.

We will ensure the needs of each child with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after the main activities. We acknowledge that almost all children at some time will have a medical condition which may affect their attendance or participation in play, school, extra curricula activities youth activities or in attending childcare.

Where these are provided by others parents need to ensure that information on their child's medical conditions have been provided and that health care plans are in place. Parents will be required to co-operate with policies and procedures.

Where the child attends more than one setting, such as a youth centre, every effort must be made to ensure any details of medical conditions are passed on. This must be with the parent's permission and Data Protection issues must always be adhered to.

We will endeavour to ensure that parents of children and young persons with medical conditions feel secure in the care their children receive and that the staff understand the common conditions that affect children and the importance of protecting the dignity of pupils.

All relevant staff have undergone appropriate training. (see Ch 7 Staff Training and Support)

We will ensure that staff are aware of the potential social problems children with such conditions may experience. Staff must use this knowledge to try to prevent and deal with problems in accordance with the Howard Park's anti-bullying and behaviour policies.

Staff will aim to include all children with medical conditions, to raise awareness of medical conditions and to help create a positive environment. This can be done by a variety of means such as PSHE, play activities etc.

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All staff are informed and regularly reminded about the medical conditions policy:

- through copies handed out at induction training
- at scheduled medical conditions training
- through the key principles of the policy being displayed in several prominent staff areas
- through Howard Park communication about results of the monitoring and evaluation of the policy
- all supply and temporary staff (and volunteers where appropriate) are informed of the policy and their responsibilities.
- the Governing Body ensures health and safety policies and risk assessments are inclusive of the needs of children with medical conditions.

2. Developing Howard Park's Policy

This policy will be reviewed regularly and will ensure that we :

- Make sure the medical conditions policy is effectively monitored and evaluated and regularly updated
- Monitor and review the policy at least once a year, with input from children (as appropriate), parents, staff and external stakeholders
- Review the policy on an annual basis taking into account any recommendations and/or changes in legislation and local or national guidance
- Report to parents, children, staff and the local authority and other key stakeholders about the implementation, successes and areas for improvement of Howard Park's medical conditions policy

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

- by including the policy statement in Howard Park's prospectus/Information pack and signposting access to the policy at the start of Howard Park's year/enrolment/provision of service when communication is sent out about Healthcare Plans;
- in the setting newsletter at several intervals in the setting year;
- when your child is enrolled at a setting
- via the setting's DCYP website, where it is available all year round;
- through communication about results of the monitoring and evaluation of the policy.

3. Policy Implementation

There will be a named person who has overall responsibility (Head/Manager or registered person). They will delegate responsibility in their absence

We will appoint a named person(s) who is responsible for:

- Ensuring sufficient staff are suitably trained in dealing with medical conditions and administration of medicines(Section 7)
- A commitment that all relevant staff will be made aware of the child's condition (Section 6)
- Cover arrangements in case of staff absence or staff turnover to ensure someone is always available.
- Briefing for supply staff and volunteers in ensuring they are aware of the policy and those children affected.

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- Risk assessments for establishment visits, holidays and other social activities outside of the setting's normal routine.
- Monitoring of individual healthcare plans.

4. Procedure to be Followed when Notification is Received that a Pupil has a Medical Condition

Appoint a named person(s) who is responsible for supporting the child with medical needs. This role includes any transitional arrangements between schools is in place, or when the child's condition changes and further staff training is required.

- Ensure the right support is in place when the child starts. This may require consultation with parents, often several weeks beforehand, and any medical evidence available if the condition is unclear.
- If a child moves settings arrangements are in place **before** the child starts the new setting
- Ensuring that health care plans or EHCs have been completed /updated
- State who is authorised, contracted, named and trained within the child-care provider to administer medicines to the child concerned.
- Clarify whether any appropriate training is available and how health professionals will support this
- State how information will be provided from and to parents
- State how parental consent will be recorded
- State arrangements for safe storage of medicines, including controlled substances and emergency access arrangements
- State arrangements for children's health care plan
- State where records and plans are kept
- See Appendix 6 for more information on dealing with medication safely
- Review the policy and arrangements regularly with the child/young person and parent/carer.

5. Individual Healthcare Plans

Not all children with medical needs will require an individual plan. A short written agreement with parents may be all that is necessary.

Consultation with the health care professional and parent should determine whether a healthcare plan is appropriate.

If a consensus cannot be reached the decision will be taken by the head teacher/manager. A healthcare plan should be in place where there is a high risk that emergency intervention will be needed and/or where medical conditions are long-term and complex.

The plan should include arrangements for all activities where arrangements need to be put in place to ensure the well-being of the child e.g. Transport arranged by the setting or the Council, off site visits, provision of meals, curricula activities etc

The level of detail within a plan will depend on the complexity of the child's condition and the degree of support needed. Different children with the same condition may require very different support.

Use of Individual Healthcare Plans

Individual Healthcare Plans are used for planning the child's medical needs to;

- inform the appropriate staff about the individual needs of a child with a medical condition in their care
- remind children with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
- identify common or important individual triggers for children with medical conditions that bring on symptoms and can cause emergencies. The setting uses this information to help reduce the impact of common triggers
- ensure that all medication stored at this setting is within the expiry date
- ensure local emergency services have a timely and accurate summary of a child's current medical management and healthcare in the event of an emergency
- remind parents of children with medical conditions to ensure that any medication kept at the setting for their child is within its expiry dates. This includes spare medication.
- Ensure IHPs are reviewed on a regular basis considering changes in the medical condition or changes in medication.

Further documentation can be attached to the Healthcare Plan if required.

If a child has a short-term medical condition that requires medication during setting hours, a medication form must be completed by the parents.

The parents should confirm all the medical information, in writing, and, in cases of complex or serious conditions this should be verified by the GP, consultant, specialist nurse or dietician, also in writing. Form 2b in the form section has been developed to assist with this. This should be given to the parents.

Ongoing communication and regular review of Healthcare Plans

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

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

Every pupil with a Individual Healthcare Plan will need to have their plan discussed and reviewed if there are any changes in the child's medical needs/condition.

Storage and access to Individual Healthcare Plans

Parents and children are provided with a copy of the child's current agreed Individual Healthcare Plan.

Individual Healthcare Plans are kept in a secure central location at this setting.

Apart from the central copy, specified members of staff (agreed by the child and parents) securely hold copies of children's Individual Healthcare Plans. When the central copy is updated all specified members of staff will be given a copy of the updated version.

All members of staff who work with groups of children have access to the Healthcare Plans

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of children in their care.

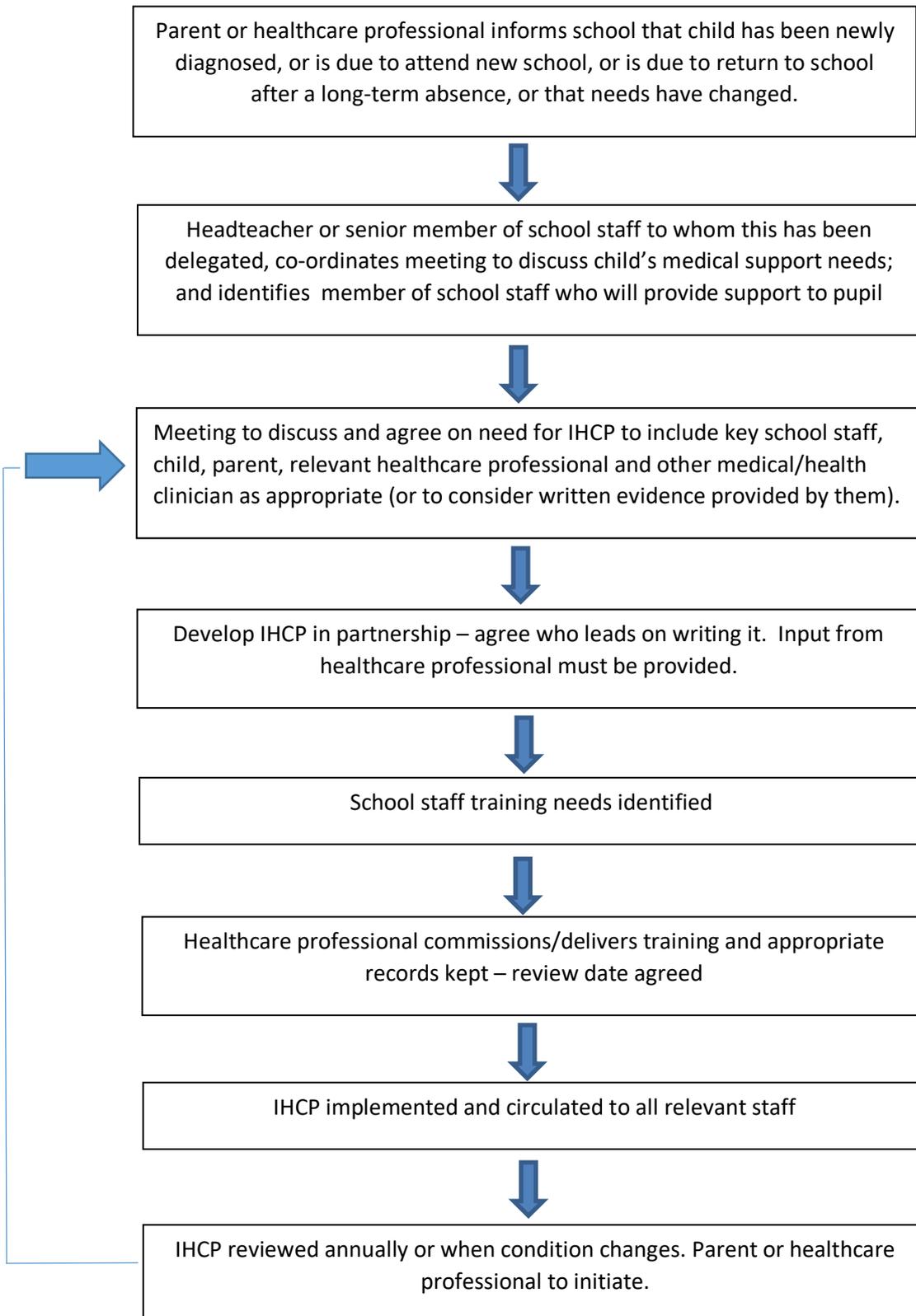
When a member of staff is new to a group of children, for example due to staff absence, the setting makes sure that they are made aware of (and have access to) the Healthcare Plans of children in their care.

The setting ensures that the child's confidentiality is protected at all times.

The setting seeks permission from parents to allow the Individual Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen. This permission is included on the Individual Healthcare Plan.

The setting seeks permission from the child and parents before sharing any medical information with any other party, such as when a young person takes part in a work experience placement.

**Model process for developing individual healthcare plans
(DfE Supporting pupils with medical needs 2016)**



An Individual Healthcare Plan is completed for all children with a long-term medical condition. This is completed and/or reviewed

- at the start of the setting year
- at enrolment
- when a diagnosis is first communicated to the setting.
- when the situation changes as informed by the parents/carers

Some consultant paediatricians, GP's and specialist nurses may routinely provide a specialist individual healthcare plan. Depending on the nature and severity of the child's medical needs this may negate the need for an additional health care plan to be produced by the childcare setting or school.

For the most severe conditions it is important to establish the team around the child in consultation with the parents, appropriate healthcare professionals and other specialists. In some situations it may be necessary to involve specialist nursing support or the community nursing team. In some circumstances it may also be appropriate to involve the child/young person themselves.

Common Chronic conditions

Some children suffer from chronic medical conditions, which may require urgent action to prevent a possible life-threatening situation from developing. The following chronic or potentially life threatening medical conditions are commonly found amongst the children:

- Anaphylaxis (severe allergic reaction)
- Epilepsy
- Asthma
- Diabetes.

In these cases it will usually be necessary to draw up an **individual health care plan**.

In all cases, childcare providers must obtain professional training for staff before they make a commitment to support children with these conditions. Where children have conditions which may require rapid intervention, all appropriate staff should be able to recognise the onset of the condition and take appropriate action.

Less common conditions and more complex needs

It is beyond the scope of this document to cover every medical condition that may be encountered. However, childcare providers should follow the principles of this guidance and develop relevant health care plans where necessary.

Medic alert - bracelets/necklaces

These are worn to alert others of a specific medical condition in case of an emergency. As these items can be a source of potential injury in games or practical activities, please consider whether, in certain circumstances, it would be appropriate to remove them temporarily and have them kept safe by the person in charge of the activity. In such cases, staff need to be alert to the significance of these bracelets/necklaces and be clear to whom they belong when removing and taking charge of them.

Home to Child care provider transport arranged by the Local Authority

Most children with medical needs do not require supervision on local authority transport, but the DCYP should provide appropriately trained escorts where appropriate. Drivers and

escorts should know what to do in case of a medical emergency. Roles and responsibilities should be very clear.

Work experience or off-site education

The head teacher should make sure that any placement is suitable for a student with a particular medical condition. Encourage students to share relevant medical information with employers. Complete a risk assessment for all student pupil placements. The school has the primary duty of care to assess the suitability of all off site provision. Equally there is a responsibility on the provider to undertake a risk assessment to identify significant risks and necessary control measures when children/young people are on site.
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Confidentiality

The head teacher/registered person/manager and staff should always treat medical information confidentially. They should agree with the child/young person where appropriate, or otherwise the parent, who else should have access to records and other information about the student. It is essential that relevant staff are informed on a strictly need to know basis. However, there may be circumstances where a significant number of staff would need to be informed of a child's condition e.g. anaphylaxis. Young people and parents will be informed that certain medical information may have to be shared with third parties when involved in off-site activities such as outdoor centres, swimming pools, travelling abroad and/or where a condition may impact on the activity.

6. Roles and Responsibilities

Each member of the setting and health community knows their roles and responsibilities in maintaining an effective medical conditions policy.

The setting works in partnership with all interested and relevant parties e.g. the senior management team/governing body, all staff, parents, employers, community healthcare professionals and pupils and young people in our care to ensure the policy is planned, implemented and maintained successfully.

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

Head Teacher/Manager of childcare setting has a responsibility to:

- Ensure the setting 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 children as appropriate, named staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, setting nurses, parents, governors, the setting health service, local health care professional the local authority transport service, catering providers and local emergency care services
- Ensure the policy is put into action, with good communication of the policy to all
- Ensure every aspect of the policy is maintained
- Ensure that information held by the setting is accurate and up to date and that there are good information sharing systems in place using Healthcare Plans
- Ensure confidentiality
- Ensure staff are appropriately insured.
- Assess the training and development needs of staff and arrange for them to be met
- Ensure all temporary and new staff including trainees and work placements and those on work experience know the medical conditions policy.
- Inform and share information with community nurses, LAC nurses, school nurses if

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any new information comes to light.

All staff have a responsibility to:

- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- Understand the setting medical conditions policy
- Ensure they are trained to achieve the necessary competence.
- Know what to do and respond accordingly when a pupil with medical conditions needs help.
- Know which children in their care have a medical condition and be familiar with the content of the child's Healthcare Plan
- Allow all children where appropriate to have immediate access to their emergency medication
- Maintain effective communication with parents including informing them if their child has been unwell.
- Ensure children who carry their medication with them have it with them at all times including off site visits or where they may be relocated to another part of the setting
- Be aware of children 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 children (children should not be forced to take part in any activity if they feel unwell)
- Ensure all children with medical conditions are not excluded unnecessarily from activities they wish to take part in
- Ensure children have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

School staff have a responsibility to:

- Manage the day to day protocols around the condition of the child/ren.
- Ensure pupils who have been unwell catch up on missed school work
- Be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it
- Liaise with parents, the pupil's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
- Use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

First aiders have a responsibility to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the setting
- When necessary ensure that an ambulance or other professional medical help is called and as prescribed in the healthcare plan.

Special educational needs coordinators have the responsibility to:

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

The school nurse or healthcare professional (Paediatrician, specialist nurses, GPs) has a responsibility to:

- Help update the school medical conditions policy
- Inform the school when a child has been identified as having a medical condition, if known, which requires support.
- Help provide advice and training for staff in managing the most common medical conditions at this setting
- Liaise with lead clinicians locally on appropriate support and to provide information about where the school can access other specialist training.
- Obtain consent from the parent to share information with the school.
- Working alongside the parent, LA and school to ensure the child remains in the setting.

Individual doctors and specialist healthcare professionals have a responsibility to:

- For those children with complex medical needs to assist in the child's Healthcare Plans provided by parents
- Notify the school nurse when a child has been identified as having a medical condition.
- Ensure children and young people have regular reviews of their condition and their medication
- Provide the setting with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents)
- Understand and provide input in to the setting's medical conditions policy.

The children at the setting as far as is reasonably practicable have a responsibility to:

- Treat other children with and without a medical condition equally
- Tell their parents or teacher or nearest staff member when they are not feeling well
- Let a member of staff know if another child is feeling unwell
- Let any child take their medication when they need it, and ensure a member of staff is called
- Know how to gain access to their medication in an emergency
- Subject to their age and understanding to know how to take their own emergency medication and to take it when they need it
- Ensure a member of staff is called in an emergency situation.

The parents of a child have a responsibility to:

- Tell the setting if their child has a medical condition and ensure the school has sufficient and up to date information including the Healthcare Plan, where appropriate, for their child
- Inform the setting about the medication their child requires whilst in their care
- Inform the setting of any medication their child requires while taking part in visits, outings or field trips and other off-site activity
- Inform the setting of any changes to their child's condition or changes to their child's medication, what they take, when, and how much
- Ensure their child's medication and medical devices are labeled with their child's full name and within expiry dates.
- Provide the setting with appropriate spare medication labeled with their child's name
- Keep their child at home if they are not well enough to attend setting
- Ensure their child catches up on any work they have missed
- Ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.
- Where a child has home to setting transport, it is the parent's responsibility (not the setting) to inform Transport of any medical needs that their child suffers from before

they sign the contract.

Parents are respectfully reminded that they will need to ensure all necessary information is made available to other parties outside the setting who may care for their child e.g. after setting clubs, breakfast clubs and youth services etc. All organisations where you leave your child in their care will have similar arrangements in place to these.

The catering provider (where applicable) has responsibilities to:

- Establish communications and training for all setting food service staff and related personnel at setting's where they operate
- Develop and review policies and procedures regarding the provision of special diets and severe food allergies
- To assist managers of childcare settings/ head teachers to determine whether a setting meal can be provided to children with food allergies and/or food intolerances.

The Head of Kitchen (where applicable) has a responsibility to:

- receive information from the Headteacher regarding children with food allergies and food intolerances.
- ensure arrangements are in place so all kitchen staff including temporary staff know which children have a life threatening allergy (the setting will provide information including a photograph which should be displayed in a discreet area in the kitchen)
- Maintain contact information with vendors and purveyors to access food content information

Catering staff (where applicable) in individual settings have

- responsibility to be able to recognise those children with a life-threatening allergy.
- Have knowledge of menus, a la carte items, vending machines, recipes, food products and ingredients, food handling practices, cleaning and sanitation practices in relation to life-threatening allergies.

Lunch time supervisors (where applicable) have a responsibility to:

- In the event of a suspected allergic reaction, the nearest trained volunteer in administering the Adrenalin auto-injector will be called. In addition the emergency medical services will be called immediately (999).

Home to School (School Transport)

If a child needs supervision or access to medication during home to setting and transport is organised by the local authority, properly trained escorts are provided. All drivers and escorts have the same training as staff, know what to do in a medical emergency and are aware of any children in their care who have specific needs. If they are expected to supervise or administer emergency medication they are properly trained and have access to the relevant Healthcare Plans.

Home to setting transport have responsibility to:

- To carry out a risk assessment for each child to determine whether transport can be provided to transport the child safely
- Provide appropriate information to drivers and escorts on children who are placed in their care whilst being transported between setting and home and vice-versa.
- Train escorts in exceptional procures including the administration of medication in extreme circumstances.

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- Setting bus drivers and escorts will be trained by appropriate personnel in risk reduction procedures, recognition of allergic reactions and implementation of bus emergency plan procedures.
- Ensure each vehicle used for home to setting transport has some form of communication by which to summon help in an emergency
- Staff who accompany young people on home to school or school to home transport must ensure that all medicines are available
- Where parents have not provided relevant medication the child can be refused permission to travel on the organised transport.

7. Staff Training and Support

Staff must not give prescription medicines or undertake health care procedures without appropriate training* (updated to reflect any individual healthcare plans).

***Appropriate training is described by the DfE as:** There may be some cases where written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils' individual health care plans.

Appropriate training will vary depending on the medication concerned and how it is to be administered. The governing body should ensure that the school has a clear policy on how staff training needs will be assessed, and how and by whom training will be commissioned and provided. Training needs should be identified during the development or review of individual healthcare plans. Relevant healthcare professional(s) should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained.

Staff should be aware that guidance from their unions may differ from this advice.

Management teams should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

Where specific training is needed this is given to all staff members who agree to administer medication and should be supported by health professionals where needed eg using an epipen or responding to a child who is having an epileptic fit.

Settings should seek and receive advice and training from health professionals where children have long term or complex needs.

Training is refreshed on a task needs analysis.

If a trained member of staff who is usually responsible for administering medication is not available we will make alternative arrangements to provide the service. This is always addressed in the risk assessment and management arrangements. This includes off-site activities.

8. The Child's Role in Managing their own Medical Needs

Children with medical conditions are encouraged to take control of their condition subject to their age and understanding and where responsible enough to do so. They should feel confident in the support they receive from us to help them do this. This should be noted in the health care plan.

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All children are encouraged to carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition. All children carry their emergency medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.

If a child refuses to take their own medicine staff should not force them to do so. Parents should be informed as soon as is practicable.

9. Managing Medicines on the Premises

It is not necessary for a prescription to be obtained for medicines readily available over the counter (e.g. paracetamol, ibuprofen etc.) however parental consent is necessary. Over the counter medicines are widely available without prescription and the full information is printed on the products; advice on individual products can be sought from a community pharmacy. NHS services are unlikely to provide a prescription for over the counter medicines as the expectation is that families self-care for minor illnesses.

Risk assessment and management procedures must be clearly understood by all. The Headteacher/Manager or Registered Person of the setting is responsible for decisions regarding the administration of medicines and for assessing and managing risk and making sure all members of staff are aware of the policy for managing medicines.

Medicines should only be administered when it would be detrimental to a child's health or attendance not to do so

All use of medication defined as a controlled drug, even if the child can administer the medication themselves, is done under the supervision of a named member of staff at this setting.

The setting understands the importance of medication being taken as prescribed. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a child taking medication unless they have been specifically contracted to do so.

For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to children under the age of 16 or 19 in sixth form colleges and special schools, but only with the written consent of the child's parent and information being available on dosage, timings etc.

Parents understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that **they** should notify the setting immediately.

All staff attending off-site visits are aware of any child 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.

If a child misuses medication, their own or another child's, their parents are informed and medical advice is sought as soon as possible. These children are subject to the settings usual disciplinary procedures.

Safe storage – emergency medication

Emergency medication is readily available to children and/or staff required to administer it at all times during the day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.

Most children carry their emergency medication on them at all times. Children keep their own emergency medication securely.

Children are reminded to carry their emergency medication with them.

Children, subject to their age and maturity as well the healthcare professionals and parents having informed that they are able to self manage and carry emergency medication, know exactly where to access their emergency medication.

Safe storage – non-emergency medication

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

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

Safe storage – general

There is an identified member of staff who ensures the correct storage of medication.

It is the parent's responsibility to ensure new and in date medication comes into us on the first day of the new academic year or when a child starts at a new setting.

All controlled drugs are kept in a locked cupboard and only named staff have access, even if a child normally administers the medication themselves.

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

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

It is considered good practice to check the temperature at which medicines are stored via a thermometer kept for that purpose.

All medication is sent home with the child when the child leaves the setting for good and is dependent upon the IHP.

Three times a year the identified member of staff checks the expiry dates for all medication stored and is always documented.

The identified member of staff, along with the parents of children with medical conditions, ensures that all emergency and non-emergency medication brought in to us is clearly labeled with the child's name, the name and dose of the medication and the frequency of dose. This includes all medication that children carry themselves.

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

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The only exception to this will be insulin pens which have daily variable doses.

Safe disposal

Parents are asked to collect out-of-date medication.

If parents do not pick up out-of-date medication, it will be taken to a local pharmacy for safe disposal.

Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or consultant on prescription. All sharps boxes in are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.

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

Collection and disposal of sharps boxes can be arranged with the local authority's Environmental Services or alternatively the school should take them to the local pharmacy.

10. Record Keeping

If controlled drugs are to be administered, the setting manager should make provision for controlled drug registers, in accordance with advice from health professionals which must include records of any drugs administered.

When the child is first enrolled at the school/setting the parents are asked if their child has any health conditions or health issues. The enrolment form is filled out when the service is first provided and is checked with the parents/carers at the start of each year or when is most appropriate for the child and the setting.

Healthcare Plan register

Dependent upon the setting Individual Healthcare Plans should be kept in a centralised register of children with medical needs or follow recognized good practice for the setting. An identified member of staff has responsibility for the register.

The responsible member of staff liaises with the parents on any details on a child's Individual Healthcare Plan and/or if permission for administration of medication is unclear or incomplete.

Consent to administer medicines

If a child requires regular prescribed or non-prescribed medication, parents are asked to provide consent on their child's Individual Healthcare Plan giving the child or staff permission to administer medication on a regular/daily basis, if required.

A medication request form must be completed and is required from parents for children taking short courses of medication that cannot be given to the child outside attendance at the setting.

All parents of children 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.

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If a child requires regular/daily help in administering their medication then the setting outlines the arrangements to administer this medication on the child's Individual Healthcare Plan. The setting and parents keep a copy of the Health care plan.

Parents of children with medical conditions are all asked at the start of the setting year if they and their child's healthcare professional believe the child, subject to their age and understanding is able to manage, carry and administer their own emergency medication. This should be recorded on the HCP.

Residential visits

Parents are sent a residential visit form to be completed and returned to the school/setting. This should be completed as soon as possible after the initial plans for the trip have been confirmed. This form requests up-to-date information about the child's current condition and their overall health and provides essential and up-to-date information to relevant staff and setting supervisors to help the child manage their condition while they are away. This includes information about medication not normally administered by the setting.

Parents should be reminded that this information is accurate and up to date and that they need to inform the staff of any changes to the medical information regarding their child.

All residential visit forms are taken by the relevant staff member on visits and for all off- site activities where medication is required. These are accompanied by a copy of the child's Healthcare Plan.

All parents of children with a medical condition attending an off- site visit or overnight visit are asked for consent, giving staff permission to administer medication at during their time away if required.

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

Other record keeping

When an individual child is given or is supervised taking medication details of the supervising staff member, child, dose, date and time are recorded. If a child refuses to have medication administered, this is also recorded and parents are informed as soon as possible.

When staff are trained a log of the medical condition training is kept centrally and by the school/setting and is reviewed every 12 months to ensure all new staff receive training.

All staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The setting keeps a register of staff that have had the relevant training.

This setting keeps an up-to-date list of members of staff who have agreed to administer medication and have received the relevant training.

11. Emergency Procedures

Governing bodies etc. should ensure that the policy sets out what should happen in an emergency situation.

As part of general risk management processes, all settings should have arrangements in place for dealing with emergencies for all activities wherever they take place, including on off-site visits and outside the UK.

All staff have been informed that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.

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

- how to contact emergency services and what information to give
- who to contact within the setting.

This setting ensures all staff are aware of the most common serious medical conditions and understand their duty of care to young people in the event of an emergency and feel confident in knowing what to do in an emergency.

Action for staff to take in an emergency for the common serious conditions is displayed in **prominent** locations for all staff including write *in here where it can be found e.g. office, staff rooms*

If a child needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. Every effort will be made to send a member of staff with whom the child is familiar with.

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

All staff who work with groups of children and young people receive training and know what to do in an emergency for the children and young people in their care with medical conditions.

This setting uses Individual Healthcare Plans to inform the appropriate staff (including temporary staff and support staff) of children and young people in their care who may need emergency help.

This setting has procedures in place so that should an emergency occur a copy of the child's Healthcare Plan is sent to the emergency care setting with the child. On occasions when this is not possible, the plan is sent (or the information on it is communicated) to the emergency staff as soon as possible.

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

- how to contact emergency services and what information to give
- who to contact within the setting.

If a child needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. Every effort will be made to send a member of staff whom the child is familiar with

Generally, staff should not take pupils to hospital in their own car, but there may be times when this is appropriate. Permission must be sought from the most senior manager present and the hospital and parents notified that this is happening.

Salbutamol Inhalers in Schools **(this applies to schools only)**

In October 2014 the Human Medicines Regulation were amended to allow schools to hold stocks of asthma inhalers containing salbutamol for use in an emergency.

- Managers will decide on how many inhalers there should be on the premises.
- Only those children who have been prescribed salbutamol will be allowed to use the emergency inhalers.
- All staff should be made aware of where they are stored.
- Spare inhalers can be taken on school trips as deemed necessary by the Head Teacher/senior manager. A named member of staff is given the responsibility to look after the spare inhalers.
- It is prudent to have them easily available from outside and during PE/outdoor activities.

12. Day Trips, Residential Visits and Sporting Activities

We will take every reasonable measure to ensure that off-site visits and sporting events are available and accessible to all, irrespective of medical needs, but that this should not encroach unduly on the overall objectives of the activity or the rest of the group. Under the Equality Act (2010) if, after reasonable adjustments have been planned, the risk assessment indicates there is a risk to the health and safety of the individual or the group then this fact overrides the Equality Act.

It is good practice for childcare providers to encourage children with medical needs to take part in activities taking place off-site and residential trips wherever safety permits. The childcare provider may need to take additional safety measures for such visits. We advise staff to refer to Kirklees guidance for off site visits for further guidance. In any cases of doubt please contact the Off-Site Visits Advisor.

Sporting activities

We understand the importance of all children taking part in sports, games and activities and as such all staff and sports coaches make appropriate adjustments to sports.

Most children with medical conditions can take part in the PE curriculum, sports activities, extra-curricular sport and a range of sporting activities. The childcare provider should be sufficiently flexible for all children to take part in ways appropriate to their own abilities. Clearly identify any restrictions on a child's ability to take part in PE or sporting activities and incorporate these in their individual health care plan. Schools can find further guidance in the AfPE publication *Safe Practice in Physical Education and School Sport* - previously supplied to all schools.

Journeys abroad and exchange visits

It is advisable to have one copy of the parental consent form in the language of the country visited. Where a child requires and has a particular medical action plan, this should also be available in the host language. This is particularly important if children stay with host families during an exchange visit.

Residential visits

Individual risk assessments are carried out prior to any out-of-setting visit and medical conditions are considered during this process. Factors this setting considers include: how all children 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.

It is understood that there may be additional medication, equipment or other factors to consider when planning residential visits. Consideration will be taken of additional medication and facilities that are normally available at the setting.

Work Experience

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

13. Unacceptable Practice

Staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, but it is not generally acceptable practice to:

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

14. Liability and Indemnity

Management teams must ensure appropriate insurance and indemnity is in place for all staff involved in the care of young people with medical conditions and those volunteers who administer medication to pupils with medical conditions.

15. Complaints

Complaints will always be taken seriously and will be dealt with as quickly as possible. Any formal complaints will follow the normal standard procedures for the setting.

16. Further Advice and Resources

The Anaphylaxis Campaign

PO Box 275, Farnborough

Hampshire GU14 6SX

Phone 01252 546100

Fax 01252 377140

info@anaphylaxis.org.uk

www.anaphylaxis.org.uk

Department for Education

Sanctuary Buildings

Great Smith Street

London SW1P 3BT

Phone 0870 000 2288

Textphone/Minicom 01928 794274

Fax 01928 794248

info@dfes.gov.uk

www.dfe.gov.uk

Asthma UK

Summit House

70 Wilson Street

London EC2A 2DB

Phone 020 7786 4900

Fax 020 7256 6075

info@asthma.org.uk

www.asthma.org.uk

Council for Disabled Children

National Children's Bureau

8 Wakley Street

London EC1V 7QE

Phone 020 7843 1900

Fax 020 7843 6313

cdc@ncb.org.uk

www.ncb.org.uk/cdc

Diabetes UK

Macleod House

10 Parkway

London NW1 7AA

Phone 020 7424 1000

Fax 020 7424 1001

info@diabetes.org.uk

www.diabetes.org.uk

National Children's Bureau

National Children's Bureau

8 Wakley Street

London EC1V 7QE

Phone 020 7843 6000

Fax 020 7278 9512

www.ncb.org.uk

Epilepsy Action

New Anstey House

Gate Way Drive

Long-Term

Conditions Alliance

202 Hatton Square

A policy of Howard Park Community School

Yeadon Leeds LS19 7XY

Phone 0113 210 8800

Fax 0113 391 0300

epilepsy@epilepsy.org.uk

www.epilepsy.org.uk

16 Baldwins Gardens

London EC1N 7RJ

Phone 020 7813 3637

Fax 020 7813 3640

info@ltca.org.uk

www.ltca.org.uk

Schools Medical Conditions website

Contains a lot of useful, information which can be used and accessed by all childcare providers and other healthcare professionals

<http://www.medicalconditionsatschool.org.uk/>

17. How this Policy Came About

The authors have used the current DfE Supporting Pupils at School with Medical Conditions (2014) as the template for this policy. They have consulted with a wide-range of key stakeholders within both Children's Services and health settings and the policy has been approved by the stakeholders and been scrutinized by the appropriate Governance.

Medicines management North Kirklees and Greater Huddersfield CCG
General Practitioner. Greater Huddersfield
School nursing service. Locala
Paediatrician. Mid Yorkshire TRust
Paediatrician Calderdale and Huddersfield Foundation TRust

Unions:

Main teaching Unions – ATL; NASUWT; NUT; NAHT

Unison;

Unite

All those consulted understand the need for any setting to welcome and support young people with medical conditions who currently attend or receive our services now or in the future. No child will be excluded or refused admission because of their medical condition subject to an appropriate risk assessment being completed and/or the potential for infectious diseases to impact on the health of fellow young people and the staff.