



Supporting Pupils at School with Medical Conditions Policy

Date agreed: Mar 2022

Review Date: Aut 2023

We are a UNICEF Rights Respecting School

1.0 Introduction

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

This policy was created with reference to the Statutory Guidance 'Supporting pupils at schools with medical conditions' and the non-statutory guidance 'Guidance on the use of adrenaline auto-injectors in schools'

The governors and staff at Stepney Park Primary School recognise that children with a medical condition will require individualised care and support in terms of both physical and mental health and well-being, to ensure that they play a full and active role in school life, remain healthy and achieve their academic potential. We will make whatever adjustments we can to limit any detriment to children's sense of belonging, progress and attainment which might otherwise be caused by their medical needs.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the governing body will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

This policy outlines the procedures, communication and support available to all pupils with medical needs, and their families. It also outlines the roles and responsibilities of all those involved in supporting a child with medical needs and the support and training given to staff.

Within this policy the terms children and pupil apply to the full range of learners at Stepney Park Primary School from Nursery through to Year 6.

For some pupils their medical condition may mean that they are considered disabled, or that they have an Education Health and Care Plan, and so this policy should be read in conjunction with the Stepney Park Primary School SEN Policy.

A list of all other relevant policies can be found at the end of later on in this policy.

2.0 Definition of Medical Needs

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

Short-term affecting their participation in school activities because they are on a course of medication, or are suffering a temporary injury requiring temporary additional support in school. Long-term potentially limiting their access to education and requiring extra care and support, requiring an IHP.

Specific Responsibilities in relation to pupils with Medical needs:

Designated Governor for Safeguarding: Ros Coffey

Designated Lead for Child Protection: Andy Kay

Senior Members of staff for Medical Needs (SENDco): Nathalie Palacio

Senior members of staff Trips and Visits: Assistant Heads- Pastoral Care

Community School Nurse: Debbie Edington

Senior First Aider: Jay Chowdhury

3.0 Training of staff

Newly appointed staff are briefed about this policy during their induction meeting. Class teachers are given access to a document titled *Children with Medical Needs* with details of the medical needs at the start of each school year (**see appendix 8**).

Posters describing symptoms of asthma and anaphylactic shock are displayed in the staffroom, classrooms, school office and in the dining hall. Staff are reminded of these symptoms once a year, during the annual Health and Safety refresher training.

Only staff members who have undertaken specific training may undertake any specific healthcare procedures, such as administering an Adrenaline autoinjector pen, unless instructed by NHS health professionals during an emergency.

The school will keep a record of all training undertaken to support specific medical conditions, and will ensure training is kept up to date and undertaken at regular intervals. The school will ensure that there are a sufficient number of trained First Aiders in school at all times, including before and after school.

4.0 Medical conditions register

A medical conditions register will be maintained by the Senior First Aider on a spreadsheet and will be regularly reviewed by the SENDco. Class teachers are given an overview of the medical needs of the children in their class (**Appendix 8**) by the senior First Aider.

Supply staff and support staff will have access on a need to know basis.

5.0 Individual Healthcare Plans (IHCPs) and other medical documents

Children who need a IHCP usually are in need of support during the time they are in school, as these conditions are managed by medication or other types of support. Children who need this will often have individual health care plans that are provided to them by the GP or school nurse

IHCPs generally fall under the following categories:

- Asthma
- Allergies (including food allergies and EPI pen dependant allergies)
- Eczema

Some children need a Personal Emergency Evacuation Plan (PEEP) as they have mobility issues which need to be supported in the event of an emergency evacuation.

We have decided to create a school version of the IHCP (**Appendix 1**) for the following reasons:

- There are often very long delays before a child with a medical condition is seen by a school nurse, due to School Nurse service staffing shortages.
- We do not want to delay the administration of appropriate medication in school as this will have a negative impact on the child's health

- We need the IHCPs to be easily accessible and succinct, so it is very clear what needs to happen in an emergency and when medication is administered. School IHCPs provide a summary of all of the key information provided to us by the parent, GP and school Nurse.
- Our school IHCP ensures that we have evidence of written consent for the administration of medication and medical support needed in school.
- Our school IHCP set out responsibilities for parents

5.1 The process for creating a school IHCP and other medical documents

Creating a school IHCP usually follows the following steps:

- Upon admission to school, the parent or carer informs the school via the admissions form that their child has a medical need.
- The senior First Aider arranges an appointment with the parents and completes a school IHCP alongside the parents. **(See appendix 1)**. The Senior First aider gives a copy of the signed school IHCP to the parent
- If medicines are required in school, the school will also ask the parent to complete a Medical Request form **(Appendix 5)**. The Senior First Aider gives a copy of the signed Medical request form to the parent
- As part of this process, the Senior First Aider will ask the parent if a GP or Nurse has provided them with a relevant care plan. If this is the case, the Senior First Aider will follow the guidance provided in this, take a copy of the care plan and use it to transfer key information onto the school IHCP.
- If the dosage of the medication needs to be changed later on, the parent will need to complete a new Medical Request form.
- Where necessary, the school will consult the school nurse or ask the parents to make an appointment with the GP to provide further guidance.
- Where necessary, the school will complete a (PEEP)
- School IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

5.2 Storage and sharing of medical documents

Medical documents need to be easily accessible whilst preserving confidentiality.

A paper copy of the school IHCP/ medical Request Forms is kept in the child's medicine box or wallet.

All medical documents, including the school IHCPs/ GP and School Nurse Care plans/ Medical Request Forms/ PEEPS are scanned and stored electronically.

They are shared as follows:

- At the start of each academic year, the senior First aider will provide staff members access to the relevant school medical documents via CPOMs
- The senior First aider will alert staff members to the relevant school documents when they have been added or altered via CPOMs

Where a pupil has a SEND Support Plan or an Education, Health and Care plan, the IHCP will be linked to it or become part of it where relevant.

5.3 Consent

- All parents are asked to give consent for the administration of spare Asthma pumps and spare auto injector epi pens when completing the admissions form upon registering at school
- The Senior First Aider will ensure that specific parents are asked to give consent for the administration of relevant medication when the school IHCP and Medical Request forms are completed

6.0 Educational visits and sporting activities

Arrangements will be flexible enough to ensure pupils with medical conditions can participate in educational visits and sports activities and not prevent them from doing so unless a clinician states it is not possible.

Risk assessments will be undertaken, where relevant, in order to plan for including pupils with medical conditions. Teachers will be responsible for checking the provision they have for medical needs on the trip with a senior member of staff, giving enough notice for adjustments to be made if necessary.

Class teachers are responsible for ensuring that medication, including asthma pumps and adrenaline auto-injector pens, needed during the trip are collected from the school office and returned after the trip.

A suitably trained 1st aider should normally accompany a class on a school outing. If this is not possible, the trip risk assessment must reflect this and safeguarding measures should be taken into consideration.

7.0 Emergencies

Medical emergencies will be dealt with by qualified 1st aiders, including specifically trained staff where appropriate.

- In an emergency a senior teacher, (or the most senior office staff present in school), will dial 999 immediately.
- As soon as the call has been made parents will be contacted.
- If parents have not arrived in time, a member of staff will accompany the child to hospital, if necessary.
- If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parent/carer arrives.
- Pupils will be informed in general terms of what to do in an emergency, such as telling a teacher.
- In the case of an evacuation of the school, an emergency medical bag will be taken out by the office staff. (Grab bag). The Grab Bag contains a spare blue emergency asthma pump and an adrenaline auto-injector pen.
- Where an Individual Healthcare Plan is in place, it should detail:
 - What constitutes an emergency
 - What to do in an emergency
 - If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parent/carer arrives.

8.0 Refusing Medication

If a pupil refuses medication, the school will inform parents immediately. The refusal will be recorded on CPOMs

9.0 Disposal of medicines

Unwanted, unused or outdated medicines will be returned to parents/carers, who should sign for their receipt. **(See Appendix 9)**. This form will be scanned and uploaded to CPOMs by the Senior First Aider

In the event of parents/carers being unreachable, medicines will be given to the school nurse who will arrange disposal.

Used or out of date adrenaline auto injector pens will be disposed of using a sharps bin.

10.0 Pupils who cannot attend school due to a medical condition

If a child cannot attend school for a short period of time, or a number of short periods of time due to their medical condition, the school will support their learning through the pupil's class teacher, who will provide work for the child to complete at home, and such arrangements will be indicated in the IHCP where appropriate. If a pupil's medical needs mean that they require longer periods of time away from school, or that their period of absence totals greater than fifteen days, a review of the IHCP will be held to review support. The AWA will be consulted and further information may be gathered.

At this time the school, in agreement with medical professionals, the parents and the child, will implement the **Tower Hamlets Policy for Ensuring a Good Education for Children who Cannot Attend School because of Health Needs (2015)**. The parents will be given a copy of the policy at the meeting and the contents of the policy will be explained in the context of the child's support needs

11.0 Avoiding unacceptable practice

Stepney Park Primary School understands that the following behaviour is unacceptable:

- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents.
- Ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including educational visits.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.
- Not providing lunch for children with allergies, although parents may be encouraged to provide a packed lunch in certain circumstances when the allergy is unstable, frequently changes and may be life- threatening.

12.0 Medication

- Where possible, unless advised it would be detrimental to health or regular school attendance, medication should be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a the Medical Request Form (**Appendix 5**)

- Medication will be administered in line with the Procedure set out in **Appendix 3**

Medication will be accepted in school if:

- not giving it during the school day would be detrimental to the child’s health;
- it is prescribed by the child’s GP;
- it is labelled with the child’s name;
- it has clear instructions for dosage; and
- the parent has signed a request form (**Appendix 5**).

If the medication is to be taken long-term, there will normally be a school IHCP, signed and updated annually.

DFE guidance states that schools should set out the circumstances in which non-prescription medicines may be administered. In Stepney Park Primary School, children requiring non-prescribed medicine during the school day, such as paracetamol, would not normally be allowed to take this medication at school, unless in exceptional circumstances and explicitly agreed by a senior member of staff. Where this has been agreed, the parents are expected to complete **Appendix 5**

12.1 Storage of medicines in school

Medicines will normally be stored in the school office. Asthma inhalers will be easily accessible to children in the office. Equipment and medication for treating diabetes will stay with the child at all times. Emergency asthma pumps and auto injectors are kept in the Grab Bag and in the spare medicine boxes labelled: ‘Emergency Asthma Inhaler Kit’. These are located in the following locations.

| North | South |
|---|---|
| Ground floor: Reception Corridor | Ground Floor: Stock Room |
| Middle Floor: Iris Room (old KS1 Literacy room) | Middle Floor: Computing room |
| Top Floor: Maths Resource room | Top Floor: 6 Pine classroom cupboard by computer desk |

The Senior First Aider is responsible for ongoing checks in order to ensure all medication, including spare asthma pumps and adrenaline auto-injector pens are up to date. She will contact the parents where this is not the case, and ensure that up to date medication has been provided to the school as soon as possible.

12.2 Administration of medicines

All medication is kept in a locked space.

If pupils are capable of doing so (recommendations and consent will be sought from parents, carers and/or medical staff), they will administer their own medication under adult supervision.

Each administration of medicine will be recorded on the Medicine Administration Log , which is kept in the office (**Appendix 12**) by the person supervising the administration. The supervising adult confirms that he or she has read and has understood the child's IHCP and medicine requirements.

Access to the school IHCPs has been provided in the children's medical boxes and by CPOMs.

Members of staff administering or supervising prescribed medication or treatment will have volunteered to do so.

Medicine Administration Logs are kept and archived following GDPR guidance

13.0 Record keeping

Stepney Park Primary School uses a Medical Conditions Spreadsheet, electronic files and CPOMs to keep records of all documents relating to medical needs.

The Medical Conditions Spreadsheet is maintained by the Senior first aider and is accessible to and regularly checked by the SENDco.

The Senior First aider will keep a log of all nurse visits and actions taken/ required (**Appendix 10**)

The senior First Aider will scan all medical documents and then add them to CPOMS, alerting staff members so that they are accessible to all members of SLT, as well as other relevant staff (as set out in part 5.2)

Individual children's CPOMs files will contain:

- Scanned school IHCPs

- Scanned medical request forms
- Logs of any refusals and subsequent actions
- Scans of Personal Evacuation plans (PEEPs)
- Scans of disposal of spare medicine records, signed by a parent
- Any other medical documents and relevant information

14.0 Complaints

In the first instance, parents/carers should raise their concerns directly with the school. If not satisfied with the response, they should make a formal complaint using the School's Complaints Procedure.

15.0 Monitoring and Evaluation

The monitoring and evaluation of this policy will be undertaken by the SENDCo as required.

16.0 Roles and responsibilities

The **Governing Body** is responsible for:

- Ensuring arrangements are in place to support pupils with medical conditions and in the event of emergencies and that such children can access and enjoy the same opportunities at school as any other child.
- Ensuring that the focus of support is on the needs of each individual child and how their medical condition impacts on their school life, including their physical health, mental health and well-being and their ability to learn.
- Ensuring that all support increases the confidence of the pupil and their family and promotes self-care, where appropriate.
- Ensuring that staff are properly trained to provide the support that pupils need and that levels of insurance in place reflect levels of risk.
- Ensuring that sufficient funds are allocated to supporting children with medical needs
- Ensuring that this policy is reviewed on a regular agreed basis, and is updated when new DFE guidance has been published.

These responsibilities align with the Governing Body's wider safeguarding duties.

16.0 Staff Responsibilities

16.1 All staff

All staff are responsible for:

- Ensuring they are aware of the signs and symptoms of asthma and anaphylactic shock
- Complying with this policy and associated procedures.
- Following up any advice and actions given by the school nurse or the Senior First Aider as required
- Ensuring they have read the Medical Needs Class summary and other relevant medical documents for children in their responsibility

Communication:

- Advising parents that all allergies must be reported to the office and stating to parents that they are not authorised to take responsibility for this.
- Reminding parents during home-visits that they must report allergies to the office (EYFS staff).
- Refer any concerns about any other medical conditions (non-allergic and non-urgent), either raised by parents or through their own observations, to the SENDco, so further investigations can take place.
- Reporting any incidents of consumption of food by children who are allergic to these particular types of food, whether there is an allergic reaction or not, so an investigation can take place, in order to prevent any such further occurrences.
- Ensuring that any letters they send to parents re. food at parties, contain information on the requirement for children who have food allergies to bring their party food in a sealed and labelled box

Inclusion and actions:

- Taking appropriate and reasonable steps to support children with medical conditions, ensuring that they are included in line with our school policy.
- Setting children work at home during short-term absences, where appropriate.

Medication, allergies and asthma:

- Reminding each child with an allergy is in the front of the line in the dining hall and is reminded to wear an allergy lanyard at the start of each lunchtime.

- Liaise with the Senior First Aider when informed of a missing allergy lanyard so it can be located and returned or so a new one can be created.
- Encouraging older children to be aware of their allergies and be pro-active in recognizing food they may not eat
- Enabling children to go to the office if they require an asthma pump- at any given time
- Ensuring younger children are reminded to go to the office for medication administration or take children there if needed
- Keep a close eye on children and immediately seek First Aid in the event of a suspected allergic reaction
- Ensure that children with food allergies only consume their own food, when food is taken in from the outside, for examples when they have a party, and that this food is stored in a sealed and labelled box
- Nursery staff before serving food: ensuring they get daily information about the food that is unsuitable for children with allergies

Trips, school journey and off-site visits:

- Establishing who is the member of staff in charge of overall health and Safety during the trip
- Ensuring actions to limit risk around allergies and medical needs are reflected in the trip risk assessment, to be carried out by the member of staff with the overall responsibility.
- Ensuring asthma pumps and adrenaline auto –injectors are taken when leaving the school site, including when going swimming or going on trips in the local area. (supervise the child whilst using the asthma pump and ensure that the use of the asthma pump is recorded upon return to school)
- Ensuring all staff on the trip are aware of food allergies and other medical conditions.
- Taking appropriate precautions to ensure children are not consuming food they are allergic to.
- Ensuring that there is a designated person who is responsible to (overseeing the administration of) the appropriate relevant medication, including asthma pumps and adrenaline auto-injectors.
- Ensuring that all relevant medication is carried by a designated person during the trip and is administered under supervision, ensuring that this is recorded on the appropriate pro-forma upon return, seeking guidance from the senior First Aider before the trip.

16.2 The Headteacher is responsible for:

Policy:

- Ensuring the appropriate implementation and management of this policy.

- Ensuring that new and emerging guidance is being followed and that this policy is regularly reviewed and approved by the Governing Body.

Communication:

- Ensuring parents are kept up to date with procedures regarding medical issues and allergies through newsletters and through the school website.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring staff are given annual reminders of procedures in this policy and of signs and symptoms of asthma and anaphylactic shock.

Protection:

- Ensuring that the school and staff are appropriately insured.
- Engaging with the AWA and social services where attendance due to medical health issues has resulted in meeting the Persistent Absences threshold, thus seeking ways to limit the effect on the child's education.

16.3 The SENDco is responsible for:

Inclusion:

- Monitoring the appropriate inclusion of children with medical conditions, including gathering data on attendance, progress and achievement (the latter with support from the Deputy Head)

Relationships

- Establishing and maintaining working arrangements with partner agencies, including community nursing teams, other healthcare professionals and the Local Authority.
- Line-managing the Senior First Aider.
- Arranging additional support for children with medical conditions where appropriate.
- Ensuring that IHCPs will be linked to or become part of SEND Support Plans or Education, Health and Care plans, where appropriate.

Record keeping:

- Reviewing the Medical Conditions Spreadsheet and medical CPOMs entries regularly with the Senior First Aider and ensuring they are kept up to date and that actions are being followed up as required.

Training, support and information sharing:

- Coordinating (with the support of the school health service and the Senior First Aider) the appropriate specific medical training for members of staff and ensuring it stays updated.
- Ensuring that all adults working with children who have medical needs have current information and advice about how to support those children, including those with IHCPs.
- Ensuring class teachers and other relevant staff have a Medical Needs Class Summary for the pupils with medical needs in their care.

IHCPs:

- Completing referrals for children with (suspected) medical conditions to the school nurse (or advising teachers in the school to do so themselves), so IHCPs can be completed or other tests can be requested when needed.
- Checking IHCPs, once written completed, and ensuring they are communicated to relevant staff, including the Senior First Aider, checking their implementation as required.

Emergencies:

- Ensuring that relevant staff who teach children with an IHCP are aware of what constitutes an emergency and what to do in the event of an emergency.
- Ensuring that Individual evacuation plans (PEEPS) are written and communicated to relevant staff via CPOMS at the start of each year or sooner if needed.
- Ensuring that copies of PEEPS are shared with relevant staff and the Senior First Aider.
- Ensure risk assessments are completed for children with high-risk medical conditions such as oxygen dependence or Adrenaline auto-injector-pen dependent allergies.

16.4 The Senior First Aider

The Senior First Aider is responsible for:

School Nurse:

- Liaising with the school nurse and directing her to meet with relevant parents and children (see section 5.1)
- Completing the school nurse log after each visit (Appendix 10)

Training:

- Maintaining an up to date Medical Training register, including first aid training and Adrenaline auto-injector-pen training
- Ensuring 1st aiders are booked on 1st aid training, Adrenaline auto-injector-pen training and other relevant refresher training as appropriate or as requested by the SENDco.
- In consultation with the SENDco, ensuring there are a sufficient number of trained 1st aiders in:
 - all key stages,
 - during lunch time
 - before school
 - after school
- Ensuring that EYFS 1st aiders have specific paediatric first aid training.
- Ensuring that there are two other staff in the office who are trained to keep records up to date and who are able to administer or supervise the administration of medicines in the event of an absence.

First Aid:

- Ensuring that the 1st Aiders/ specific medical training lists with names of all trained staff are kept up to date in all locations, and that copies are emailed to the Headteacher and SENDco after every update.
- Ensuring the 1st Aiders are booked on refresher training before their training certificate expires.
- Ensuring that 1st aid equipment and resources are checked half termly and liaise with a designated TA to ensure 1st Aid bags are restocked as required.

Medical Conditions Register:

- Maintaining the Medical Conditions Spreadsheet ensuring the SENDco has access to up to date information, with details of the following:
 - name
 - date of birth
 - class

- details of medical need/ allergy
- details of any medication kept in school, including information of the expiry date and date of last check. This includes spare asthma pumps and auto-injector pens (in Grab Bag and separate medical box locations)
- date of school IHCPs and care plans
- School IHCP review dates.
- details on date of last 1st aid equipment check
- Actions to be taken
- Ensuring allergy and medical information, including consent, from school admission forms is transferred onto the Medical Conditions Spreadsheet.
- Checking the Medical Conditions Spreadsheet weekly, taking appropriate actions where needed and recording these actions.

Communication of Medical Conditions

- Organise and scan all medical documents
- Ensuring relevant staff, including class-teachers, breakfast club staff, after school club staff, midday meal supervisors, kitchen staff and SENDco are made aware of relevant medical conditions, including food allergies, both at the start of each school year and when new issues are reported, through CPOMS and the Class Medical Needs summaries

Allergies:

- Ensuring an allergy lanyard is created for each child with an allergy and that this is given to the class teacher at the start of each school year, and is kept updated as and when required.
- Ensuring that a second allergy lanyard card is created for each child attending breakfast club
- Ensuring that the kitchen and lunchtime staff, the class teachers, clubs and the breakfast club staff are given an up to date list of children with allergies, including their photo, each time a new allergy has been reported

Medical folder

- Maintain the electronic medical folder with the following contents:
 - Individual children's folders with scanned medical documents
 - Blank relevant pro-formas
 - School nurse visit log (Appendix 10)
 - An up to date list of First Aiders

- A list of all 1st aid equipment (see Appendix 4) and the locations where they are kept around the school

Organising medication

- Re-ordering spare asthma pumps and adrenaline auto –injector pens with plenty of time before the expiry date.
- Ensuring an up to date asthma pump and auto-injector pen has been included in the Grab Bag
- Ensuring that medication in medical boxes is in date
- Ensuring year-group medical boxes for children with IHCPs are organised appropriately as follows:
 - Boxes have on the outside:
 - A label with the relevant year-group,
 - Photos and names of relevant children
 - Boxes have on the inside:
 - A plastic wallet for each child with: Name and photo In-date medication (2 adrenaline auto injectors and instructions on how to use the device where applicable)
 - A copy of the school IHCP plan with actions in the event of an emergency clearly stated
 - A copy of the Medical Request Form - Appendix 5
- Ensuring that a separate medical box for children who require short-term medication has been organised appropriately as follows:
 - On the outside:
 - A label with: ‘Short term medication box’
 - On the inside:
 - A plastic wallet for each child with: In-date medication (if not stored in fridge)
 - Completed medical request forms- Appendix 5
- Ensuring that separate medical boxes for a spare adrenaline auto-injector pens (in case a pupil’s own prescribed adrenaline auto-injector is not available or fails to work appropriately) and a spare asthma pumps (for emergencies) have been organised appropriately as follows:
 - On the outside:

- A label with : ' spare adrenaline auto-injector pen and spare asthma pump'
- On the inside:
 - 2 spare in-date 'adrenaline auto-injector pen(s)'
 - A list of pupils to whom the adrenaline auto-injector pen can be administered, and for whom consent from parents has been gained.
 - Instructions on how to use the device
 - 1 spare emergency asthma pump

Administration of medication:

- Supporting and monitoring staff who supervise and record medicine administration on the Medicine Administration Log (Appendix 12)
- Encouraging pupils, where appropriate, to take their own medication under supervision.
- Recording any refusals CPOMs

Working with parents:

- Arrange meetings with parents to discuss medical conditions that they have identified
- Ask parents for a copy of the GP or school Nurse care plans
- Alongside parents, complete school IHCPs and medical request forms, ensure they give consent for the administration of medicine or treatment (Appendix 1 and 5) and take appropriate follow up actions.
- Provide parents with a copy of the school IHCP and Medical request form (Appendix 1 and 5)
- Work with the school nurse to seek support for parents with children who have complex needs where needed. (This should not stop the school taking the appropriate actions with regards to these allergies or medical conditions in the meantime).
- Update the school IHCP following updated guidance from the school nurse or GP and re-share this with parents
- Engage the SENDco where parents are repeatedly not complying with this policy, for example when repeatedly not supplying the school with up to date medical information and in-date medication.
- Ensure parents are given an annual prompt to renew their care plans and medication with the GP, and check that they are returned, and update the school IHCPs

General:

- Ensuring that allergy posters are displayed in all classes and key locations, including the dining hall, the Nursery, the staffroom and the school office.
- Ensure Adrenaline auto-injector-pen dependent allergies and other significant medical issues such as broken bones, are immediately reported to SLT, so a risk- assessment can be done or reviewed.

16.5 School Nurse

In liaison with the Senior First Aider, the school nurse is responsible for:

IHCPs:

- Completing IHCPs when requested by the school, AWA or social workers.
- Ensuring that IHCPs are emailed to the SENDco and Senior First Aider so that they can be added to the child's medical record
- Reviewing IHCPs at least annually or when a child's medical circumstances change, whichever is sooner.

Parents:

- Arranging meetings with parents and ensuring that individual health care plans are updated at appropriate intervals.
- Offering advice to and support to parents with managing medical conditions, where requested.

Communication:

- Feeding back to the Senior First Aider and/ or SENDco where any issues during meetings with parents have been raised.
- Communicating with the school in advance of meetings where specific times/ meeting rooms and/ or resources are needed.
- Liaising with the Senior First Aider and the SENDco and keeping them up to date with any relevant information.

Record keeping:

- Ensure that a visit log is given to the Senior First Aider at the end of every visit.

Child protection:

- Liaising with social workers, the AWA and the DSL and taking requested actions where Child protection related issues or other issues such as Persistent Absence due to sickness has been identified
- Attending TAC and CP conferences meetings where appropriate and possible.
- Reporting any concerns around child DSL in the school.

16.6 Lunch Time Staff

Lunch time staff are responsible for:

- Checking each child with an allergy is wearing or is reminded to wear an allergy lanyard at the start of each lunchtime, and returns it before going outside.
- Keep a close eye on children and immediately seek 1st Aid in the event of a suspected allergic reaction.
- Report any incidents of consumption of food by children who are allergic to these particular types of food, whether there is an allergic reaction or not, so an investigation can take place, in order to prevent any such occurrences in the future.

16.7 Senior Lunchtime supervisor and deputies:

- Ensure all lanyards are returned at the end of each lunchtime and inform the senior first aider or class teacher if a lanyard has gone missing

16.8 Kitchen Staff

Kitchen staff, supervised by the cook (North Building) and the Senior Lunchtime Supervisors and deputies , are responsible for:

- Ensuring they are aware of the ingredients that are likely to cause allergies in each menu.
- Ensure that the allergy lanyard trolley is placed in the dining hall at the start of each lunchtime and is returned at the end of each lunchtime.
- Ensure that they are aware of the children who have allergies, and that they have an up to date allergy list .
- Ensure they check the allergy lanyards of children and ensure children are not offered food they are allergic to.
- Specific daily communication to Nursery staff around which foods are unsuitable for children with allergies (This is in contrast to the rest of the school as Nursery staff instead of Kitchen staff serve the food to the children)

16.9 Breakfast Club staff

Breakfast club staff are responsible for:

- Ensuring they have a list with the names of children who have an allergy
- Checking each child with an allergy is wearing or is reminded to wear an allergy lanyard at the start of each breakfast, and returns it before going outside.
- Keep a close eye on children and immediately seek 1st Aid in the event of a suspected allergic reaction.
- Report any incidents of consumption of food by children who are allergic to these particular types of food, whether there is an allergic reaction or not, so an investigation can take place, in order to prevent any such occurrences in the future.
- Ensure all lanyards are returned to the breakfast club box at the end of each breakfast time and inform the senior first aider if a lanyard has gone missing

16.10 The Parents/Carers and the Pupils

Parents and carers are responsible for:

- Ensuring they disclose any allergies when completing the school admissions form, and keeping the school updated if anything changes
- Ensuring the care plans are completed by the GP and given back to school
- Completing a parental consent form to administer medicine or treatment before bringing medication into school (**Appendix 5**)
- Providing the school with the medication their child requires and keeping it up to date.
- Participating in the development, implementation and regular reviews of their child's school IHCP

16.11 Pupils are responsible for (where appropriate):

- Providing information on how their medical condition affects them.
- Contributing to, and complying with, their IHCP.
- Remembering to wear an allergy lanyard at the start of each lunchtime, if applicable
- Being aware of their allergies and being proactive in recognising food they may not eat
- Taking their own medication, under supervision.

17.0 Policy Development Statement

This policy has been developed using the following document:

Supporting pupils at school with medical conditions statutory guidance for governing bodies of maintained schools...in England (December 2015)

And as such it has given due regard to the following legislation:

Education Act 2002

Children Act 1989

Children Act 2004

Equality Act 2010

Children, Schools and Families Act 2010

Children and Families Act 2014

The Special Educational Needs and Disability Code of Practice (January 2015)

Keeping Children Safe in Education (September 2016)

This Policy should be read in conjunction with the following policies and guidance agreed by the Stepney Park Primary School Governing Body:

Health and Safety

Fire/ emergency evacuation

Educational Visits

Dealing with sharps, blood and bodily waste

Single Equality Scheme

Accessibility plan

First Aid guidance

Child Protection procedures

Statutory framework for Early Years Foundation Stage

SEND policy

Supporting children at school with medical needs DFE guidance

This policy links directly to the following policy in providing care and support for pupils with medical needs:

The Tower Hamlets Policy for Ensuring a Good Education for Children who Cannot Attend School because of Health Needs (2015)

Appendix 1 Stepney Park Primary School Individual Healthcare Plan

| | | | |
|---|---------------------|-------|--|
| Child Name and DoB | Name: DoB: | | |
| Date of school IHCP | | | |
| Review date of school IHCP | | | |
| Significant medical history | | | |
| Allergies, medical conditions and further information <i>(triggers, signs, symptoms, treatment)</i> | | | |
| Preventative or supportive procedures and actions needed whilst in school <ul style="list-style-type: none"> Medication, social and emotional support, other support If medication is needed a Medical request form needs to be completed | | | |
| Other useful information | | | |
| What should happen if a child refuses the medication or procedure? | | | |
| Actions in times of emergencies | | | |
| Name of Senior First Aider who completed this form with parents and date | Name: Date: | | |
| Child reviewed by school nurse? | Yes/No | Date: | |
| Parents carers: | Name: | | |
| <ul style="list-style-type: none"> I am aware it is my responsibility to ensure that my child's medication kept in school is up to date. I understand that it is my responsibility to let the school know if there are any changes in my child's medical conditions | Signature: Date: | | |
| I give consent for the preventative or supportive procedures and actions identified on this form whilst my child is in school, including spare asthma pumps and epi | Signature: Date: | | |

Appendix 2 - Emergency Procedure to be followed in case of all medical emergencies

1. Call nearest 1st aid trained staff member to aid support pupil/member of staff
2. Call an ambulance if needed – dialling 999

Speak clearly and slowly and be ready to repeat information if asked.

- a. Give your telephone number
 - b. Give your name
 - c. Give your location as Stepney Park Primary School, Smithy Street, London E1 3BW
 - d. Provide the exact location of the patient within the school setting
 - e. Provide the name of the child and a brief description of their symptoms
 - f. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient.
 - g. Inform Premises/Admin to have gate open and to support access to site
 - h. Ambulance crew to be accompanied to child
 - i. Continue to monitor until arrival of ambulance crew – keeping all staff updated about arrival times
3. Parents are called and advised of the situation
 4. A senior member staff is called who can decide on how the situation is supported – ie keeping area clear of staff and pupils etc
This person to notify and keep the Headteacher informed
 5. First aid trained member of staff stays with child/adult and liaises with senior member of staff
 6. Parents accompanied to their child upon arrival

7. If a child needs to be taken to hospital then the child and parent travel to hospital with the ambulance

a. If parents not at school

i. member of staff accompanies child to hospital

ii. parents are called and advised to go to the hospital

iii. member of staff stays with child until parents arrive

8. An Incident form (AIR Form) is completed and submitted to the LA as soon as possible

9. Where appropriate: At the first available opportunity all staff involved attend a de-brief and review procedures and their effectiveness. The designated governor responsible for children with medical needs will also attend the debriefing session.

10. Parents are called the next day, where appropriate, for an update on the child's welfare.

Follow-up (where appropriate) :

For children:

Pastoral Care Team support follow up with parents/ child about the well-being of the child

For adults:

Line managers/HR to follow up with staff/adults about their well-being In either case there may be a need to refer parents/adults to a senior member of staff who can go through the process taken by the school, and refer them to relevant complaints documentation if that is required.

Appendix 3 - Procedure for administering medication to pupils at Stepney Park Primary School

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

Where clinically possible, medicines should be prescribed in dose frequencies that enable them to be taken outside school hours.

When pupils need to take medication in school, parents/carers must complete a Medical Request Form **(Appendix 5)**

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

Medication will be individually labelled, with use by dates clearly displayed, and stored within the office.

No child under will be given medication that contains aspirin without a doctor's prescription.

Children requiring non-prescribed medicine, such as paracetamol during the school day would not normally be allowed to take this medication at school, unless in exceptional circumstances and explicitly agreed by the SENDco or Headteacher. Where this has been agreed, the parents are expected to complete the Medical Request form **(Appendix 5)**

Any medications left over at the end of the course, unwanted, unused or outdated medicines will be returned to parents/carers, who should sign for their receipt **(Appendix 9)**

Records will be kept of any medication administered to pupils on a Medicine Administration Log **(Appendix 12)**

Any child refusing to take medicine in school will not be made to do so, and parents will be informed about the dose being missed.

All medicines will be placed in a secure location away from other children.

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

If medicines require refrigeration parents will be advised of the school's ability to store such medicines at the time of application via the medication form.

Appendix 4 - List of 1st aid equipment to be kept at school in all relevant locations:

Individually wrapped sterile adhesive dressings,(assorted sizes);

Six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings;

Large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings

Sterile eye pads;

eye wash

Individually wrapped triangular bandages, (preferably sterile);

Six safety pins;

Disposable gloves.

Gauze Swabs

Washproof Plasters

Resuscitation Face Shield

Vomit bags

Instant Ice Pack

Adhesive Tape

Scissors

Alcohol Free Moist Wipes

finger dressing

foil blanket

forehead thermometer

bump head strips

Appendix 5 - Stepney Park Primary School Medication Request Form

| | | |
|--|---|------------|
| Name of child | | |
| Date of birth | | |
| Date of Medication request completion | | |
| For long term medication: <ul style="list-style-type: none"> • The medication must be prescribed by a doctor • A school IHCP needs to be completed • The Senior First Aider will arrange for a meeting with the school nurse • The senior First aider will update this form after the meeting with the school nurse if needed | For short term (non) prescription medication: <ul style="list-style-type: none"> • The SENDco or Headteacher must approve • Duration should not be longer than 1 week | |
| Medication needed for: | Long term | Short Term |
| If the medication needs to be taken for a short term | What is the date the child can stop taking the medication? Has this been approved by the SENDco or Headteacher? <div style="display: flex; justify-content: space-around;"> Yes No </div> | |
| If the medication needs to be taken for a long term | What is the expiry date of the medication? Is there a care plan from the school nurse or GP? <div style="display: flex; justify-content: space-around;"> Yes No </div> | |
| Name of the medication | | |
| What is the dosage of the medicine needed? | | |
| How should the medicine be administered? | | |
| Can the child self-administer? | Yes | No |

| | | |
|--|-----|----|
| What time(s) does the medicine need to be taken? | | |
| Should the medication be stored in the fridge? | Yes | No |
| Consent for spare asthma pump/epi pen given | Yes | No |
| Are there any possible/ known side effects? | | |
| Parent/carer emergency contact numbers | | |
| Parent/Carer's name | | |
| Parent/Carer's signature to indicate consent for the administration of medication in school | | |
| Senior First Aider signature | | |
| Date | | |

Appendix 6 - Stepney Park Primary School Asthma Policy

Stepney Park Primary School recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.

The school encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, Tower Hamlets LA and our pupils. Supply teachers and new staff are also made aware of the policy. Asthma training is held for staff once a year.

Medication

Asthma inhalers are normally stored in the school office, easily accessible to children. Some children will carry their reliever inhalers with them at all times. All inhalers must be labelled with the children's names by parents. If necessary a school adult will support children to use their inhalers.

Each administration of medicine will be recorded on the Medicine Administration log (**Appendix 12**)

Record keeping

When children join the school, parents are asked to state if their children have a medical need, including asthma and, if so, what medication is needed. This is recorded on the school Individual Health Care Plan (**Appendix 1**) and on the Medical Request Form (**Appendix 5**).

Parents are asked to provide a copy of their child's asthma card, provided to them by their GP.

The school will arrange for the parents to meet with the school nurse as soon as possible.

Parents are expected to keep the school up-to-date if any details change but in any case they will be asked to come in to meet with the Senior First Aider to review the IHCP and Medical Request Form annually. All medical records are stored in the school office and electronically and help admin staff and the school nursing team to make sure inhalers are used appropriately.

The Curriculum

All pupils are expected to take part in all activities. We will make any reasonable adjustments so that this is possible for children with asthma. PE Teachers are aware of which children have asthma. Pupils with asthma are encouraged to participate fully in PE. They are expected to keep their inhaler with them if PE is an off-site activity. Teaching staff will keep inhalers safe during activities when they cannot be carried. Pupils will be able to use inhalers during PE lessons.

Asthma attacks

Adults who come into contact with asthmatic children in school will know what to do in the event of an asthma attack.

They will:

- 1) Stay calm, reassure the child, move everyone away.
- 2) Find the inhaler and support the child to use it.
- 3) Send for a first aider.

When the attack is over, the child will return to normal activity. If the inhaler gives no benefit after 3 doses, or 10 minutes, the first aider will ask someone to call an ambulance and the child's parents.

Appendix 7 - Oxygen Medication policy

Introduction

1.0 This policy applies to all pupils that have medical conditions which require the use of oxygen at school whether they require assistance or not.

It is intended to identify the necessary measures required to support pupils with this need. It will also, as far as possible, enable regular attendance and will be supported by formal and agreed local systems and procedures within the school.

Responsibilities

2.1 Parents, carers or guardians (herein referred to as parents) have the primary responsibility for their child's health and must ensure they provide up to date information on the requirements of their child's medical condition.

2.2 It is the duty of the Local Authority to be responsible for the Health and Safety of all staff and persons on the school premises. (Health and Safety etc. Act 1974) including advice on policy, support on implementation and training.

2.3 It is the Head Teacher's responsibility to ensure that policy is implemented in practice and to make staff and parents aware of the contents. It is also their responsibility to ensure safe and secure storage of medicines and keep accurate records.

2.4 It is the duty of the Health Authority (Education Act 1996) to provide help to the Local Authority for a child with Special Educational Needs (including medical needs). This should be in the form of training/advice to Education staff on procedures for dealing with a pupil with medical needs. A health care professional will confirm staff proficiency

2.5 Members of staff have duty to ensure safety of children in their care however administration of medicines must be voluntary and staff must have received sufficient training. If the documented procedure is adhered to members of staff will be covered by employer's public liability insurance.

General Procedures

3.1 Upon admission to the school the Headteacher will agree with parents the support the school is able to provide after consultation with relevant bodies, e.g., G.P., School Health Service, first aid team

3.2 Parents will be asked to complete a school IHCP alongside the school nurse and SENDco, outlining details of the medicine, administration and dosage. This will also contain contact details of both the parents and a separate emergency contact.

3.3 Parents are responsible for ensuring their child is well enough to attend school. If the child becomes unwell at school the parents will be contacted and in the event they are unavailable the emergency contact will be informed.

If a child becomes acutely ill at school arrangements will be made for the child to be taken to hospital by ambulance. A member of staff will accompany the pupil and remain with him/her until parents arrive

Storage and monitoring of oxygen

4.1 Parents should provide oxygen cylinders/canisters directly to the school reception.

4.2 The cylinders/canisters must be stored in a cool room away from heat sources (including direct sunlight). The room should be secure with keys available readily (normally from reception) to those authorised to administer oxygen. Wherever possible the storage area should be near a fire exit. In Stepney Park Primary School this room will be the school office

In the event of a fire, the cylinder should be removed to a safe place provided it is safe to do.

In the event of a fire within the school building the Fire Brigade must be alerted to the presence of the oxygen cylinder and its location.

The room will require signage on the door indicating the presence of a potentially flammable gas.

Signage should also be displayed on the exterior of the building indicating the presence of a potentially flammable gas.

If it is necessary to leave the cylinder in the vehicle during a school outing, it is essential that the vehicle is parked within a reasonable distance of the venue to allow easy access to the equipment in an emergency.

Training of Staff

6.1 Training can be given by a number of parties including parents, first aider training organisations, local GP services and oxygen supply company and dispensing pharmacies.

In all cases, those trained should be at least a first aid appointed person.

Training should be fully recorded and refreshers given at least annually.

6.2 All staff and volunteers should be made aware of the child and escalating symptoms, who has been trained and procedures in the event of the child requiring oxygen.

Recording administration

7.1 For insurance purposes a record of each time oxygen is administered should be kept with details of amounts and any issues. Issues may not necessarily be medical but could be the child panicking or becoming uncooperative.

All issues should be reported immediately to the parents.

Appendix 8: Medical Needs Class Summary

| | |
|--|--|
| School year: | |
| Class name | |
| Classteacher's name: | |
| All children listed below have a school Individual Health Care plan Some children listed below need medication or support at school All relevant medical documents are shared with teachers at the start of the year and when they are updated through CPOMs | |
| Children with asthma and details: | Children with food allergies and details: |
| | |
| Children with eczema and details: | Children with other medical conditions and details: |
| | |

Children with * have medication in office
 Children with ^ keep cream in the classroom

Appendix 9 Left over, unwanted, unused or outdated medicines

| | |
|------------------------------------|---|
| Name of child | |
| DoB of child | |
| Name of returned medication | |
| Reason for return | Left over Unwanted Unused Outdated Other: |
| Date of return | |
| Name of parent | |
| Signature of parent | |

Appendix 11 Annual Reminder (amend as required)

Dear Mr and Mrs NAME

This is a reminder that your child NAME's School Individual Health Plan and/or medication need(s) to be reviewed, as it has been a year since the last time this was done.

Please note that NAME's medication is due to expire on DATE

Please come to see me on DATE at TIME and bring up to date medication for NAME to this appointment.

Kind Regards,
NAME

