



## **Supporting Pupils at School with Medical Conditions Policy**

**Date agreed:** 10th Nov 2021

**Review Date:** Aut 2022

**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: Sharron McGuicken

Senior Members of staff for Medical Needs(INCo): Nathalie Palacio and Chloe Fihl-Pearson

Senior members of staff Trips and Visits: Milestone Leads

Community School Nurse: TBA

Senior First Aider: Shelema Begum

### **3.0 Training of staff**

Newly appointed staff are briefed about this policy during their induction meeting. Class teachers and support staff are given lists of medical needs at the start of each school year. 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 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 and will be regularly reviewed by the INCo. Class teachers will have an overview of the list for the pupils in their care. Supply staff and support staff will have access on a need to know basis.

The school uses Medical Tracker for this purpose.

### **5.0 Individual Healthcare Plans (IHCPs)**

Where necessary, the school nurse will develop an IHCP with the pupil, parents/carers and medical professionals. IHCPs will be easily accessible to all relevant staff, whilst preserving confidentiality. IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner. Staff are not able to make any alterations to the IHCP plan. Parents need to complete a new Medical request Form if the dosage changes (Appendix 5) 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.

## **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 Medical Tracker.

### **9.0 Disposal of medicines**

Unwanted, unused or outdated medicines will be returned to parents/carers, who should sign for their receipt.

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 parental consent to administration of medicine 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 labeled 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 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 box labeled: 'spare adrenaline auto-injector pen and spare asthma pump' These are located in the following locations.

North Building : Maths Resource room, KS 1 Literacy room, EYFS resource room

South Building: Yr 6 Oak classroom cupboard, ICT room, Ground floor Intervention room

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**

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 Medical Tracker by the person supervising the administration.

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

In the unlikely event of there being no trained support staff member on site, a trained senior member of staff will administer medication. If neither is available, parents/carers will be contacted.

## **13.0 Record keeping**

Stepney Park Primary School uses Medical Tracker to keep records of all documents relating to medical needs, this is accessible to all members of staff. Access levels will be dependent on staff members' role within the care of medical needs.

Individual children's files will contain:

- Copy of up to date IHCP
- Scans of completed and archived requests for short term medication
- Logs of when medicine has been administered along with any refusals and subsequent actions
- School nurse visit log
- Scans of Personal Evacuation plans (PEEPs)
- Scans of disposal of spare medicine records signed by a parent
- Completed consent form for the administration of a spare auto adrenaline injector pen <http://www.sparepensinschools.uk>
- Completed referrals to the school nurse

In addition the office will ensure they have access to

- Relevant policies, including this policy and the 1st Aid policy

- Copies of the letter for asthma card completion/ renewal by GP
- Blank Asthma cards
- A printed copy of an up to date list of First Aiders
- Disposal of medication forms
- A list of all 1st aid equipment (see Appendix 4) and the locations where they are kept around the school

## **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 Nathalie Palacio and Chloe Fihl-Pearson as required. Reports will be made to the governing body.

## **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

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.

The INCOs are 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 register (Medical Tracker) regularly with the Senior First Aider and ensuring it is 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 an overview of the list 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 by the school nurse, and communicating these 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 at the start of each year or sooner if needed.
- Ensuring that copies of PEEPS are emailed to the Headteacher 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.

### **16.2 The Senior First Aider**

The Senior First Aider is responsible for:

#### Record keeping and communication:

- Maintaining an up to date medical training register using Medical Tracker
- 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 INCo 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.
- 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.
- Ensuring that allergy posters are displayed in all classes and key locations, including the dining hall, the Nursery, the staffroom and the school office.
- Ensuring allergy and medical information from school admission forms is transferred onto Medical Tracker
- Ensuring relevant staff, including class-teachers, breakfast club staff, after school club staff, midday meal supervisors, kitchen staff, the chef and INCo are made aware of relevant medical conditions, including food allergies, both at the start of each school year and when new issues are reported.

- Maintaining a medical needs register through Medical Tracker ensuring the Headteacher and INCo have 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 IHCPs
  - IHCP review dates.
  - details on date of last 1st aid equipment check
  - Actions taken
  
- Checking the medical needs register through Medical Tracker weekly, taking appropriate actions where needed and recording these actions.
- Re-ordering spare asthma pumps and adrenaline auto –injector pens with plenty of time before the expiry date.
- Ensuring year-group medical boxes for children with IHCPs are organized 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 where applicable)
    - IHCP plan with actions in the event of an emergency clearly stated
    - Consent form for use of spare adrenaline auto-injector, where applicable
  
- 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 form- **Appendix 5**
  
- Ensuring that a separate medical box for a spare adrenaline auto-injector pen (in case a pupil’s own prescribed adrenaline auto-injector is not available or fails to work appropriately ) and a spare asthma pump (for emergencies) has 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
- Maintain the medical folder with the following contents:
  - A printed copy of the medical boxes log/ checks
  - Blank Pro-formas for requests for short term medication (Appendix 5)
  - Copies of the letter for asthma card completion/ renewal by GP
  - Blank Asthma cards
  - School nurse visit log
  - A printed copy of 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

All other documents can be accessed on Medical Tracker

#### Working with parents:

- Record allergy reports by parents and take appropriate follow up actions.
- Seek medical evidence of allergies and medical conditions when in doubt of the accuracy of such conditions as reported by the parents. (This should not stop the school taking the appropriate actions with regards to these allergies or medical conditions in the meantime).
- Consult with the Headteacher or INCo if the outcome is inconclusive.
- Engage the Headteacher or INCo 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.
- Advise parents that a child cannot have a school dinner until procedures are fully in place, pending a risk assessment.
- Ensure parents are given an annual letter with a prompt to renew their asthma card with the GP, and check that they are returned.
- Ensure parents complete the parental consent form to administer medicine or treatment before (supervising) administering medication in school (**Appendix 5**).
- Inform parents if pupils refuse to take medication or to carry out a necessary procedure, so that alternative options can be explored.
- Ensure parents of adrenaline auto-injector pen dependent children have signed the relevant consent form ( Annex A Guidance on the use of adrenaline auto injectors in schools 2017 (<http://www.sparepensinschools.uk>))

#### Administration of medication:

- Supervise and record medicine administration on Medical Tracker
- Administration of medicine may be carried out by other staff, under supervision of the Senior First Aider, where appropriate, but must normally take place in the school office. (unless on a trip or residential visit)
- Encouraging pupils, where appropriate, to take their own medication under supervision.
- Recording any refusals On medical Tracker.
- Adding returned asthma cards to the medicine box
- Ensuring an up to date asthma pump and auto-injector pen has been included in the Grab Bag

#### Food 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 Chef in North Building and the Senior Dining Hall Supervisor of South Building, the class teachers, the breakfast club staff and the Head cook at Redlands are given an up to date list of children with allergies, including their photo, each time a new allergy has been reported

#### Training:

- Maintaining an up to date medical training register, including first aid training and Adrenaline auto-injector-pen training and providing the Headteacher and INCo with regular updates by email.
- 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 INCo.
- In consultation with the Headteacher, 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 pediatric 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.

### **16.3 School Nurse**

The school nurse is responsible for:

#### IHCPS:

- Completing new IHCPs where requested by the school, AWA or social workers.
- Completing IHCPs for pupils with asthma.
- Ensuring that IHCPs are emailed to the INCo 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 INCo where any issues during meetings with parents have been raised.
- Communicating with the school in advance of meetings where specific times/ meeting room and/ or resources are needed.
- Liaising with the Senior First Aider and the INCo 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 beginning of every visit.

#### Child protection:

- Liaising with social workers, the AWA and parental liaison worker/ Learning Mentor 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 protection to the named person for Child Protection in the school.

### **16.4 Teachers and support staff**

Teachers and support staff are responsible for:

- Compliance with this policy:
- Familiarising themselves with this policy and associated procedures.
- Follow up any advice and actions given by the school nurse or the INCoI, as required

#### Communication:

- Advising parents that all allergies must 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 nonurgent), either raised by parents or through their own observations, to the INCol, 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 present 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 to do at home during short -term absences, where appropriate.

#### Medication, allergies and asthma:

- Ensure that they are aware of the children in their class who have an allergy and that they have an up to date allergy list.
- 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 labeled 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 they 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.

### **16.5 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.

16.5.1 Senior Lunchtime supervisor:

- 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

### **16.6 Kitchen Staff**

Kitchen staff, supervised by the chef (North Building) and the Senior Dining Room Supervisor (South Building), 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)

### **16.7 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

## **16.8 The Pupils and their Parents/Carers**

Parents and carers are responsible for:

- Ensuring they disclose any allergies when completing the school admissions form.
- Ensuring the asthma card is completed by the GP and given back to school
- Providing the school with any updates to their child's allergies
- 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 IHCP

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 pro-active 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**

### **Information Required on an Individual Healthcare Plan**

The following information should be considered when writing an Individual Healthcare Plan:

- The medical condition, its triggers, signs, symptoms and treatments.

The pupil's resulting needs, including medication and other treatments, times, facilities, equipment.

- Testing, dietary requirements and environmental issues.
- Specific support for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Who will provide support, their training needs, expectation of their role and confirmation of their proficiency and cover arrangements.
- Who in school needs to be aware of the child's condition and the support required.
- Arrangements for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff or self-administered. Children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision.
- Separate arrangements or procedures required for educational visits or other activities outside of the normal school timetable that will ensure the child can participate.
- Confidentiality.
- What to do if a child refuses to take medicine or carry out a necessary procedure.
- What to do in an emergency, who to contact and contingency arrangements.

## **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 – dialing 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.

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 medication form. Copies are available from the school office.

The following details are required:

- Full name of pupil and date of birth
- Name of medication and strength
- Who prescribed it
- Dosage to be given
- Any possible side effects that may be expected should be noted
- Signature printed name of parent/carer and date

Asthmatics, diabetics and those with Adrenaline auto-injector Pens need only submit one form, not for each occasion of treatment being administered.

Prescribed medicines must be in date, labeled 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 labeled, 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 a senior member of staff. 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 will be returned to the pupil's parent/carer. Records will be kept of any medication administered to pupils.

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	
Class	

Date of birth	
Name of the medication	
What is the dosage of the medicine needed?	
What time does the medicine need to be taken?	
What is the last day the child needs to take the medicine?	
When was it dispensed?	
Non-prescription medication details - exceptional circumstances ONLY	Name of SLT who authorised Reason
Should it be in the fridge?	Yes                      No
Expiry date of medicine	
Can the child self-administer?	Yes                      No
Possible side effects?	
Parent/ carer contact numbers	
GP name and contact details	

I have read, and agree with, the school policy on supporting children with medical needs. The medication for my child can not be provided outside the school day and I therefore request support from the school.

Parent/ Carer's name	
Parent/ Carer's signature	
School Agreement 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 labeled 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 Medical Tracker.

### **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. Parents are asked to fill out an asthma card and take it to the GP for signing before returning it to school. Parents are expected to keep the school up-to-date if these details change but in any case they will be asked to update the cards and GP signatures annually. The cards are stored in the school office 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 Head Teacher 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 IHCP alongside the school nurse and Inco, 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 Headteacher's 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 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.

