

**Supporting Children with Medical Needs Policy**

**(*including Administering of Medicines and First Aid*)**

Policy reviewed by Director of Inclusion June 2023. Approved by Trust Board July 2023.

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| **Supporting Children with medical needs and ensuring appropriate first aid is everyone’s responsibility.** |
| The following policy and guidance applies in its entirety to all schools in the trust. However, each school will have their own individualised methods of recording, medicine storage, ratios of First Aid trained staff etc. This policy should be considered in conjunction with these and with the contextual information below for each school.  |

**Introduction:**

The Quality First Education Trust (Q1E) is an inclusive community that welcomes and supports children with medical conditions and wishes to ensure that pupils with medical conditions receive appropriate care and support in all their schools. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows and the same opportunities as all other pupils in the school, enabling them to play a full and active role in school life, remain healthy and achieve their academic potential.

We understand that pupils can suffer from long-term, short-term, chronic and acute illnesses and will provide for all pupils without exception or discrimination to the full extent possible given the appropriate training and support by specialist agencies and recognise that not every child with the same condition requires the same treatment, including both physical and mental health conditions. This is achieved through collaboration with parents/carers and medical professionals/ other specialists.

This policy has been developed in line with the DfE’s statutory guidance “Supporting pupils at school with medical conditions” under a statutory form section 100 of the Children and Families Act 2014.

Further information is contained in [Medicines in School WBC](file:///%5C%5Cadmin1%5Cshared%5CPOLICIES%5CMedicines%20in%20School%20WBC%20Model%20Policy%20.docx), [Supporting Pupils at School with Medical Conditions (DFE)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349435/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf) 2014, the [Children and Families Act 2014](http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted) and the [SEN and Disability Act 2001](http://www.legislation.gov.uk/ukpga/2001/10/contents) some of which is summarised below.

This policy should be read in conjunction with Trust SEND Policy, Safeguarding and Child Protection Policy, Intimate Care Policy and the individual school’s Access and Equality Policy and Plan, Health and Safety Policy.

The policy contains the following information:

[A: Key Roles and Responsibilities](#_Key_Roles_and)

[B: Training Requirements](#_Training_Requirements_)

[C: Medical Condition Registers](#_Medical_Conditions_Register)

[D: Individual Health Plans](#_Medical_Conditions_Register)

[E. Medicines](#_Medicines__)

[F: Transport Arrangements](#_Transport_Arrangements_)

[G. Education Health Needs Referrals](#_Education_Health_Needs)

H. First Aid

I. Anaphylaxis policy and guidance

[J. Emergencies](#_Emergencies__)

[K. Off-site activities](#_Day_Trips_)

L. Complaints

Additional guidance and example forms are available to staff from the Director of Inclusion.

#### Definitions

a) ‘Parent(s)’/Carers is a wide reference not only to a pupil’s birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.

b) ‘Medical condition’ for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. *Being ‘unwell’ and common childhood diseases are not covered.*

c) ‘Medication’ is defined as any prescribed or over the counter treatment.

d) A medicine is defined as any substance used, especially internally, for the treatment or prevention of disease or medical conditions. Medical care may include the need to help a pupil with a tracheostomy, or in rare circumstances, a pupil requiring tube feeding (gastrostomy).

e) ‘Prescription medication’ is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.

f) A ‘staff member’ is defined as any member of staff employed at any of the Q1E Trust schools

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#### A - Key Roles and Responsibilities

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**The Trust is responsible for:**

* Ensuring arrangements are in place, and carried out effectively, to support pupils with medical conditions in all schools, including having a named Medical lead.

**The SENCO and Headteacher are responsible for:**

* Making staff and parents aware of this policy.
* Supporting the day-to-day implementation and management Policy
* Liaising with healthcare professionals regarding the child’s medical needs and training required for staff.
* Identifying staff who need to be aware of a child’s medical condition.
* Ensuring that Individual Healthcare Plans (IHPs) are developed.
* Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
* Enabling continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
* Ensuring confidentiality and data protection.
* Assigning appropriate accommodation for medical treatment/ care.
* Ensuring medicines are within the prescribed expiry date and stored safely.
* Securing a defibrillator and arranging appropriate training for specific staff.

**Staff members are responsible for:**

* Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help.
* Knowing where controlled drugs are stored and how to access them.
* Taking account of the needs of pupils with medical conditions in lessons.
* Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance, and allowing pupils to access and administer their medication when and where necessary.
* Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, where appropriate under their responsibility.
* Sending a child who may have become ill to the appropriate place, accompanied by someone suitable.
* Being aware of a pupil’s needs in relation to food management. This extends to cookery and science experiments with food, as well as menus, individual meal requirements and snacks. It is important to ensure that the catering manager and staff are aware of a pupil’s particular requirements.
* Allowing pupils to drink, eat or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
* Following safeguarding procedures where particular or repeated injuries may be cause for concern.

**School nurses are responsible for:**

* Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
* Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
* Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.
* Liaising locally with lead clinicians on appropriate support.
* Assisting the Headteacher/SENCO in identifying training needs and providers of training.
* Liaising with the school on any safeguarding cases.

**Parents and carers are responsible for:**

* Keeping the school informed about any new medical condition or changes to their child/children’s health.
* Keeping their children off school when they are unwell.
* Participating in the development and regular reviews of their child’s IHP
* Completing a parental consent form to administer medicine or treatment before bringing medication into school (see Appendix 4), including name of medication, dose, method of administration, time and frequency of administration, other treatment, any side effects
* Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
* Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

*NB/ Parents are the pupil’s main carers. On rare occasions, If necessary and particularly with a very young child, school staff may request a parent or a person designated by the parent, to attend the school at the appropriate times in order to administer the medicine. However this practice should have an “end point” agreed at which time the school takes on the tasks involved without the need for the parent to come into school.* *However, it is unacceptable to require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child’s medical needs; or prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g by requiring parents to accompany the child.*

**Pupils are responsible for:**

* Providing information on how their medical condition affects them.
* Contributing to their IHP
* Complying with the IHP and complying with administration of their medication

**B- Training Requirements**

**Training of staff**

* Newly appointed teachers, supply or agency staff and support staff will be made aware of the ‘Supporting Pupils with Medical Conditions policy’
* The individual schools will ensure there is a sufficient number of trained members of staff available to implement the policy, deliver IHPs in normal, contingency and emergency situations, including general and paediatric first aid training.
* Staff members required to administer prescription medicines or undertake any specific healthcare procedures will be provided with training specific to the condition.
* School will keep a record of medical conditions supported, training undertaken and a list of staff qualified to undertake responsibilities under this policy.

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#### C- School Medical Conditions/Health Care Register

**Medical conditions register/list**

* Schools admissions forms should request information on pre-existing medical conditions.
* Parents should inform school at any point if a condition develops or is diagnosed.
* If a pupil has a short-term medical condition that requires medication during school hours, parents must complete a medication form which is provided to parents with explanation (ask at your school for their specific form)
* Pupil’s with longer term conditions will have an Individual Health Plan (see section D)
* A medical conditions list or register is kept, updated and reviewed regularly by the nominated member of staff.
* Each class will have an overview of the list for the pupils in their care, within easy access.
* Supply and support staff should similarly have access on a need to know basis.
* Medical information and IHPs can be sent ahead to emergency care with permission from parents
* Parents/carers should be assured data sharing principles are adhered to.
* For pupils on the medical conditions list meetings should take place in advance of transferring to new year groups to enable parents, school and health professionals to prepare IHP and train staff if appropriate.
* **Children presenting with medical needs which may be unusual, repeated, under or over treated, which may be cause for concern will be followed up according to the school’s safeguarding policy.**

#### D- Individual Health Plans (IHPs)

The school uses Individual Healthcare Plans to record important details about individual children’s medical needs with chronic illness or potentially life-threatening conditions at school, their triggers, signs, symptoms, medication and other treatments. They also ensure the local emergency care services have an accurate summary of pupil’s current medical management and healthcare in the event of an emergency.

Further documentation can be attached to the Individual Healthcare Plan if required (see Appendix 3 for an example of an Individual Healthcare Plan, in this case for a pupil experiencing severe allergic reaction).

**Individual Healthcare Plans include the following:**

1. Definition and details of the condition
2. Management of activities of daily living including food and drink management
3. Precautionary measures
4. Treatment
5. Emergency procedure to be adopted, including named hospital
6. Staff training
7. Staff indemnity
8. Consent and agreement
* Where necessary an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, Special Educational Needs Coordinator (SENCO) and medical professionals or other relevant member of school staff for pupils with complex healthcare or educational needs.
* If under certain circumstances alternative arrangements to the general policy are agreed with parents, these should be highlighted in the IHP.
* IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. If consent is sought from parents a photo and instructions may be displayed.
* ***In the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.*** If parents agree, other pupils who come into contact with the child may be briefed as well, however the pupil’s right to confidentiality, privacy and sensitive treatment must also be considered
* All staff who come into contact with a pupil who suffers from a life-threatening condition will be briefed about this condition.
* IHPs will be reviewed at least annually or when a child’s medical circumstances change, whichever is sooner.
* Where a pupil has an Education, Health and Care plan, the IHP will be linked to it or become part of it.
* Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.
* The school will not penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
* IHPs will be developed in conjunction with the relevant specialists and school nurse and parents.

#### E- Medicines

**Administration of medicines**

* The school understands the importance of taking the medication as prescribed.
* 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.
* No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. Commercially available painkillers may only be administered when provided by parents, and accompanied by a note to that effect.
* **A pupil under sixteen years of age should never be given medication containing Aspirin unless it is prescribed by a Doctor, as it may cause a severe illness in young children.**
* Non-prescription (over the counter) medicines do not need an Appropriate Practitioner’s prescription, signature or authorisation in order for a school, nursery or child minder to give them.
* 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) with dosage instructions. Medicines which do not meet these criteria will not be administered.
* Medicines will only be given to the named pupil.
* Written records will be kept of medication administered to children, excluding asthma pumps.
* Staff will not force a pupil to take their medication if the pupil refuses to comply with their health procedure. The resulting actions will be clearly written into the IHP which will include informing parents as a matter of urgency. If necessary, the school should call the emergency services.
* All staff understand that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so. Where specific training is not required, any member of staff may administer prescribed and non-prescribed medicines to pupils under the age of 16 with parental consent.
* If a school or nursery takes the decision that medication is not going to be given, they will need to consider what other measures are to be taken when children have long term health conditions or otherwise need medication to ensure they are still able to access a full education. These measures must not discriminate and must promote the good health of children; reasons for this must be made clear to parents.
* The Trust Board is responsible to ensure full insurance and indemnity to staff who administer medicines.
* Administration of medication which is defined as a controlled drug (even if the pupil can administer themselves) should be done under the supervision of a member of staff.
* Where medicines are administered by syringe each syringe must be clearly labelled with the child’s name. Oral syringes and spoons should ideally be dish-washed at a temperature of 65°C with spouts upwards before air drying. They may also be washed and rinsed in very hot water and air dried.

**Storage of medication**

* All non-emergency medication is kept in individual containers, supplied and clearly labelled by the pharmacist, in a lockable cupboard and is labelled with names, a photo of the child, dosage instructions and expiry date.
* Where a pupil needs two or more prescribed medicines, each should be in separate containers.
* Some medicines, such as such as inhalers for asthma, must be readily available to pupils and should not be locked away.
* A maximum of four weeks’ supply of the medication may be provided to the school at one time.
* Any medications left over at the end of the course will be returned to the child’s parents.
* Emergency salbutamol inhaler kits *may* be kept voluntarily by the school on their discretion
* Pupils with medical conditions know where their medication is stored and how to access it.
* Staff ensure that medication is only accessible to those for whom it is prescribed.
* The nominated member of staff ensures the correct storage of medication at school.
* The nominated member of staff will regularly check the expiry dates for all medication stored at school.
* The nominated member of staff, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labelled with the pupils name, the name and dose of medication and the frequency of dose. This includes all medication that the pupils carry themselves.
* All refrigerated medication is stored in an airtight container and is clearly labelled. This is in a secure area, inaccessible to unsupervised pupils.
* It is the Parent/Carer’s responsibility to ensure new and in date medication comes into school the first day of the new academic year.

NB/ It is good practice to allow pupils who can be trusted to manage their own medication from a relatively early age, depending on their degree of maturity. We encourage this, with the agreement of the pupil’s parents or carers. If pupils can administer their medication themselves, staff need only supervise the process. However, written parental consent is required. In the Trust school’s pupils will be allowed to carry their own inhalers on a case by case basis depending on risk assessment and agreement between the school and parents.

#### F- Transport Arrangements

* Where a pupil with an IHP is allocated school transport, the school should invite a member of the transport team who will arrange for the driver or escort to participate in the IHP meeting. A copy of the IHP will be copied to the transport team and kept on the pupil record. The IHP must be passed to the current operator for use by the driver /escort and the transport team will ensure that the information is supplied when a change of operator takes place.
* For some medical conditions the driver/ escort will require adequate training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil’s transport.
* When prescribed controlled drugs need to be sent in to school via school transport, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc.
* Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

#### G- Education Health Needs Referrals

* All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education will be provided for under the local authority’s duty to arrange educational provision for such pupils.
* In order to provide the most appropriate provision for the condition the SEND team accepts referrals where there is a medical diagnosis from a medical consultant.

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#### H – First Aid

**First Aiders**

* All nominated personnel will undertake training in first aid and administration of medicines.
* A record of all trained First Aiders will be on display in each room of the school.
* A first aider must be consulted in the event that a child or member of staff sustains a major injury or injury of the following nature:
	+ Serious head injury
	+ strains, sprains, twists (with swelling)
	+ Heavy/spurting bleeding
	+ Burns
	+ Severe nose bleed
	+ Suspect sprain or break
	+ Stings: i.e. bees/wasps/insects (due to the possibility of allergic reaction)
* **A First Aider need not be sought in the event of minor incidents that may be treated** **with Pastoral Care by any staff member**. Examples of these are:
	+ Minor cuts, grazes and abrasions
	+ Pupils who fell – or who are actually – sick
	+ Toothache, headache, tummy ache
	+ Minor marks to the body (bruises), skipping rope burns etc
* The administration of items such as antiseptic creams, lotions etc is not permitted in case of an allergic reaction. Cuts and grazes must be treated with non-alcohol wipes or clean gauze and clean water. Plasters should be applied where applicable, but in the event of a known allergy ONLY Micropore should be applied.
* Gloves should be worn when treating open wounds wherever possible and any bodily fluids, dressings, gloves etc disposed of in yellow bags/bins.

**First Aid during class time/clubs run by school staff**

* Minor incidents should be dealt with by the teacher or TA. If there is vomit or other residue of the incident to be cleared up, the Premises Officer will be asked to assist if on site. Each usage must be reported to the First Aid Lead.
* Children who need to be sent home will be accompanied to the school office. A phone call home will be made and logged by the school office personnel.

**First Aid at lunchtimes and playtimes**

* All injuries can be assessed by the nearest adult who may then decide (dependent on severity of injury) to send the child to a nominated first aider. The cleaning and dressing of minor abrasions can be undertaken by any school personnel and does not require the attention of a first aider.
* All staff are responsible for their ‘patient’ until responsibility can be handed over to a parent/guardian or another first aider. Under no circumstance must a child be left in the school office unattended.

**First Aid in Extra Curricular Activities run by other staff/agencies**

* Staff who are paid by parents/carers to run activities on the school site are responsible for the safety and welfare of the children in their care. As such, it is their responsibility to ensure they have adequate information about the child’s needs, adult supervision, training, equipment and contact details in case of a medical condition, accident or medical emergency.

**Records and Reporting**

* All injuries that are treated and /or require the administration of a dressing are recorded (see school specific logs).
* Serious injuries including head injuries, broken bones, strains and sprains must be recorded on the appropriate accident form and a copy given to the Parent/Carer as soon as possible.
* If these injuries require the attendance of an ambulance or further medical treatment the Internal Report of an Accident, Assault, Occupational Disease or Near Miss or RIDDOR form may also be completed and given to the First Aid Lead and a member of the Senior Leadership Team.
* Parents/Carers of children who have sustained any type of head injury will receive a standard written letter from the school.
* Patterns or regular occurrences of injuries from a particular child will be recorded and causes for this investigated, ie any links to SEND needs, more significant medical need causing instability etc; also linked to safeguarding concerns as necessary.

**Phone Calls**

* Parents/Carers will be contacted by phone in the event of a child sustaining a serious injury such as a head injury or suspect stain, sprain or break.
* ‘Courtesy’ calls will be made when a child has had a knock to the head (or anywhere else on the body), but presenting no apparent discomfort or upset.
* Each call made must be logged in the office. In the event that a parent/guardian cannot be contacted immediately each failed attempt will also be logged.
* In the event of not being able to contact a parent/guardian, the child will be placed under close supervision or the appropriate action will be taken, i.e. the request of an ambulance.

**Children Going Home**

* If a child is to be sent home due to illness or injury, the first aid lead and a member of the Senior Leadership Team must be informed.

**Intimate care**

* In the event of an injury/soreness in an area of the body that could be described as intimate, a first aider and one other staff member will assess the issue and will provide advice. No physical examination will take place at school.
* For any additional intimate care needed for example personal changing, procedures in the Intimate Care Policy will be followed.

#### I- Emergencies

#### Emergencies

* In an emergency situation school staff are required under common law duty of care to act like any reasonable prudent parent/carer. **This may include administering medication**. Appropriate basic life support measures should be taken to help pupils to breathe more easily and improve their circulation.
* When personal or invasive medicine or medical care has been administered by school staff in an emergency, medical assistance may still be needed urgently, and should be summoned by dialling 999 straight away. The person making the call will be asked to provide relevant information. Ambulance personnel should be given written information about the treatment given, and parents should be informed of the situation.
* Medical emergencies will be dealt with under the school’s emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms.
* All first-aid trained staff should know how and when to place an unconscious person in the recovery position and ensure that the airway is clear.
* Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
* Pupils with epilepsy may need a quiet place to rest and recover after a seizure, and be allowed to recover at their own pace.
* If a pupil needs to be taken to hospital before their parent/carer can accompany them

(only in situations where immediate movement to hospital is necessary), a member of staff will remain with the child until their parents arrive. The staff member concerned should inform a member of the schools senior management. In other situations, a parent/carer will be asked to come to school to accompany their child to hospital. Staff involved in home-to-school transport under the responsibility of the local authority are also kept up-to-date about a child or young person’s medical needs via the IHP.

* Designated staff have First Aid training in accordance with sections B & C.
* The school uses IHPs to inform the appropriate staff (including supply teachers and support staff) of pupils with complex health needs in their care who may need emergency help.
* For pupils with an IHP, this will be forwarded to the relevant emergency personnel including the hospital.
* All pupils with medical conditions should know how to access their emergency medication.
* Pupils are encouraged to administer their own medication (e.g. epipen) where possible and should know where it is stored or carry it with them unless it is a controlled drug as defined in the Misuse of Drugs Act 1971. This also applies to any off-site or residential visits.
* For children suffering accidents resulting in injuries such as broken legs and other mobility difficulties an accident/emergency risk assessment will be completed regarding their care needs at school (see appendix 6).

####  J-Anaphylaxis

Schools have a legal duty to support pupils with medical conditions, including allergy, including the administration of allergy medication and adrenaline auto-injectors (AAIs). All schools must have a clear emergency procedure for cases of anaphylaxis, which should include arrangements for:

* summoning an ambulance in an emergency
* treating the child if necessary whilst waiting for the ambulance to arrive
* where to find the adrenaline, ie in a known, accessible location and not locked away
* who should administer the adrenaline and how they can be contacted swiftly in an emergency
* who else must be contacted in an emergency.

These procedures will be agreed with the appropriate parties and clearly set out in the individual child’s individual care plan.

#### K- Off site activities

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**e.g. Day trips, residential visits and sporting activities**

* Unambiguous arrangements should be made in the risk assessment process and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.
* To comply with best practice risk assessments for outdoor activities and school visits should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. The risk assessment also helps to identify any reasonable adjustments that need to be made. These should be done in advance in collaboration with parents and specialists including the School Nurse, or the LA if necessary. This will be separate to the normal day to day IHP requirements for the school day.
* A basic first aid kit must be taken on all excursions out of school. The collection and return of first aid kits are the joint responsibility of the class teacher and accompanying first aider.
* In the case of accidents occurring out of school but involving medical or healthcare provision where necessary, a risk assessment (Appendix 6) and/or Individual Healthcare Plan will be completed accordingly following the above procedures.
* Additional support may be provided accordingly and in line with responsibilities outlined in section A.

**L- Complaints**

* All complaints should be raised with the school in the first instance, as per the Q1E Complaints Policy which can be found on the Q1E Website.

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