



## **Hilltop First School and Foundation Stage Managing Medical Conditions Policy**

<b>SLT responsibility</b>	LB
<b>Reviewed by:</b>	LB, Governors
<b>Approved by:</b>	FGB
<b>Date:</b>	October 2022
<b>Review frequency:</b>	Annual
<b>Next review date:</b>	October 2023

## Introduction

At Hilltop First School we aim to provide a safe and happy environment for every pupil. The happiness, health, safety and security of every child are our top priorities. It is expected that from time to time pupils may become ill or get hurt at school. Individual pupils may require regular medication or the occasional dispensing of medicines. This policy, based on statutory guidance laid out in the *Statutory Framework for the Early Years Foundation stage 2014* and *Supporting Pupils with Medical Conditions 2014*, outlines the school's response to such instances.

There are also an increasing number of children attending mainstream schools with medical conditions. Schools have a duty under the *Children and Families Act 2014* to make arrangements for supporting pupils at their school with medical conditions which includes the possibility of having to administer medicines and/or prescribed drugs. The school will make every effort to safeguard the health and safety of those pupils who may be more at risk than their peers due to existing medical conditions. Every care will be taken to give parents confidence in the school's ability to provide effective support for medical conditions in school.

## Admission

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 should be denied admission to Hilltop First School or prevented from taking up a place in the school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the governing body should 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.

Where necessary, the school will work together with the local authority, health professionals and other support services to ensure that pupils with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority. Consideration will also be given to how pupils will be reintegrated back into school after periods of absence.

## Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals, parents and pupils will be critical.

The **Headteacher** has a duty to:

- ensure that the school's policy is developed and effectively implemented with partners
- ensure that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation
- ensure that all staff who need to know are aware of a particular pupil's condition
- ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
- make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way
- contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse

The **Office staff** have the day to day responsibility together with other designated **School First Aiders** to administer medicines to pupils. These members of staff receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. In some circumstances other members of **school staff** may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they **cannot be required to do so**. Any member of school staff

should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Although **school staff** should use their discretion and judge each case on its merits with reference to the child's individual healthcare needs it is not generally acceptable practice to:

- prevent children from accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues
- 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

Every school has access to school nursing services. The role of the **School Nurse** is to:

- notify the school when a child has been identified as having a medical condition which will require support in school
- support staff on implementing a child's individual healthcare plan
- provide advice and liaison, for example on training

**Parents** should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

As **Pupils** grow up and develop a fuller understanding of their medical needs, they *may* become competent to manage their own health needs and medicines. After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures with the support or supervision of appropriate staff. This should be reflected within individual healthcare plans

### **Individual healthcare plans**

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom and should be easily accessible to all who need to refer to them whilst maintaining confidentiality. Each plan should be drawn up in partnership with parents, the pupil (where appropriate), school staff and relevant health professionals. It should be reviewed annually and should include the following information:

- a recent photograph of the child
- details of the child's name, date of birth, parent/carer contact details and details of the family doctor's practice
- a clear description of the condition, symptoms and triggers
- specific daily requirements or resulting needs (including medication)
- specific support for the pupil's social and emotional needs
- the level of support needed - where a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- details as to what constitutes an emergency and clear instructions including whom to contact

- description of appropriate follow up care
- staff member(s) responsible for support and an outline of the expectations of their role including any training needs
- members of staff who need to be made aware of the plan
- written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- review date

Where a child has SEN but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan. Where the child has a special educational need identified in an EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan. In both cases this should be overseen by the SEND Coordinator.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Pupils may be self-conscious about their condition. Staff have a duty to support all pupils with medical conditions. Long-term absences due to health problems can affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition, also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

### **Managing medicines on school premises**

- Medicines should 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 which enable them to be taken outside school hours.
- Parents are required to complete the school's 'Medicine in School' form giving written consent for medication to be administered to a pupil. These forms are available from the school office.
- Staff may only administer prescribed medication if it is in-date, provided in its original packaging and with the original pharmacy label continuing the child's name, instructions for administration, dosage and any special storage instructions. Medication will only be administered as per the printed instructions on this label.
- All medicines or relevant devices are securely stored in to be quickly and easily accessed by the appropriate member(s) of staff.
- Pupils should know where their medicines are kept and know who is likely to be administering them.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- The school will only administer non-prescribed medication brought in by the parents – including 'Calpol' – with signed consent from the parent.
- Staff will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication administered at school will be noted
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Parents will be informed so that alternative options can be considered.

### **Inhalers for Asthma**

Individually named inhalers must be kept in the appropriate First Aid cupboard. The Class Teachers or Support Staff will take responsibility for ensuring that inhalers which must be administered at regular intervals are taken in accordance with the details in the child's Health Care Plan. Pupils who feel that they need their inhaler must be allowed to do so by the class teacher/support staff at any time during the day. They should be accompanied if having to move around the school to access their inhaler **at all times** by either a member of staff or a sensible child. **It is the responsibility of the parent to ensure that the inhalers are renewed and that the medication has not**

**exceeded its expiry date. All inhalers should be collected at the end of the school year. Spacers should be taken home at the end of each term to be cleaned and returned on the first day of the new term.**

### **Antibiotics**

Pupils who are prescribed antibiotics can often recover very quickly and may well be fit enough to return to school, but it may also be essential that the full course of medication should be completed. A 'Medicine in School' form should be completed for each new prescription. **It is the responsibility of the parent to ensure that the medication is collected each day and is not out of date.**

### **Diabetes**

The school will monitor pupils with Diabetes in accordance with their Health Care Plan. Pupils with diabetes **must not** be left unattended if feeling unwell, or sent to the office unaccompanied. Sharps boxes should always be used for the disposal of needles.

### **Maintenance Drugs**

A child may be on daily medication for a medical condition that requires a dose during the school day. As with all other medicines a form should be completed giving clear instructions to staff at the school. A record of all doses administered will be kept.

### **Epi -pens**

Staff receive regular training in the administration of Epi-pens. As with other medical conditions, a Health Care Plan will need to be completed. **It is the responsibility of the parent to ensure that the Epi-pen has not exceeded its expiry date. All Epi-pens should be collected at the end of the school year.**

### **Eczema or skin conditions**

Where a medicated cream or other lotion is necessary, it is expected that the pupil will be able to use the cream/lotion on their own. A 'Medicine in School' form will need to be completed.

### **Nut Allergies/Anaphylaxis Procedures**

Hilltop First School is a nut free school. Medication for the treatment of allergic reactions will be kept in easily identifiable containers in the medical room or appropriate Year group First Aid cupboard. Each container should be clearly labelled with the child's name and class. Pupils likely to suffer from severe allergic reactions should have individual Health Care Plans on display in the office, the relevant Year group cupboard and the staff room.

### **Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with blood or other bodily fluids and disposing of dressings or equipment.

### **Disposal of Medicines**

Staff should not dispose of medicines. Parents are responsible for ensuring that date expired medicines are returned to a Pharmacy for safe disposal.

### **Illness or Injury at School**

Children recovering from a short-term illness/infection who are clearly unwell should not be in school and the Headteacher can request that parents or carers keep the pupil at home if necessary. Prescribed medication may be administered at school according to the guidelines outlined above. Any pupil with diarrhoea and/or vomiting symptoms must stay away from school until they have been free of symptoms for 24 hours. In the case of widespread infection across a class or year group, this may be increased to 48 hours.

Pupils are encouraged to inform staff if they are hurt or begin to feel unwell during the school day. Minor injuries will be treated that member of staff. In the case of more significant incidents they will refer the child to a First Aider. In most cases they will be accompanied by a member of staff or a responsible pupil. The First Aider will decide on appropriate action. This may include contacting the parent/carer by telephone. If first aid is administered, this will

be recorded in the first aid book and a 'medical slip' will be completed to be taken home by the pupil at the end of the day. In the case of a bumped head, the pupil will be given a sticker so that other staff are aware of the injury.

In the case of significant injuries, the first aider will inform class teachers so that in addition to the 'medical slip', parents/carers can be told verbally at the end of the day.

It is essential that the school has updated contact information for parents and carers so that they can be quickly contacted in the event that a child becomes injured or unwell at school.

### **Emergency procedures**

As part of general risk management processes, Hilltop First School has arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips. When conditions require immediate emergency treatment, staff may administer medication such as an Epi-pen or other emergency procedures. In the case of an emergency, the school will call an ambulance and contact the parents. If a child needs to be taken to hospital, staff should stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

Where a child has an Individual Healthcare Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

### **School Trips**

It is the part of the Inclusion Policy of the school that all pupils should be encouraged to take part in school trips wherever safety permits. It may be that the school would need to take additional safety measures for outdoor visits and staff supervising outings must be aware of any medical needs of such pupils and of the relevant emergency procedures. An additional adult (or the particular parent) may need to accompany visits where a difficult situation might arise.

It may be necessary to take medication for pupils on a school trip, i.e. Epi-pen, Inhalers or Epilepsy emergency medication. It may also be necessary to take copies of any relevant care plans in case of emergency. Emergency medication **must** be taken on all trips.

This policy should be read in conjunction with:

- SEND Policy
- EYFS Policy



## Individual Health Care Plan – Private and Confidential

This form should be completed in partnership with parents, school staff and relevant health professionals.  
It should be reviewed annually.

Child's name:	
Date of birth:	
Year group & class:	
Condition:	
Date:	
Review Date:	

--

Family Contact 1		Family Contact 2	
Name		Name	
Telephone nos.		Telephone nos.	

Clinic / Hospital Contact		GP	
Name		Name	
Telephone no.		Telephone no.	

Description of condition, individual symptoms and triggers:


Specific daily care requirements or resulting needs:


Member of staff responsible for support:	
Any specific training necessary:	



## Individual Health Care Plan – Private and Confidential

Child's name:		Date of birth:	
Condition:		Year group & class:	

Description of what constitutes an **emergency** and the action to be taken:

---

---

---

---

Follow up care (if relevant):

---

---

---

---

Name of medicine	Dosage method & Frequency timings /	Completion date (if known)	Expiry date of medication
Special precautions / instructions			
Are there any side effects that the school needs to know about?			

Name of medicine	Dosage method & Frequency timings /	Completion date (if known)	Expiry date of medication
Special precautions / instructions			
Are there any side effects that the school needs to know about?			

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_







## Short Term Medication Consent Form – Private and Confidential

The school will not give your child medicine unless you complete and sign this form according to the school's Medicine in School Policy

PLEASE PRINT USING BLACK OR BLUE INK

Child's name:		Date of Birth:	
Parent's name:		Child's class:	
Emergency contact telephone numbers:	1.	2.	
Medical condition / illness:			

Name of medicine	Dosage & method	Frequency timings /	Completion date (if known)	Expiry date of medication
Special precautions / instructions				
Are there any side effects that the school needs to know about?				

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

### Record of Administration of Medication

[illegible]

## Quick Medical Reference for XXX

**Key need:**



**Symptoms indicating that treatment may be necessary**

**Treatment**

**Please refer to full Individual Health Care Plan for full details of this child's medical needs and Care.**