

Medical Policy

Wollaston School



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1. Rationale

- 1.1. Pupils at school with medical conditions should be supported so that they have full access to education, including school trips and physical education. Where appropriate, school leaders will consult health and social care professionals and work with pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.
- 1.2. In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. Long-term absences due to health problems 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.

2. Responsibilities & training

2.1 Headteacher

- 2.1.1. The Headteacher has overall responsibility for the development of Individual Health Plans [IHPs] - see Appendix 1. [S]he should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. [S]he should ensure that the school nursing service is contacted 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.

2.2 Parents

- 2.2.1. Parents should provide the school with sufficient and up-to-date information about their child's medical needs.
- 2.2.2. Parents should be involved in the development and review of their child's individual healthcare plan.
- 2.2.3. Parents should carry out any action they have agreed to as part of its implementation, e.g. contact GP or other health professionals to provide access to their child's health records for the school, provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- 2.4.6. Parents should check medication provided to school annually for expiry dates and dispose of accordingly.

2.3. Pupil

- 2.3.1. Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- 2.3.2. Pupils should treat all medication with respect.
- 2.3.3. Pupils should know how to gain access to their medication in an emergency.
- 2.3.4. Pupils have a responsibility to treat other students with and without a medical condition equally.
- 2.3.5. Pupils should tell their teacher or nearest staff member when they are not feeling well whilst in school and let a member of staff know if another pupil is feeling unwell.

2.4 Medical officer

The medical officer will;

- 2.4.1. Understand the medical policy.
- 2.4.2. Maintain a record of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- 2.4.3. Know which students in their care have a medical condition.

- 2.4.4. Allow all students to have immediate access to their emergency medication. Alternative support will be available if the medical officer is not available.
- 2.4.5. Administer medication to students as prescribed.
- 2.4.7. Maintain effective communication with parents including informing them if their child has been unwell at school.
- 2.4.8. Return expired medicines to parents or dispose of appropriately.
- 2.4.9. Be aware of pupils with medical conditions who may be experiencing bullying or need extra social support.
- 2.4.10. Ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- 2.4.11. Ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.
- 2.4.12. Provide regular training for school staff in managing the most common medical conditions in school and provide information about where the school can access other specialist training, where it is requested.
- 2.4.13. Ensure healthcare plans are completed and reviewed annually.

2.5. First Aid trained staff and student managers

- 2.5.1. First Aid staff are made aware of the most common serious medical conditions at school and are trained in what to do in an emergency for the most common serious medical conditions at this school.
- 2.5.2. Training is refreshed for First Aiders and PE staff every three years and these staff should update themselves with the school's medical policy regularly.
- 2.5.3. Student managers will ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom.

2.6. All staff

- 2.6.1. Staff understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent.
- 2.6.2. All staff know how to contact emergency services and what information to give and where to contact a First Aider.
- 2.6.3. Any member of school staff may be asked to provide support to pupils with medical conditions, but they cannot be required to do so.
- 2.6.4. School staff that are willing to do so should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- 2.6.5. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training.
- 2.6.6. If a pupil needs to be taken to hospital, a member of staff will accompany them if parents are unavailable or school will ask parent to meet ambulance at casualty. Staff should not take pupils to hospital in their own car.

2.7. Teaching staff

- 2.7.1. Teachers should take account of the needs of pupils that they teach who have medical conditions.
- 2.7.2. Teachers should ensure that students who have been unwell for significant periods of time catch up on missed school work and provide extra help when pupils need it.
- 2.7.3. Teachers should liaise with parents, the pupil's healthcare professional and special educational needs coordinator if a student is falling behind with their work because of their condition.
- 2.7.4. Teachers should be aware of the potential for pupils with medical conditions to have special educational needs.
- 2.7.5. Teachers will not set extra work for students at home who have an occasional short period of absence because they are unwell due to common short-term ailments.

2.8. Special Educational Needs Coordinators. (SENCO's)

- 2.8.1. SENCO's will help to update the school's medical policy.
- 2.8.2. SENCO's will know which pupils have a medical condition and which have special educational needs because of their condition.
- 2.8.3. SENCO's will ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or coursework.
- 2.8.4. Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SENCO. The SENCO will consult the pupil, parents and pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is properly considered.

2.9. Medical professionals

- 2.9.1. School nursing services are responsible for notifying the school when a child has been identified as having a medical condition, which will require support in school. They may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).
- 2.9.2. Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school.

2.10. Local Authority (LA)

- 2.10.1. The Local Authority should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. They should work with schools to support pupils with medical conditions to attend full-time.
- 2.10.2. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the Local Authority has a duty to make other arrangements.

3. Managing medicines on school premises

- 3.1. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- 3.2. For medication where no specific training is necessary, any member of staff may administer prescribed medication to pupils under the age of 16, but only with the written consent of the pupil's parent.
- 3.3. All use of medication defined as a controlled drug, is done under the supervision of the First Aider, even if the pupil can administer the medication themselves.
- 3.4. All pupils with medical conditions have easy access to their emergency medication.
- 3.5. All pupils are encouraged to carry and administer their own emergency medication i.e inhalers, epipens and insulin with a spare being kept in the medical room.
- 3.6. Pupils who do not carry and administer their own emergency medication know where their medication is stored and how to access it.
- 3.7. Emergency medication is readily available to pupils who require it at all times in the medical room during the school day. Epipens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.
- 3.8. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available with the medical officer.
- 3.9. All non-emergency medication is kept in a lockable cupboard in the medical room and should be labelled by the parent / student before being handed in to school for safe-keeping.
- 3.10. The medical officer will ensure that medication is only accessible to those for whom it is prescribed.

- 3.11. The medical officer will ensure the correct storage of medication at school. Some medication may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled in the medical room. This is in a secure area, inaccessible to unsupervised pupils.
- 3.12. The medical officer, along with the parents of pupils with medical conditions, will ensure 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 pupils carry themselves.
- 3.13. It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.
- 3.14. Parents are asked to collect out of date medication. If parents do not collect out of date medication, medication is taken to a local pharmacy for safe disposal.

4. Record keeping

- 4.1. Parents are asked if their child has any health conditions on the enrolment form, which is filled out at the start of each school year. Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.
- 4.2. Wollaston School uses a healthcare plan to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. These healthcare plans are held in the medical office.
- 4.3. A healthcare plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long term medical condition. [See Appendix 2]
- 4.4. If a pupil has a short-term medical condition that requires medication during school hours, a medical consent form is sent home for completion and signing by parents.
- 4.5. Parents are regularly reminded to inform the medical officer if their child has a medical emergency or if there have been changes to their symptoms, or their medication and treatments change. This is to ensure the healthcare plans can be updated accordingly.
- 4.6. Healthcare plans are used to create a centralised register of pupils with medical needs. The medical officer has responsibility for the register at Wollaston School.
- 4.7. No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- 4.8. A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- 4.9. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.
- 4.10. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- 4.11. Schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dose and storage.

5. Exercise and physical activity

- 5.1. The school understands the importance of all pupils taking part in sports, games and activities.
- 5.2. School ensures that classroom teachers, PE staff make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.
- 5.3. Teachers and PE staff are aware of pupils in their care who have been advised to avoid or take special precautions with particular activities.
- 5.4. Wollaston School will ensure that PE staff have access to records of the potential triggers for pupils' medical conditions when exercising and how to minimise these triggers.

6. Offsite events including day trips, residential visits and sporting activities

- 6.1. All staff accompanying off-site visits are aware of any pupils with medical conditions on the visit via a form for medical issues. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.
- 6.2. School will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- 6.3. School will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included in off-site visits. This may require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

7. Individual Healthcare Plans (IHP) [See Appendix 1]

Information should be recorded on individual healthcare plans, including the following:

- 7.1. The medical condition, its triggers, signs, symptoms and treatments.
- 7.2. The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons.
- 7.3. The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- 7.4. What to do in an emergency, including whom to contact, and contingency arrangements.

8. Communication

Parents are informed about the medical policy :

- 8.1. At the start of the school year when communication is sent out about healthcare plans, when their child is enrolled as a new pupil and via the school's website, where it is available all year.
- 8.2. School staff are informed and reminded about the medical policy via online school medical register and at scheduled medical conditions training.
- 8.3. The parent or carer of a student at school has a responsibility to:
 - 8.3.1. Tell the school if their child has a medical condition.
 - 8.3.2. Ensure the school has a complete and up-to-date healthcare plan for their child.
 - 8.3.3. Inform the school about the medication their child requires while taking part in visits, outings or field trips and other out-of-school activities.
 - 8.3.4. Tell the school about any changes to their child's medication, what they take, when and how much.
 - 8.3.5. Inform the school of any changes to their child's condition.
 - 8.3.6. Ensure their child's medication and medical devices are labelled with their child's full name.
 - 8.3.7. Provide the school with appropriate spare medication labelled with their child's name.
 - 8.3.8. Ensure medication is within expiry dates.
 - 8.3.9. Keep child at home if they are not well enough to attend school.
 - 8.3.10. Ensure their child catches up on any school work they have missed.
 - 8.3.11. Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional.

9. Liability and indemnity

- 9.1. School will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

10. Other issues

- 10.1. Schools may hold asthma inhalers for emergency use.
- 10.2. Home-to-school transport is the responsibility of local authorities, who may find it helpful to be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plans for pupils with life-threatening conditions.
- 10.3. School will procure a defibrillator as part of their first-aid equipment. If schools install a defibrillator, they should notify the local NHS ambulance service of its location.

Signed:

Date:

Policy review date:

RELEVANT PROCEDURAL DOCUMENTATION

APPENDIX 1

<h1>Individual Healthcare Plan</h1>									
Name of school	Wollaston School								
Student's name									
Year/form group									
Date of birth									
Student's address									
Medical diagnosis/condition									
Date									
Review date									
Family contact information:									
Name									
Relationship to student									
Home phone									
Mobile									
Work									
Name									
Relationship to student									
Home phone									
Mobile									
Work									
G.P Name and number									
Describe medical condition:									
Potential triggers/signs/symptoms									
Medication/dose/when taken/care requirements:									
Side effects of medication:									
Describe what constitutes an emergency and the action to take if occurs:									
<div style="display: flex; justify-content: space-between;"> Parent/Carer signature: Date: </div>									

APPENDIX 2

MEDICAL CONSENT FORM

(To be filed in Medication Administration File)

The school will not give your child any medication unless you complete and sign this form and the Headteacher has confirmed that school staff has agreed to administer the medication.

The school can only keep prescribed medication given by the doctor.

DETAILS OF PUPIL:

Surname:

Forename's:

Address: M/F:

..... Date of Birth:

..... Class/Form:

Reason for medication:

CONTACT DETAILS:

Name:

Daytime Contact Telephone No:

Relationship to Pupil:

Address if different from above:

.....

.....

I understand that the medication must be delivered by a responsible adult to an authorised/appointed person and accept that this is a service which the school is not obliged to undertake.

Date:

Signature:

MEDICATION DETAILS:

Name/Type of medication (as described on the container):

For how long will your child take this medication:

Date dispensed:

FULL DIRECTIONS OF USE:

Dosage and amount (as per instructions on container):

.....

Method:

Timing:

Special precautions:

Self-Administration:

I would like/would not like (please delete accordingly) my son/daughter to keep his/her asthma inhaler with him/her to use as necessary

APPENDIX 3

ASTHMA CONSENT FORM

Dear parent / carer

Asthma is the most common chronic condition, affecting one in eleven children. On average there are two students with asthma in every classroom. Students with asthma should bring their own inhaler to school to help treat their symptoms and for the use in the event of an asthma attack, however sometimes this hasn't been possible. From the 1st October 2014 the Human Medicines Regulations allow primary and secondary schools to obtain salbutamol inhalers and spacers for emergency use in schools for asthmatic students. The emergency inhaler can only be used by the students if their own prescribed inhaler is not available for example if it has been left at home, broken or empty.

Wollaston School would like to offer a standard blue Salamol CFC-Free 100 micrograms inhaler to all asthmatic students in school for emergency use only. This could help prevent unnecessary stress, traumatic trips to the hospital and potentially save their life. If you would like your son/daughter to be able to use this emergency inhaler in school then please could you fill out the consent form and care plan enclosed and return it to Mrs Steadman.

Once we have received confirmation that your son/daughter is able to use the emergency inhaler they will be put on asthma register which will be checked each time the student requires it. The school will keep a record of the date, time, staff member administering where the student is unable to administer themselves, student's name, dose and any action taken each time of use and notify the parent/carer.

If you have any queries please do not hesitate to contact me.

Yours Sincerely

Mrs K Steadman
(Student Welfare Officer)

APPENDIX 4

Consent Form for Use of Emergency Salbutamol Inhaler Wollaston School

Student showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school everyday
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.
4. If my child is unable to administer the inhaler themselves in the event of an asthma attack I am happy for a designated member of staff to administer the inhaler.

Signed: Date:

Name (PRINT)

Student's Name:

Class:

Parent's address and contact details;

.....
.....
.....

Telephone:.....

E-mail;

APPENDIX 5

ASTHMA REGISTER

Emergency Salbutamol Inhaler use permitted

Emergency Salbutamol Inhalers may only be administered to pupils with a complete and in date Parental Consent Form. This log should be updated at the start of each school year upon receipt of a new Parental Consent Form

[illegible]