



BROOK FIELD PRIMARY SCHOOL

Medical Conditions POLICY STATEMENT

INTRODUCTION

Brook Field Primary School is an inclusive community that aims to support and welcome children with medical conditions.

AIMS

Brook Field aims to provide all children with all medical conditions the same opportunities as others at school, and to include them in all school activities. We help to ensure they can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well being

Pupils with medical conditions are encouraged to take control of their condition. Children feel confident in the support they receive from the school to help them do this. Parents/ carers of pupils with medical conditions should feel secure in the care their children receive at Brook Field.

Brook Field ensures all staff understand their duty of care to children and young people in the event of an emergency. All staff feel confident in knowing what to do in an emergency.

Brook Field understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood. All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact this can have on pupils when and as appropriate.

The medical conditions policy is understood and supported by the whole school community.

COMMUNICATION

- a. This policy is made available to parents/carers and children on the school website. A hard copy can be requested from the school office if preferred.
- b. Additionally, parents of children who have an Individual Healthcare Plan are given a hard copy of the policy.
- c. All staff are reminded regularly where the policy can be found and are encouraged to refresh their knowledge of it at least annually.
- d. Supply staff are advised of the policy via the supply staff information sheet.

TRAINING FOR EMERGENCIES FOR CHILDREN AND ADULTS WITH MEDICAL CONDITIONS

- a. All staff at Brook Field are aware of the most common serious medical conditions at this school.
- b. Staff at Brook Field understand their duty of care to children 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. This may include administering prescribed medication.

- c. All staff who work with groups of children at this school receive training and know what to do in an emergency for the children in their care with medical conditions.
- d. Training is refreshed for all staff as and when appropriate. As a minimum, this training will take place on an annual basis.
- e. Brook Field uses Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help.
- f. Brook Field has procedures in place so that if a child has to go to hospital directly from school a copy of their healthcare plan is sent with them. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.

GENERAL EMERGENCY PROCEDURES

- a. All staff know what action to take in the event of a medical emergency. This includes:
 - How to contact emergency services and what information to give
 - Who to contact within the school
- b. Training is refreshed for all staff as and when appropriate
- c. Action to take in a general medical emergency is displayed in prominent locations for staff.
- d. If a child needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the child knows.

ADMINISTRATION OF MEDICINES

Medicine will only be administered in school if it would be detrimental to a child's health or to their school attendance if it was not administered.

Administration – emergency medication

- a. All children at this school with medical conditions have easy access to their emergency medication.
- b. Where appropriate all children are encouraged to administer their own emergency medication (e.g. inhalers), when their parents/ carers and health specialist determine they are able to start taking responsibility for their condition.
- c. Children know where their medication is stored and how to access it.
- d. Children understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their medication safely.

Administration – non prescription and general medication

- e. Parents/carers will be made aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a child taking medication.
- f. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a child taking medication unless they have been specifically contracted to do so.
- g. Many members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer prescribed medication to children under the age of 16, but only with the written consent of the child's parent/ carer.
- h. As best practice, all parents will be asked to provide prescribed medicine, in its original named box stating the correct dosage to be given.
- i. Non-prescription medication will only be administered with the written consent of the parent/carers. Usually this is given via the completion of a medication form each day the medication is to be given. This form, found in the class register, details date, name of child, name of parent/carers and their signature, time and amount of medicine to be given. When the medicine has been administered the staff member who gave it should sign a form confirming that the medication has been given in accordance with the instructions.

- j. All use of medication, even if the child can administer the medication themselves, is done under the supervision of a member of staff at this school. If medication is taken more than once in a day, parents are informed.
- k. This school understands the importance of medication being taken as prescribed.
- l. Training is given to all staff members who agree to administer medication to children, where specific training is needed. The Risk Protection Agreement provides full indemnity.
- m. All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering prescribed medication.
- n. In some circumstances medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult.
- o. Parents/carers at Brook Field understand that if their child's medication changes or is discontinued, or the dose or administration method changes that they should notify school immediately.
- p. If a child at Brook Field needs supervision or access to medication during home/ school transport organised by the LA, properly trained escorts are provided.
- q. All staff attending off site visits are aware of any child with medical conditions on a visit. 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.
- r. If a trained member of staff, who is usually responsible for administering medication is not available alternative arrangements will be made to provide the service. This is always addressed in the risk assessment for off-site activities.
- s. If a child misuses medication, either their own or another child's, their parents/ carers are informed as soon as possible. These children are subject to the school's usual disciplinary procedures.
- t. Parents/carers at Brook Field will ensure, where clinically possible, to request that medicines are prescribed in dose frequencies which enable them to be taken outside school hours.
- u. If medication has been administered during the school day, the dose and time of medication given is noted and shared with the parents/carers.

ASTHMA

For pupils with a prescribed inhaler for asthma, the class teacher will hold the inhaler in a locked cupboard in their classroom and it will be available at all times if moving around the school e.g. PE lessons outside or on external school trips. There is an emergency asthma inhaler kit stored in the Main Office for use by pupils who already have a diagnosed asthma condition and their parents have signed an emergency inhaler consent form. See appendix 1 for more information.

STORAGE OF MEDICATION

Safe storage – emergency medication

Emergency medication is readily available to children who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug (such as medicine for epilepsy) and needs to be locked up, the keys are readily available and not held personally by members of staff. At Brook Field most emergency medication is placed in the class medicines box. The exception is adrenaline auto injectors (e.g. epipens) which are held in the school office. Children know exactly where to access their emergency medication.

Safe storage – all non-emergency medication

All non-emergency medication is kept in a secure place. Children 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.

- a. Class teachers ensure the correct storage of medication in their classrooms
- b. All controlled drugs (such as those for epilepsy) are kept in a locked cupboard and only named staff have access, even if children normally administer the medication themselves.

- c. Expiry dates for all medication stored at school is checked at the end of each term.
- d. Parents/carers of children with medical conditions, must ensure that all emergency and non-emergency medication is brought into school, in its original containers. All medication is labelled with the child's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- e. Parents are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- f. Medication is stored in its original container, in accordance with instructions, paying particular note to temperature.
- g. All medication that needs to be refrigerated is stored in an airtight container and is clearly labelled. The refrigerator in the school office is used for this purpose.
- h. All medication is sent home with children at the end of the school year.
- i. It is the parents/ carers responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

Safe disposal

- a. Parents/ carers are asked to collect out of date medication.
- b. If parents do not pick up out of date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.
- c. Sharps boxes are used for the disposal of needles when needed. Parents/ carers obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in this school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case by case basis.
- d. If a sharps box is needed off site or on a residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or to the parents/ carers.
- e. Collection and disposal of sharps boxes is arranged with an authorised sharps disposal operator.

RECORD KEEPING

Data collection forms

Parents and carers are asked if their children have any health conditions or health issues on admission to the school.

Healthcare Plans

- a. Brook Field uses healthcare plans to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Healthcare plan if required.
- b. Where the school is notified of a medical condition they will work with the parent/carer, school nurse and any other relevant professional(s) to develop a healthcare plan.
- c. A list of children who have healthcare plans, including their photographs is available in the staffroom and in the school office. This list is also posted in the first aid room. A copy of a child's healthcare plan is also kept in their classroom.
- d. Parents/ carers are asked to review their child's healthcare plan on an annual basis. They are also reminded to update their child's healthcare plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.
- e. Brook Field ensures that all staff protect pupil confidentiality.
- f. The School Nursing Service assists with the transfer of IHPs to secondary schools.

Consent to administer medicines

- a. If a child requires regular prescribed medication at school, parents/ carers are asked to provide consent on their child's healthcare plan.

- b. All parents/ carers of children with a medical condition who may require medication in an emergency are asked to provide consent on the healthcare plan for staff to administer medication.
- c. If a child requires regular/ daily help in administering their medication then the school outlines their agreement to administer this medication on the child's healthcare plan.
- d. Non-prescription medication will only be administered with the written consent of the parent/carer. Usually this is given via the completion of a medication form each day the medication is to be given. This form, found in the class register, details date, name of child, name of parent/carer and their signature, time and amount of medicine to be given. When the medicine has been administered the staff member who gave it should sign a form confirming that the medication has been given in accordance with the instructions.

Residential visits

- a. Parents/ carers are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up to date information about the child's current condition and their overall health. This provides essential information to help manage their condition while they are away. This will include information about medication not normally taken during school hours. The residential visit form will detail what medication and what dose the child is currently taking at different times of the day.
- b. All residential visit forms are taken by the visit leader on visits where medication is required. These are accompanied by the child's healthcare plan.
- c. As best practice, all parents will be asked to provide prescribed medicine, in its original named box stating the correct dosage to be given.
- d. All parents/ carers of children with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.

Record Keeping

- a. Brook Field keeps an accurate record of each occasion a child is given medication. Details of the supervising staff member, child, dose, date and time are recorded. If a child refuses to have medication administered this is also recorded and parents/ carers are informed as soon as possible.
- b. Training is held on common medical conditions as and when appropriate. A log of the medical condition training is kept by the school.
- c. All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional as and when appropriate. The school keeps a register of staff who have had the relevant training.

INCLUSIVE ENVIRONMENT

Physical environment:

- a. Brook Field is committed to providing a physical environment that is accessible to children with medical conditions.
- b. Children with medical conditions are included in the consultation process to ensure the physical environment at this school is accessible.
- c. Brook Field's commitment to an accessible physical environment includes out of school visits. The school recognises that this sometimes means changing activities or locations.

Social Interactions:

- a. Brook Field ensures the needs of children with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.
- b. Brook Field ensures the needs of children with medical conditions are adequately considered to ensure they have full access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits.

- c. All staff are made aware of the potential social problems that children with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.
- d. Staff use PSHE lessons to raise awareness of medical conditions amongst children and to help create a positive social environment.

Exercise and Physical activity

- a. Brook Field understands the importance of all children taking part in sports, games and activities.
- b. Brook Field ensures all classroom teachers, teaching assistants, PE teachers and sport coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all children.
- c. Brook Field ensures all classroom teachers, teaching assistants, PE teachers and sport coaches understand that children should not be forced to participate.
- d. All staff are made aware of children in their care who have been advised to avoid or take special precautions with particular activities.
- e. The school ensures all staff are aware of potential triggers for children's medical conditions when exercising and how to minimise these triggers.
- f. Brook Field ensures all children with medical conditions are actively encouraged to take part in out of school clubs and team sports.

Education and learning

- a. Brook Field ensures that children with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.
- b. If a child is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers at Brook Field understand that this may be due to their medical condition.
- c. Teachers are aware of the potential for children with medical conditions to have special educational needs (SEND). Children with medical conditions who are finding it difficult to keep up their studies are referred to the Additional Needs Co-ordinator who will consult with the child, parents/ carers and the child's healthcare professional to ensure the effect of the child's condition on their school work is properly considered.
- d. Brook Field ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.
- e. Children at Brook Field learn about what to do in the event of a medical emergency

Residential visits and Educational or Sporting Trips

- a. Risk assessments are carried out prior to any out of school visit and medical conditions are considered during this process. Factors considered include: how all children will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.
- b. Brook Field understands that there may be additional medication, equipment or other factors to consider when planning educational visits.

MANAGING TRIGGERS OF MEDICAL CONDITIONS

- a. Brook Field is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out of school visits
- b. Healthcare plans are used to identify individual children who are sensitive to particular triggers. Teachers use this knowledge when planning the school day to ensure that these children remain safe.
- c. Risk assessments, including those for residential visits take into account the needs of children with medical conditions.
- d. Brook Field reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to Brook Field's policy and procedures are implemented after each review.

ROLES AND RESPONSIBILITIES

Brook Field works in partnership with all interested and relevant parties including the school's governing body, all school staff, parents/ carers, community healthcare professionals and children to ensure the policy is planned, implemented and maintained successfully.

The following roles and responsibilities are used for the medical conditions policy at Brook Field. These roles are understood and communicated regularly.

The Blue Kite Academy Trust

The Blue Kite Academy Trust has a responsibility to:

- ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (including all children). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips.

The Local Governing Body

The Local Governing Body has a responsibility to:

- make arrangements to support pupils with medical conditions in school.
- ensure health and safety policies and risk assessments are inclusive of the needs of children with medical conditions
- make sure the medical conditions policy is effectively monitored and evaluated and regularly updated
- report to parents/ carers, children and staff about the successes and areas for improvement of this school's medical conditions policy.

Headteacher

The headteacher has a responsibility to:

- ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- liaise between interested parties including children, school staff, the inclusion manager, school nurses, parents/ carers, governors, the school health service, the LA transport service and local emergency care services
- ensure the policy is put into action, with good communication to all
- ensure that every aspect of the policy is maintained
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems are in place using the health care plans.
- ensure pupil confidentiality
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply teachers and new staff know the medical conditions policy
- ensure that the expiry date of medicines kept in school are checked and maintain the school's medical conditions register
- monitor and review the policy at least once a year.
- ensure the school is registered with the Risk Protection Arrangement which will provide indemnity for staff who volunteer to administer medication to children with medical conditions.

All school staff

All school staff have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- understand the school's medical conditions policy

- know which children in their care have a medical condition and be familiar with the content of the pupil's healthcare plan
- allow all children to have immediate access to their emergency medication
- maintain effective communication with parents/ carers including informing them if their child has been unwell at school
- ensure children who need medication with them have it available when they go on a school visit or outside of the classroom
- be aware of children with medical conditions who may be experiencing bullying or need extra social support
- understand the common medical conditions and the impact they can have on children
- ensure all children with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure children have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

Teaching staff

Teaching staff at this school have a responsibility to:

- ensure children who have been unwell catch up on missed school work, if appropriate
- be aware that medical conditions can affect children's learning and provide extra help when children need it
- liaise with parents/ carers, the child's healthcare professionals and Additional Needs Co-ordinator if a child is falling behind with their work because of their condition
- use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

School nurse/ healthcare professional

The school nurse at this school has a responsibility to:

- help update the school's medical conditions policy
- help provide regular training for school staff in managing most common medical conditions at school
- provide information about where the school can access other specialist training.
- ensure a smooth transition to secondary school for all pupils with IHPs, including passing on copies of the IHP to the relevant school.

First aider

First aiders at this school have a responsibility to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the school
- when necessary ensure that an ambulance or other professional medical help is called.

Special Educational Needs Co-ordinator

SENCO at this school has a responsibility to:

- help update the school's medical conditions policy
- know which children have a medical condition and which have SEN because of their condition
- ensure children who have been unwell catch up on missed school work
- ensure teachers make the necessary arrangements if a child needs special consideration or access arrangements in tests or class work

Children

The pupils at this school have a responsibility to:

- treat other children with and without a medical condition equally
- tell their parents, teacher or nearest staff member when they are not feeling well
- let a member of staff know if another child is feeling unwell
- let any child take their medication when they need it, and ensure a member of staff is called
- treat all medication with respect
- know how to gain access to their medication in an emergency
- if mature and old enough, know how to take their own medication and to take it when they need it
- ensure a member of staff is called in an emergency situation.

Parents/Carers

The parents/carers of a child at this school have a responsibility to:

- tell the school if their child has a medical condition
- ensure the school has a complete and up-to-date Healthcare Plan for their child
- inform the school about the medication their child requires during school hours
- inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- tell the school about any changes to their child's medication, what they take, when, and how much
- inform the school of any changes to their child's condition
- ensure their child's medication and medical devices are labelled with their child's full name
- provide the school with appropriate spare medication labelled with their child's name
- keep their child at home if they are not well enough to attend school
- ensure their child catches up on any school work they have missed
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

UNACCEPTABLE PRACTICE

Brook Field takes its responsibilities in the field of medication and medical conditions seriously and all staff understand that the following practices are not acceptable:

- Preventing children from easily accessing inhalers and/or medication and preventing them from taking their medication.
- Assuming that every child with the same condition requires the same treatment.
- Ignoring the views of the child or their parents.
- Sending children with medical conditions home frequently or preventing them from staying for normal school activities including lunch, unless their condition is preventing learning taking place.
- Sending a child who has become ill to the school office unaccompanied.
- Penalising children for their attendance record if their absences are related to a medical condition.
- Preventing children from drinking, eating or taking toilet or other breaks whenever they need in order to manage their condition effectively.
- Requiring parents or otherwise making 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.

COMPLAINTS

Brook Field will always do its best to implement this policy fully and fairly. However, if parents have a complaint about its implementation with respect to their child, they should follow the procedure set out in the Blue Kite Academy Trust Complaints Procedure which can be found: on the Blue Kite website <https://bluekitetrust.org.uk/policies-and-reports/> via the policies page on the Brook Field School website <https://www.brookfieldprimary.org/policies/> or from the school office on request.

REVIEW

Brook Field's medical condition policy is reviewed, evaluated and updated every year. New Department for Education and the Department of Health guidance is actively sought and fed into the review.

In evaluating the policy, Brook Field seeks feedback on the effectiveness and acceptability of the medical conditions policy with a wide range of key stakeholders within the school and health settings. The views of children with various medical conditions are actively sought and considered central to the evaluation process.

APPENDIX 1

Policy for the use of emergency salbutamol inhalers in school

From 1st October 2014 the Human Medicines (Amendment)(No.2) Regulations 2014 allows schools to keep a salbutamol inhaler for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

Storage and care of the emergency asthma inhaler kit

Office staff will have responsibility for ensuring that:

- On a monthly basis the inhaler and spacers are present and in working order and the inhaler has sufficient number of doses available.
- That replacement inhalers are obtained when expiry dates approach.
- Replacement spacers are available following use.
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

The emergency asthma inhaler kit will be kept in the Main Office so that staff have access to it at all times, but the inhaler is out of reach of children. It will be stored separate from any child's named inhaler and should be clearly labelled to avoid confusion with a child's inhaler.

The inhaler may need to be primed before use (i.e. 2 spray puffs) as it can become blocked when not used over a period of time.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. The inhaler itself may be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water and left to air dry in a clean safe place. However, if the inhaler has been used without a spacer it should not be reused but disposed of.

Spent inhalers should be returned to a pharmacy to be recycled.

Use of the inhaler

Parents of a child on the school's Asthma register will be asked to complete a consent form authorising the use of the emergency salbutamol inhaler by trained First Aiders. This form will be offered to parents when they advise the school that their child has been prescribed with an inhaler.

A copy of the Asthma register, clearly showing which parents have given consent for the emergency salbutamol inhaler to be used, will be held with the emergency asthma inhaler kit. This will be updated annually.

First Aiders will receive ongoing training to ensure they are aware of all current procedures.

Guidance on how to recognise an asthma attack and what to do, will be held in the emergency asthma inhaler kit.

Use of the emergency inhaler will be entered on the record sheet held with the asthma inhaler. This will include where and when the attack took place, how much medication was given and by whom.

The child's parents will be informed when it has been necessary to use the emergency inhaler so that this information can also be passed on to the child's GP.