



BOURTON MEADOW EDUCATION TRUST

CHILD HEALTH POLICIES

Date: August 2018

Review: September 2021

First Aid Policy

Introduction

Because of our concern for the well-being of others who are involved in our trust community, BMET is committed to the provision of adequate first aid for all students, staff and, where reasonably possible, for visitors as well. Our aim is to provide professional and appropriate first aid and to secure 'secondary' aid when necessary as quickly as possible. We seek always to treat a casualty, relatives and others involved in an incident with care, compassion and courtesy.

General Policies

BMET will ensure that:

1. a sufficient number of staff (i.e. so that a qualified first aider is on site for the duration of each school day) are adequately qualified in first aid and therefore able to provide treatment in a professional manner.
2. 'duty first aiders', with the lead responsibility for provision of first aid, are identified.
3. first aiders regularly review their first aid skills, including refresher training courses.
4. first aid information is readily available and that all users of each school know how to call for help.
5. first aid kits for minor injuries are available for use throughout each school by all staff and that they are regularly maintained.
6. first aid 'accident books' are readily available and that recorded incident forms are kept on file.

First Aid Procedures

1. Once informed of an incident the duty first aider will go to the casualty(ies) without delay and provide emergency care.
2. Secondary aid will then be sought if necessary.
3. If secondary aid is sought a parent/guardian (or other appropriate adult) will be informed immediately.
4. If an appropriate adult cannot accompany a casualty to hospital a member of staff will accompany him/her if this is deemed appropriate.
5. All appropriate precautions will be taken by the support staff when cleaning up after an incident involving blood, vomit, etc. Ensure gloves are worn and use detergents to disinfect the area.
6. The first aider who handles an incident (together with witnesses) will record what happened in an 'accident book', which can be found in the medical room. Maintaining records of accidents is a statutory obligation.
7. Where there is a head injury a letter indicating what happened and what symptoms parents/guardians should watch for will be sent home. Head bumps shall be recorded in the first aid book as with all other accidents, and where deemed necessary a text is sent to parents. If necessary then a call is made to parents informing them of the head bump injury and for them to collect their child.
8. An ambulance will be called in the event that we feel doubt about our ability to treat an injury.

In the event of a pupil feeling unwell during a lesson, he/she should be sent to the Headteacher or school administrator. The student may be permitted to rest in the designated 'area. Where this occurs, the parent/guardian will be notified.

Medicine Policy

At Bourton Meadow Education Trust we aim to enable regular attendance of all pupils. Wherever practicable, the parent should be the one to administer medicine, particularly in the case of younger children. In exceptional circumstances requests may be made to the Headteacher to deal with the administering of medicine at school.

Cases in which requests may be made to the Head teacher to deal with the administering of medicine at school:

1. Cases of chronic illness or long-term complaints
2. Cases where children are recovering from short-term illness but are well enough to return to school (ie: dental treatment/broken limb/recent hospital treatment)
3. Possible allergic reactions
4. Some pupils have medical plans completed re - antihistamines and epi-pens

The decision whether or not to allow the administration of medicine at school will be taken by the Head Teacher, and should the responsibility be accepted, the following safeguards will apply –

1. The completed form should give clear instructions regarding the dosage and be signed by the person who has parental responsibility for the child.
2. The medicine MUST be handed in to school in the original packaging/box, clearly showing the dosage/timings required on the original pharmacy label together with the information leaflet provided.
3. The medicine should be brought to the school office by a person who has parental responsibility for that child.
4. Antibiotic medicine will only be administered if it is required 4 or more times per day.
5. Pupils requiring medication on school trips (sickness pills) must give the medication to the lead teacher/designated medical staff member and a authorisation form must be completed by parents.
6. Two inhalers/epi-pens must be kept in school at any one time. One will be kept in the classroom in a box which will be taken to P.E. or any other out of class activities, the other will be held in the school office which will be taken out in case of emergency.
7. The child should know where the inhaler is kept and MUST be supervised when using it. The supervising adult MUST record the administering of medication immediately.

Before responsibility is accepted for the administering of medicine at school, careful consideration will be given to any special circumstances which may exist in the case of an individual pupil. Examples of these special circumstances include:

1. Where the medicines or tablets are dangerous
2. Where the timing and nature of administration are of vital importance
3. Where serious consequences could result from a member of staff forgetting to administer a dose
4. Where some technical or medical knowledge or expertise is required.

NOTE: Under no circumstances should any member of staff administer an injection; these may only be administered by a qualified nurse or doctor. (This does not apply to epi-pens).

Only prescribed medicines will be administered in school. Pain killing tablets such as Calpol, Aspirin or Paracetamol should not be brought and will not be administered by staff. No cough sweets, cough medicine, antihistamine, over the counter or homeopathic remedies may be brought into school.

Administration of Medicines The person responsible for dealing with the administration of medicines in accordance with the Supporting Pupils with Medical Needs in Schools Document, including keeping records of parental permission, keeping medicines secure, keeping records of administration, and safely disposing of medicines which are no longer required, is determined in each school.

Asthma Policy

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Rationale

At Bourton Meadow Education Trust we adhere to the following principles:

- we welcome all pupils, including those who may suffer from asthma, recognising that asthma is a condition affecting many school children;
- we will encourage and help children with asthma to participate fully in all aspects of school life;
- we will be sensitive to the feelings of some asthma sufferers, who feel awkward about their condition and about taking medication;
- we recognise that immediate access to reliever inhalers is vital;

- we will do all we can to make sure that the school environment is favourable to children with asthma;
- we will ensure that other children understand asthma so that they can support their friends; and so that sufferers can avoid the stigma sometimes attached to this condition;
- we believe we encourage all staff, but especially our trained First Aiders, to have a clear understanding of what to do in the event of a child having an asthma attack;
- we aim to work in partnership with parents, governors, health professionals, school staff and children to ensure the successful implementation of this Policy;
- we will keep a register of all children with asthma, added to our main allergy register, which is accessible to all school staff and supply staff, and which is updated regularly.

What is asthma?

We understand asthma to be a condition which causes the airways in the lungs to narrow, making it difficult to breathe. Sudden narrowing produces an attack.

Asthma sufferers have almost continuously inflamed airways and are therefore particularly sensitive to a variety of triggers or irritants. These include:

- viral infections (especially colds);
- allergies (e.g. grass pollen, furry or feathery animals);
- exercise;
- cold weather, strong winds or sudden changes in temperature;
- excitement or prolonged laughing;
- numerous fumes e.g. from glue, paint, tobacco smoke.

We are aware that psychological stress may sometimes make symptoms worse.

How are children affected?

We are aware that children with asthma may have episodes of breathlessness and coughing during which wheezing or whistling noises can be heard coming from the chest. They feel a "tightness" inside their chest which can be frightening and may cause them great difficulty in breathing. We understand that different children have different levels of asthma and therefore may react differently.

Precautions to help prevention of asthma attacks in school

We believe in the principle of "prevention rather than cure ". So, in school:

- we have white boards instead of blackboards to avoid the use of chalk;
- we operate a no-smoking policy;
- we have warm-up sessions at the beginning of PE and Games lessons;
- we are aware of the dangers of glues, spirit pens etc. and of the need for correct use and ventilation.

Treatment for asthma in school

We understand that treatment takes two forms: relievers and preventers - the former taken when needed and the latter regularly as a prevention. We are aware also, that relievers need to be taken promptly.

To ensure speedy and correct action, we undertake:

- to store medication, labelled with the child's name, in an accessible place in the classrooms and duplicate medication in the Headteacher's office.
- to ensure that medication is taken on school trips;
- to administer, or supervise self-administration of, medication.

We also undertake to inform parents/guardians if we believe a child is having problems taking their medication correctly. We will also discuss with parents/guardians if we feel that there are signs of poorly controlled asthma.

Parent/Guardian responsibilities

We believe in a partnership with parents and guardians. We ask them:

- to inform us if a child suffers from or develops asthma;
- to ensure that the child is provided with appropriate medication, to notify us of this medication and the appropriate action for its use;
- to notify us of any change in medication or condition;
- to inform us if sleepless nights have occurred because of asthma;
- to take inhalers/spacers/nebulisers home regularly for cleaning and checking.

We request that parents of children who need to use an inhaler regularly in school should obtain a second one from their doctor so that one may be left at school.

Procedure in the event of an asthma attack in school

We expect that older children will be aware of what to do in the event of a threatened attack. However, we adhere to the following guidelines with all children:

- we will endeavour to remove the child from the source of the problem, if known;
- we ensure that the child's reliever medicine is taken promptly and a second dose taken if necessary;
- we stay calm, reassure the child and listen carefully to what the child is saying;
- it may be comforting to hold the child's hand but we try not to put an arm round their shoulders as this is restrictive;
- we help the child to breathe by encouraging slow and deep breaths;
- we encourage others around to carry on with their normal activities;
- we encourage the child to sit upright and lean slightly forward - hands on knees sometimes helps; we do not allow the child to lie down;
- we loosen tight clothing, offer a drink of water and open windows or doors to give a supply of fresh air;
- we encourage a return to gentle activity when the child is recovered.

We will call a doctor urgently if:

- the reliever has no effect after five to ten minutes;
- the child is either distressed, unable to talk or very pale;
- the child is getting exhausted;
- the condition is deteriorating;
- we have any doubts at all about the child's condition.

At this point we will also notify the parent or guardian, or contact the emergency number if the parent or guardian is unavailable. If a doctor is unobtainable, we will call an ambulance. We will repeat doses of reliever as needed while awaiting help, being aware of the possibility of overdosing.

Asthma and Sport in school

Full participation in all sport for all asthma sufferers is our aim, unless the pupil is a very severe sufferer and we are notified as such by the parents/guardians.

We bear the following in mind when planning sports lessons, with asthma sufferers in mind:

- if a child has exercise induced asthma, they may take a dose of medication before exercise;
- inhalers need to be speedily available when the child is out of the school building;
- any child complaining of being too wheezy to continue in sport, will be allowed to take reliever medication and to rest until they feel better;
- we aim to ensure a warm-up period before full exercise;
- we realise that we can help to identify undiagnosed asthma by spotting children who cough or wheeze a lot after exercising;
- we realise that long spells of exercise are more likely to induce asthma than short bursts and that exercise with arms or legs alone is less likely to trigger an attack than exercise using both.

Some implications of implementing our Policy

We are aware that, if medication is to be readily available in classrooms, there is always the possibility of another child, perhaps a non-sufferer, taking a dose. Since the medication simply dilates the airways, we understand this would not be harmful, though we would discourage the practice.

We would also discourage one child from using another child's inhaler, for reasons of hygiene and possible unsuitability. However, in an emergency, we regard it as more appropriate to use another child's inhaler, rather than none, despite the disadvantages.

ASTHMA POLICY

This Policy was formulated by the following combination of methods:

- reference to National Asthma Campaign literature
- consultation with staff especially trained First Aiders in school
- individual evaluation and adoption by staff of Policy
- consultation with curriculum committee
- ratification by Governing Body.

Nut Aware Policy

Purpose:

- To provide a safe learning environment for all members of BMET.
- To raise the awareness of all members of the community regarding severe allergies.

Management

The Nut Aware policy will be managed by:

- Parents and caregivers being requested **NOT** to send food to school that contains nuts (especially peanuts). This includes peanut paste, nutella, all nuts and cooking oil containing peanut oil, as well as foods containing nuts. This is especially important in a primary school, where young children are less able to manage their allergy.
- Staff supervising eating at lunch time.
- Students being encouraged **NOT** to share food.
- Students being encouraged to wash hands after eating.
- Staff participating in training in understanding and dealing with Anaphylaxis (severe allergic reactions) as the need arises.
- The School canteen complying with the Nut Awareness Policy
- Students bringing food that contains nuts or nut products being asked to eat that food away from any other students and to wash their hands before going to play.

Promotion

The policy will be promoted by:

- Parents and caregivers being informed via the website
- New families to the school community being informed via websites and meet the teacher evenings.
- Staff being informed and provided with training opportunities
- Students being informed via teachers, signs and the websites

* The Trust acknowledges that due to food processing practices it is impractical to eliminate nuts or nut products entirely from an environment where there is food. Thus Nut "Aware" Schools.

SUN SAFETY POLICY

Aims

The aim of this sun safety policy is to protect children from skin damage caused by the effects of ultraviolet radiation from the sun. The success of this health promotion programme will be greater when an integrated whole school approach is adopted.

The main elements of this policy are:

- Protection: providing an environment that enables pupils to stay safe in the sun
- Education: learning about sun safety to increase knowledge and influence behaviour
- Partnership: working with parents/carers, governors and the wider community to reinforce awareness about sun safety and promote a healthy school.

BMET believes in Sun Safety. We believe it is important for children to remain safe and are protected from skin damage caused by the harmful ultra-violet rays in sunlight.

As part of the Sun Safety policy, our school will:

- Educate children throughout the curriculum about the causes of skin cancer and how to protect their skin;
- Encourage children to wear clothes that provide good sun protection
- Hold outdoor activities in areas of shade whenever possible, and encourage children to use shady areas during breaks, lunch-hours, sports and trips. Sunbathing is definitely discouraged
- Work towards increasing the provision of adequate shade for everybody
- Make sure the Sun Safety Policy is working. We will regularly monitor our curriculum, assess shade provision, and review the sun safety behaviour of our young people and staff (use of hats, sun cream and shade etc).

Suggestions to help cope with hot weather

- Pupils to wear hats when outside during PE, break times and lunchtimes
- Pupils **MUST** wear sun cream which must be applied **BEFORE** coming to school.
- Pupils can wear sunglasses if parents write to the academy to confirm that there is a medical reason to wear them.
- If a member of staff considers any pupil is at increased risk, i.e. not having a hat or sun cream then they may keep that pupil indoors.
- Teachers should make a judgement as to the temperature of classrooms and make internal arrangements to teach in cooler areas where possible.
- Teachers should encourage pupils to drink water and ensure there are regular breaks for them to do so. Parents must ensure that their children arrive at school with a water bottle filled with fresh water.

- Where possible, all doors and windows should be opened to provide a through breeze & class room blinds should be drawn
- Physical education lessons should be carefully planned to avoid sun exposure, unnecessary exertion and dehydration. In extreme weather, outdoor PE lessons should not last for more than 20 minutes when children should be brought indoors, given time to rest and drink water.
- Annual Sports' Day will be determined by preceding days' climate. Again children spectating should not do so for more than 20 minutes at a time.

In rare cases, extreme heat can cause heatstroke.

Symptoms to look out for are:

Cramp in arms, legs or stomach, feeling of mild confusion or weakness.

- If anyone has these symptoms, they should rest for several hours, keep cool and drink water or fruit juice.
- If symptoms get worse or don't go away medical advice should be sought. NHS Direct is available by dialing 111.

If you suspect a member of staff or pupil has become seriously ill, call an ambulance. While waiting for the ambulance:

- If possible, move the person somewhere cooler.
- Increase ventilation by opening windows or using a fan.
- Cool them down as quickly as possible by loosening their clothes, sprinkling them with cold water or wrapping them in a damp sheet.
- If they are conscious, give them water or fruit juice to drink.
- Do not give them aspirin or paracetamol.

Supporting pupils with medical conditions policy

This policy is written in line with the requirements of:-

Children and Families Act 2014 - section 100

Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014

0-25 SEND Code of Practice, DfE 2014

Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014

Equalities Act 2010

Schools Admissions Code, DfE 1 Feb 2010

This policy should be read in conjunction with the following school policies
SEN Policy / SEN Information Report, Safeguarding Policy, Off-site visits policy,
Complaints Policy etc

This policy will be reviewed every 3 years unless an earlier review is deemed necessary.

Definitions of medical Conditions

Pupils' medical needs may be broadly summarised as being of two types:-

Short-term affecting their participation at school because they are on a course of medication

Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy / SEN Information Report and the individual healthcare plan will become part of the EHCP.

The statutory duty of the governing body

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing bodies of each school in the Bourton Meadow Education Trust fulfil this by:-

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained to provide the support that pupils need;

- Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notifications is received that a pupil has a medical condition);
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions (see section below on individual healthcare plans);
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);
- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);

- Ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);
- Considering whether to
 - develop transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home- to- school transport
 - Purchase and train staff in the use of defibrillators
 - Once regulations are changed consider holding asthma inhalers for emergency use;
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions (see section on complaints).

Policy implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing Body. The governing body have conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to the Headteacher. S/he will also be responsible for:

- ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.
- briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.
- in conjunction with parents/carers, drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

Procedure to be followed when notification is received that a pupil has a medical condition

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to each school in the trust for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In cases other cases, such as a new diagnosis or a child moving to one of the trust's schools mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them in doing so. We 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. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by a senior member of staff at the school, and following these discussion an individual healthcare plan will written in conjunction with the parent/carers by the SENCO in the school, and be put in place.

Individual healthcare plans

Individual healthcare plans will help to ensure that each school effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement of EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional eg school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which any school in the trust should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Each school will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that each school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Template 1 provides a basic template for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil, they should all include the following information

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

- 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 eg crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- 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;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents/carer and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate eg, risk assessment;
- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan

Roles and responsibilities

Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at each school.

In addition we can refer to the **Community Nursing Team** for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training,

liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

Other **healthcare professionals, including GPs and paediatricians** should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (eg asthma, diabetes, epilepsy)

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. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

Parents/carers 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, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. 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. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year)

Providers of health services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical commissioning groups (CCGs) commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

Staff training and support

Each academy has a number of staff who have either received general first aid training, paediatric first aid training and/or specialist training. The names of these people and the training they have received will be on display in each academy. The named people for administering medicines will also be on display.

Template E will be used to record staff training for administration of medicines and /or medical procedures.

All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professionals qualified to do so. The training need will be identified by the healthcare professionals during the development or review of the individual healthcare plan. We may choose to arrange training ourselves and will ensure that it remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication(see template).

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. The Headteacher will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

The child's role in managing their own medical needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in name which room to ensure that the safeguarding of other children is not compromised. All the trust's schools do also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

Medicine Policy

At Bourton Meadow Education Trust we aim to enable regular attendance of all pupils. Wherever practicable, the parent should be the one to administer medicine, particularly in the case of younger children. In exceptional circumstances requests may be made to the Headteacher to deal with the administering of medicine at school.

Cases in which requests may be made to the Head teacher to deal with the administering of medicine at school:

1. Cases of chronic illness or long-term complaints
2. Cases where children are recovering from short-term illness but are well enough to return to school (ie: dental treatment/broken limb/recent hospital treatment)
3. Possible allergic reactions
4. Some pupils have medical plans completed re - antihistamines and epi-pens

The decision whether or not to allow the administration of medicine at school will be taken by the Head Teacher, and should the responsibility be accepted, the following safeguards will apply –

1. The completed form should give clear instructions regarding the dosage and be signed by the person who has parental responsibility for the child.
2. The medicine MUST be handed in to school in the original packaging/box, clearly showing the dosage/timings required on the original pharmacy label together with the information leaflet provided.

3. The medicine should be brought to the school office by a person who has parental responsibility for that child.
4. Antibiotic medicine will only be administered if it is required 4 or more times per day.
5. Pupils requiring medication on school trips (sickness pills) must give the medication to the lead teacher/designated medical staff member and a authorisation form must be completed by parents.
6. Two inhalers/epi-pens must be kept in school at any one time. One will be kept in the classroom in a box which will be taken to P.E. or any other out of class activities, the other will be held in the school office which will be taken out in case of emergency.
7. The child should know where the inhaler is kept and **MUST** be supervised when using it. The supervising adult **MUST** record the administering of medication immediately.

Before responsibility is accepted for the administering of medicine at school, careful consideration will be given to any special circumstances which may exist in the case of an individual pupil. Examples of these special circumstances include:

1. Where the medicines or tablets are dangerous
2. Where the timing and nature of administration are of vital importance
3. Where serious consequences could result from a member of staff forgetting to administer a dose
4. Where some technical or medical knowledge or expertise is required.

NOTE: Under no circumstances should any member of staff administer an injection; these may only be administered by a qualified nurse or doctor. (This does not apply to epi-pens).

Only prescribed medicines will be administered in school.

Pain killing tablets such as Calpol, Aspirin or Paracetamol should not be brought and will not be administered by staff. No cough sweets, cough medicine, antihistamine, over the counter or homeopathic remedies may be brought into school.

Administration of Medicines The person responsible for dealing with the administration of medicines in accordance with the Supporting Pupils with Medical Needs in Schools Document, including keeping records of parental permission, keeping medicines secure, keeping records of administration, and safely disposing of medicines which are no longer required, is determined in each school.

Emergency procedures

The Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

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.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Day trips, residential visits, and sporting activities

We will actively support pupils with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

Unacceptable practice

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

- Prevent children from easily 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\carers; 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;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone suitable;
- Penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments;
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Require parents\carers, 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 creating unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

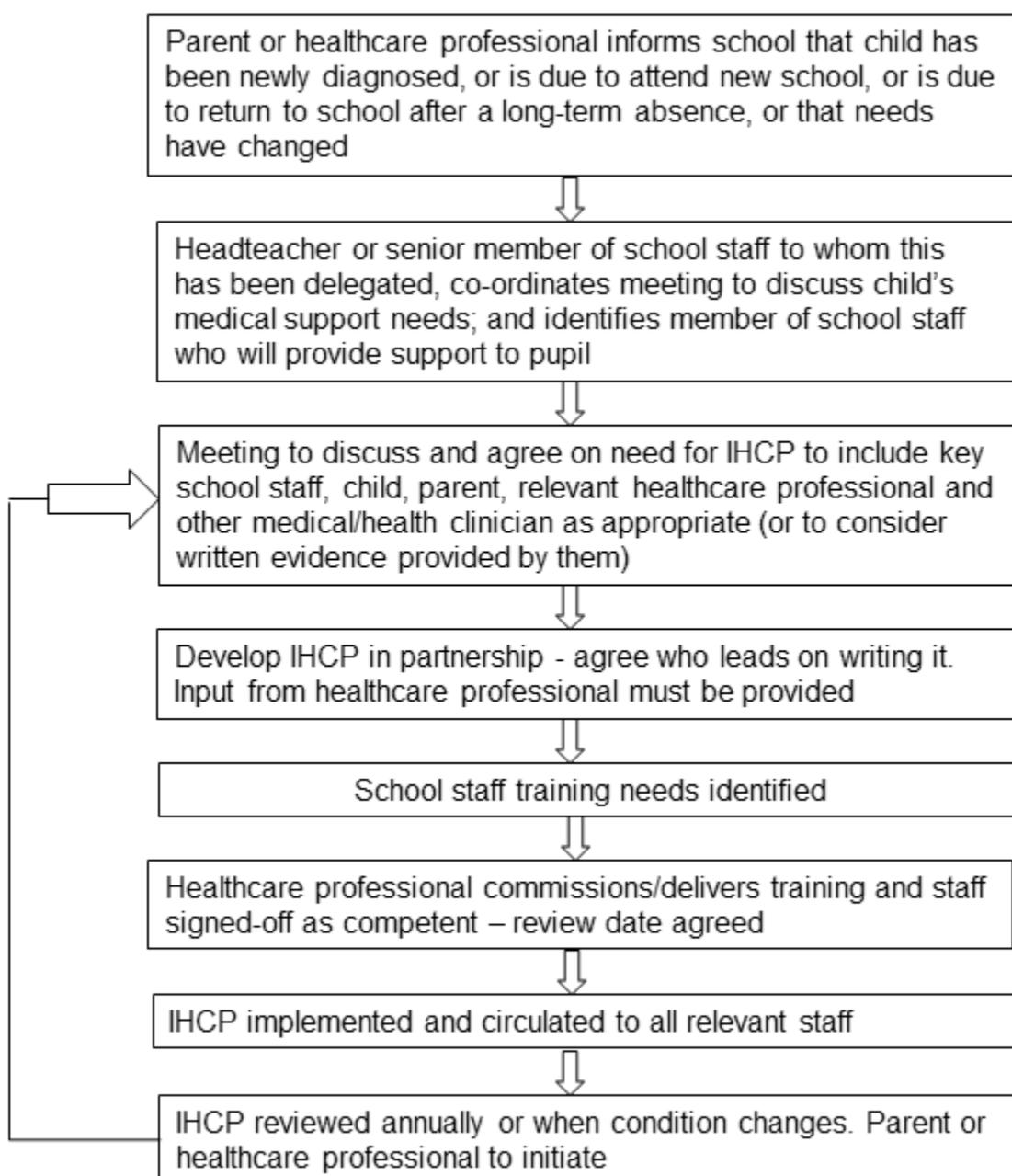
Liability and indemnity

Cover is provided through the EFA's insurance scheme – risk protection arrangement (RPA). All liabilities have unlimited indemnity.

Complaints

Should parents\carers be unhappy with any aspect of their child's care at school, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the Trust's Complaints Procedure.

Annex A: Model process for developing individual healthcare plans



Template A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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 _____

Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template E: staff training record – administration of medicines and/or medical procedures

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____