



Longacre School Medical Conditions Policy

This policy includes the Early Years Foundation Stage

Policy Updated: Feb 2024

Policy to be reviewed: Feb 2026

This policy is based on the Medical Conditions Policy guidelines published by Health Conditions in Schools Alliance together with the Longacre School First Aid & Accident Reporting Policy.

Longacre School aims to support and welcome pupils with medical conditions and to provide all pupils with all medical conditions the same opportunities as others at school, provided that this can be achieved within reasonable application of the resources of the school. We take the necessary steps to safeguard and promote the welfare of all the children.

Throughout this policy the term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

Key appointments:

First Aid Co-ordinator: Gwen Edwards

Please see **Appendix A** for all other named staff with specific first aid training.
All staff undertake the St John's Ambulance 'Schools First Aid' course every three years with regular internal updates from the First Aid Co-ordinator.

We aim to ensure that pupils can

- be healthy,
- stay safe,
- enjoy and achieve,
- make a positive contribution,
- achieve economic well-being.

We aim to ensure that all staff:

- understand their duty of care to children and young people in the event of an emergency.
- feel confident in knowing what to do in an emergency.
- understand that certain medical conditions are debilitating and can be

- potentially life threatening, particularly if poorly managed or misunderstood.
- understand the importance of medication and care being taken as directed by healthcare professionals and parents.
 - understand the medical conditions that affect any current pupils.
 - receive training on the impact medical conditions can have on pupils as appropriate

1. Introduction

Longacre School is an inclusive community that aims to support and welcome pupils with medical conditions.

We provide children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils.

All children with a medical condition will have an Individual Healthcare Plan (IHCP).

An IHCP details exactly what care a child needs in school, when they need it and who is going to give it. It should also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance. This should be drawn up with input from the child (if appropriate) their parent/carer, relevant school staff and healthcare professionals, ideally a specialist if the child has one.

We promote the good health of all children in our care.

We take the necessary steps to prevent the spread of infection and take the appropriate action when they are ill.

All staff understands the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.

All staff understands their duty of care to children and young people and know what to do in the event of an emergency.

All staff understands that all children with the same medical condition will not have the same needs.

The school recognises that duties in the Children and Families Act (England only), the Equality Act (England, Wales and Scotland) and the Disability Discrimination Act (Northern Ireland only) relate to children with disability or medical conditions and are anticipatory.

2. Staff training

- All relevant staff, including temporary, supply and club providers, are advised of the most common serious medical conditions affecting current pupils and the common triggers that can make such medical conditions worse or can bring on an emergency.
- Staff are advised of their duty of care to pupils in the event of an emergency and this will be refreshed annually. 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 medication.
- All staff are made aware of the action to take in a general medical emergency and the emergency red cards are displayed in every classroom. A child's IHCP should, explain what help they need in an emergency. The IHCP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHCP for sharing the IHCP within emergency care settings.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

3. Administration of medication

Longacre understands the importance of medication being taken and care received as detailed in the pupil's IHCP.

Longacre will make sure that there is more than one member of staff who has been trained to administer the medication and meet the care needs of an individual child. This includes staff that transports the child off premises for sports fixtures, school trips and minibuses for home to school transport. Longacre will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. The school has made sure that there is the appropriate level of insurance and liability cover in place.

We do not administer any medicines to children at school without the permission of a parent. We only administer medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Parents are required to fill in a Parental Consent Form for Administration of Medication.

When administering medication, for example for pain relief, staff will check the child's name, prescribed dose, when the last dose was given, expiry date and the written instructions on the label.

If the child requires medication during the school day it should be sent to school in the original labelled container, stating name of medicine, time and dose to be

administered. The information leaflet on the medication should be included. This should be handed to the office.

Following administration of medication it will be recorded on MediTracker and notification sent to parents.

Children with asthma are encouraged to self-medicate and inhalers are stored in the medical room. All epipens are now stored in the medical room (in a named box with the child's photo) and any child who has an inhaler at school has access to an emergency inhaler in the Medical Room. The School also stores spare epipens.

Staff administering medications will receive the appropriate training. This may be from an Asthma Nurse, Diabetic Nurse or the child's Practice Nurse.

Non-prescription medications are never given without prior permission from parents. We discourage the administration of non-prescription medication, except in cases of a high fever or allergy.

If a child refuses to take medication staff will record this and inform the parents as soon as possible.

Parents must let the school know immediately if their child's needs change.

a) Storage of Medication

The storage of medication is managed as follows:

- The first aid coordinator ensures the correct storage of medication at school.
- All medication is kept in a locked cupboard and only named staff have access, even if pupils normally administer the medication themselves. A record will be kept for audit and safety purposes.
- Three times a year the first aid coordinator checks the expiry dates for all medication stored at school.
- The first aid coordinator, along with the parents of pupils with medical conditions, ensures that all emergency and non-emergency medication is brought in to school, in the original packaging clearly labelled with the pupil's name, the name and dose of the medication and the frequency of dose.
- All medication is supplied and stored in its original containers. All medication is labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- Medication is stored in accordance with instructions, paying particular note to temperature.

- Some medication for pupils may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.
- All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays.
- 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.

b) Disposal of Medication

The first aid coordinator is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least three times a year and is always documented.

4. Record Keeping:

The following records **MUST** be kept in school.

- Parental Consent Form for Administration of Medication
- Names and locations of staff authorised to administer medication
- Individual Healthcare Plans (IHCPs)
- Full details of any accident or incident involving a child or adult.

a) Collecting information from parent about pupil's health needs

On registration, parents will be required to complete a medical form for their child/children.

This form will include:

- Previous medical history.
- Present medical status, including allergies.
- Any medication the child is taking.
- History of immunisations, with dates.
- Date of last hearing and sight checks, with information on whether the child has any problems in these areas.
- Dietary requirements.
- Name, address and telephone number of child's G.P.
- Contact numbers in case of medical emergencies.
- Consent for school to act *in loco parentis* where emergency procedures need to be performed.
- Consent to administer topical first aid treatment.
- ORAL, INJECTED OR INHALED MEDICATION WILL NOT BE ADMINISTERED WITHOUT WRITTEN PARENTAL CONSENT.

We may also ask parents for additional information from the child's GP and Paediatrician, if needed.

This information will then be compiled in a Medical Register, updated at the start of the school year, with information on each child's specific medical needs. This will be given to every member of staff, including catering staff. This information is confidential.

A copy of this medical information will also be kept in the school office.

Record keeping relating to Treatment Plans is covered below.

5. Individual Healthcare Plans:

Pro - Forma for Individual Healthcare Plans which include Epilepsy, Asthma and Allergy & Anaphylaxis is attached to this policy.

a) Drawing up Individual Healthcare Plans

An IHCP details exactly what care a child needs in school, when they need it and who is going to give it.

It should also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance.

This should be drawn up with input from the child (if appropriate) their parent/carer, relevant school staff and healthcare professionals, ideally a specialist if the child has one.

A Care 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. This is sent:

- at registration
- at the start of the school year
- when a diagnosis is first communicated to the school.

If a pupil has a short-term medical condition that requires medication during school hours, a Parental Consent Form for Administration of Medication needs to be completed by the parent in the school office on the first day this is required.

b) Individual Healthcare Plan Register

Individual Healthcare Plans are used to create a centralised register of pupils with medical needs. The first aid coordinator has responsibility for the register at this school.

The first aid coordinator follows up with the parents any further details on a pupil's Individual Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

c) Ongoing communication and review of Individual Healthcare Plans

Every pupil with an Individual Healthcare Plan at this school has their plan reviewed at least once a year.

d) Storage and Access to Treatment Individual Healthcare Plans

Individual Healthcare Plans are kept in a secure central location at school (in the Medical Room). The IHCP are also uploaded on to the pupils profile on Medical Tracker.

All members of staff who work with groups of pupils have access to the Individual Healthcare Plans of pupils in their care.

6. Staff Medication:

Staff must seek medical advice if they are taking medication which may affect their ability to care for children.

7. School Trips Off Site:

Medication and Individual Healthcare Plans will be taken on all trips off site.

One trained member of staff will be responsible for carrying and administering medication and recording of this.

Longacre will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.

In certain circumstances a parent may be asked to accompany a child with medical needs.

8. Residential Visits:

Parents 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 pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours.

All residential visit forms and an overview of those with medical conditions are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's Individual Healthcare Plan.

All parents of pupils 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.

The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away.

A meeting with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHCP which accompanies them on the visit.

10. Environment

Longacre School ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

We are committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. We are also committed to an accessible physical environment for out-of-school activities.

We ensure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHEE and science lessons to raise awareness of medical conditions to help promote a positive environment.

We as a school understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.

We as a school ensure that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

We as a school make sure that pupils have the appropriate medication/equipment/food with them during physical activity.

We as a school makes sure those pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

All school staff understands that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. This school will not penalise pupils for their attendance if their absences relate to their medical condition.

We as a school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCo who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.

Pupils at this school learn what to do in an emergency.

We make sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

11. Notification of Infectious Diseases

All notifiable diseases are reported to Surrey and Sussex HPT (South East), County Hall, Chart Way, Horsham RH12 1XA, 0344 2253861. The *Guidance on Infection Control* Poster is displayed in the Medical Room.

Notifiable diseases are:

- Acute encephalitis
- Acute poliomyelitis
- Anthrax
- Cholera
- Diphtheria
- Dysentery
- Food Poisoning
- Leprosy
- Leptospirosis
- Malaria
- Measles
- Meningitis (Meningococcal, Pneumococcal, Haemophilus influenza, Viral)
- Meningococcal Septicaemia
- Mumps

Ophthalmia neonatorum
Paratyphoid fever
Plague
Rabies
Relapsing fever
Rubella
Scarlet fever
Smallpox
Tetanus
Tuberculosis
Typhoid fever
Typhus fever
Viral haemorrhagic fever
Viral hepatitis (A, B and C)
Whooping cough
Yellow fever

Appendix A

First Aiders at Work:

Gwen Edwards
Vanessa Alexander
Diana Godwin-Austin

Paediatric First Aiders:

Gwen Edwards
Vanessa Alexander
Jemma Winterton

Automated External Defibrillator (AED) and EpiPen trained:

All Staff