



Medical Conditions Policy

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Signed	
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Policy statement on equality and diversity

The School will promote equality of opportunity for students and staff from all social, cultural and economic backgrounds and ensure freedom from discrimination on the basis of disability, gender, race, age, religion or belief, and sexual orientation.

Equality and diversity are integral to the School's priorities and objectives. We will support inter-faith and inter-cultural understanding and engage all students in playing a full and active role in wider engagement with society.

Medical Conditions Policy

1. INTRODUCTION

The Mosslands School is an inclusive community that aims to support and welcome students with medical conditions. The school aims to provide equality of opportunity for all students with medical conditions.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being in school:
- ensures all staff understand their duty of care to children and young people in the event of an emergency
- understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood
- understands the importance of medication being taken as prescribed

All staff understand the common medical conditions that affect children at this school.

Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils

The named person with responsibility for implementing this policy is Mrs. Nicola Treanor.

2. POLICY FRAMEWORK

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school.

2.1 The school's Medical Conditions Policy is drawn up in consultation with a range of stake holders



2.2 Staff understand and have procedures to follow in the event of an emergency for the most common serious medical conditions and are trained in general emergency procedures.

2.3 The school ensures that the whole school environment is inclusive and favorable to students with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

2.4 The school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency.

2.5 The Medical Conditions Policy is regularly reviewed, evaluated and updated.

2.6 Implementation – all stakeholders are consulted on the formulation and review of the policy. All staff are alerted to changes within this policy.

3. POLICY

3.1 The school has consulted on the development of this Medical Conditions Policy with a range of key stakeholders:

- parents/carers
- school nurse
- Headteacher
- teachers
- Special Educational Needs and Disability Coordinator (SENDSCO)
- members of staff trained in first aid
- all other school staff
- school governors.

3.2 Parents/carers are informed and regularly reminded about the Medical Conditions Policy:

- through the school website
- when their child is enrolled as a new student
- through the annual data collection exercise

3.3 School staff are informed and regularly reminded about the Medical Conditions Policy:

- through distribution for annual review
- at scheduled medical conditions training
- through the key principles of the policy being displayed in several prominent staff areas at this school

3.4 All supply and temporary staff are informed of the policy and their responsibilities.

3.5 Staff are aware of the most common serious medical conditions at this school and understand that in an emergency situation they are required under common law duty of care to act like any reasonably prudent parent/carer. This may include administering medication.

3.6 Training is refreshed for all staff at least once a year.

3.7 The school uses Medical Plans to inform the appropriate staff (including supply teachers and support staff) of students in their care who may need emergency help.

3.8 Staff know what action to take in the event of a medical emergency including:



- how to contact emergency services and what information to give
- who to contact within school.

3.9 If a student needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent/carer arrives. The school tries to ensure that the staff member will be one the student knows.

Generally, staff should not take students to hospital in their own car.

Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Individual healthcare plans (IHPs)

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Mrs Nicola Treanor

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEND but does not have an EHC plan, the SEND will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the SENDCO will consider the following when deciding what information to record on IHPs:

- 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, e.g. 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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil's condition and the support required
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

4. Administration of Medication

4.1 Administration – emergency medication

- a) Students with medical conditions have easy access to their emergency medication.
- b) Students are encouraged to carry and administer their own emergency medication, when their parents/carers and health specialists determine they are able to start taking responsibility for their condition. This is also the arrangement on any off-site or residential visits.
- c) Students who do not carry and administer their own emergency medication know where their medication is stored and how to access it.

4.2 Administration – general

- a) All use of medication defined as a controlled drug, even if the student can administer the medication themselves, is carried out under supervision
- b) The school understands the importance of medication being taken as prescribed. Staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so.
- c) For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to students under the age of 16, but only with the written consent of the student's parent/carer.
- d) Training is given to all staff members who agree to administer medication to students, where specific training is needed. The local authority provides full indemnity.
- e) In some circumstances medication is only administered by an adult of the same gender as the student, and preferably witnessed by a second adult.
- f) Parents/carers understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.
- g) If a student at this school refuses their medication, staff record this and follow procedures. Parents/carers are informed as soon as possible. The school nurse will also be informed.
- h) All staff attending off-site visits are aware of any students with medical conditions on the visit. They



receive information about the type of condition,

- i) What to do in an emergency including any additional medication or equipment needed through the Medical Plan.
- j) If a trained member of staff, who is usually responsible for administering medication, is not available, the school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.
- k) If a student misuses medication, either their own or another student's, their parents/carers are informed as soon as possible. These students are subject to the school's usual disciplinary procedures.

Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

Training



Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with SENDCO. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

5. Safe storage – Emergency Medication

- a) Emergency medication is readily available to students who require it at all times during the school day or on off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.
- b) Most students carry their emergency medication on them at all times.
- c) Students, whose healthcare professionals and parents/carers advise the school that their child is not yet able or old enough to self manage and carry their own emergency medication, know exactly where to access their emergency medication.

5.1 Safe storage – non-emergency medication

- a) All non-emergency medication is kept in a secure place in the House office.
- b) Staff ensure that medication is only accessible to those students for whom it is prescribed.

5.2 Safe storage – general

- a) The SENDCO (Special Educational Needs and Disability Coordinator) ensures the correct storage of medication at school.
- b) All controlled drugs are kept in a secure location and only named staff have access, even if students usually administer the medication themselves.
- c) Three times a year the SENDCO ensures that the expiry dates for all medication stored at school are checked
- d) A record is maintained in school.
- e) The SENDCO, along with the parents/carers of students with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labelled with the student's name, the name and dose of the medication and the frequency of dose. This includes all medication that students carry themselves.
- f) Medication is stored in accordance with instructions, paying particular note to temperature.
- g) It is the parent/carer's responsibility to ensure new and in date medication comes into school.
- h) Out-of-date medication and needles are safely disposed of in the sharps boxes which are stored in the school office.
- i) If a sharps box is needed on an off-site or residential visit, the trip leader is responsible for its safe



storage and return to a local pharmacy or to school or the student's parent/carer.

- j) Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

6. Medical Plans (Appendix 9)

6.1 Parents/carers are asked if their child has any health conditions or health issues on the Data Collection Forms, which are filled out at the start of each school year. Parents/carers of new students starting at other times during the year are also asked to provide this information on enrolment forms.

6.2 A copy of the Medical Plan is included in Appendix 9.

6.3 The school uses Medical Plans to record important details about individual students' medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Medical Plan if required.

6.4 A Medical Plan is sent to all parents/carers of students with a long-term medical condition:

- at the start of the school year
- at enrolment
- when a diagnosis is first communicated to the school.
- when the parent/carer identifies that they wish to review the plan

6.5 Medical Plan register

- a) Medical Plans are used to create a centralised register of students with medical needs. The SENDCO has responsibility for the register at this school.
- b) The SENDCO follows up with the parents/carers any further details on a student's Medical Plan required or if permission for administration of medication is unclear or incomplete.

6.6 Ongoing communication and review of Medical Plans

- a) Parents/carers at this school are regularly reminded to update their child's Medical Plan if their child has a medical emergency or if there have been changes to their symptoms (deterioration or improvement), or if their medication and treatments change.
- b) Every student with a Medical Plan has their plan reviewed by the SENDCO at least once a year.
- c) Medical Plans are kept on students' files once they have been scanned onto students' SIMS files. If a parent/carer updates the Data Checking sheet with new/amended medical information, the SENDCO will send a new Medical Plan to parents/cares for completion.

6.7 Storage and access to Medical Plans

- a) Parents/carers are provided with a copy of the student's current agreed Medical Plan. Staff who work with students have access to the Medical Plans of students in their care.
- b) When a member of staff is new to a student group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the medical needs of students in their care.
- c) The school ensures that all staff protect student confidentiality.
- d) The school seeks permission from parents/carers to allow the Medical Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Medical Plan.
- e) The school seeks permission from the student and parents/carers before sharing any medical information with any other party, such as when a student takes part in a work experience placement.



6.8 Use of Medical Plans

Medical Plans are used to:

- inform the appropriate staff and supply teachers about the individual needs of a student with a medical condition in their care
- remind students with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
- Identify common or important individual triggers for students with medical conditions at school that bring on symptoms and can cause emergencies.
- Provide the required information to a member of staff when conducting a trip or visit.

7. Consent to administer medicines

7.1 If a student requires regular prescribed or non-prescribed medication at school, parents/carers are asked to provide consent on their child's Medical Plan giving the student or staff permission to administer medication on a regular/daily basis.

7.2 All parents/carers of students with a medical condition who may require medication in an emergency are asked to provide consent on the Medical Plan for staff to administer medication.

7.3 If a student requires regular/daily help in administering their medication then the school's agreement to administer this medication is outlined on the student's Medical Plan. The school and parents/carers keep a copy of this agreement.

7.4 Parents/carers of students with medical conditions at this school are asked at the start of the school year or when they join the school, on the Medical Plan, if they and their child's healthcare professional believe the child is able to manage, carry and administer their own emergency medication.

8. Medical information on students is taken on all trips

9. All staff leading a trip/visit take a fully stocked first aid kit with them.

10. 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 students 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.

11. Risk assessments are carried out for students in year 7 – 11 before the start of any work experience or off-site educational placement. It is the school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the student. Permission is sought from the student and their parents/carers before any medical information is shared with an employer or other education provider

12. Other record keeping

The school keeps an accurate record of each occasion that an individual student is given or supervised taking medication. Details of the supervising staff member, student, dose, date and time are recorded. If a student refuses to have medication administered, this is also recorded and parents/carers as well as the school nurse are informed as soon as possible.

13. All school staff who volunteer to administer medication are provided with training by a healthcare professional. The school keeps records of staff who have had the relevant training.

14. Physical Environment: Asthma



The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep furry or feathery pets and has a non-smoking policy.

14.1 As far as possible the school does not use chemicals in science and art lessons that are potential triggers of asthma. Students are permitted to leave the room and go and sit in a supervised area, e.g. other classroom, if particular fumes trigger their asthma.

Precautions taken when using chemicals that could trigger an asthma attack are:

- plenty of ventilation, i.e. open windows and doors
- fume cupboards used by staff and students
- students who suffer from asthma are sent to the back of the room or to stand near a window/open door

Chemicals that could trigger asthma attacks are:

- chlorine
- H₂S
- ammonia (2M when used in salt prep)
- H₂
- Sulfur dioxide produced by the reaction of sodium thiosulphate and HCl in rates of reaction practicals or the burning of sulphur

Where appropriate, staff are advised to check if any students are asthmatic and inform the class of appropriate actions.

14.2 The school understands the importance of all students taking part in sports, games and activities and ensures all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all students.

- a) Classroom teachers, PE teachers and sports coaches understand that students should not be forced to take part in an activity if they feel unwell.
- b) Teachers and sports coaches are aware of students in their care who have been advised to avoid or to take special precautions with particular activities.
- c) PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for students' medical conditions when exercising and how to minimise these triggers.
- d) The school ensures that students have the appropriate medication or food with them during physical activity and that students take them when needed.
- e) All students with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.
- f) Responsibilities of PE teachers relating specifically to asthma are outlined later in this policy.

15. Roles and responsibilities

Each member of the school and health community knows their roles and responsibilities in maintaining an effective Medical Conditions Policy

The Governing Body has a responsibility to:

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions



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 students, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents/carers, governors, the school health service, the local authority transport service, and local emergency care services
- ensure the policy is put into action, with good communication to all to ensure 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 in place using students' Medical Plans
- 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 and that information on dealing with common health situations is displayed in every room (**appendices 1-8**)
- delegate a staff member (SENDSCO) to ensure the checking of the expiry date of medicines kept at school and maintain the school medical conditions register
- monitor and review the policy at least once a year, with input from students, parents/carers, staff and external stakeholders
- update the policy at least once a year according to review recommendations and recent local and national guidance and legislation
- report back to all key stakeholders about implementation of the Medical Conditions Policy.

All 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 students in their care have a medical condition and be familiar with the content of the student's Medical Plan
- allow all students 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 students who carry their medication with them have it when they go on a school visit or out of the classroom
- be aware of students with medical conditions who may be experiencing bullying or need extra social support
- understand the common medical conditions and the impact it can have on students
- students should not be forced to take part in any activity if they feel unwell
- ensure all students with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure students have the appropriate medication or food with them during any exercise and are allowed to take it when needed



Teachers have a responsibility to:

- ensure students who have been unwell catch up on missed school work
- be aware that medical conditions can affect a student's learning and provide extra help when students need it
- liaise with parents/carers, the student's healthcare professionals, SENDCO and welfare officers if a child is falling behind with their work because of their condition
- use opportunities such as PSHE (Personal, Social and Health Education) and other areas of the curriculum to raise student awareness about medical conditions.

PE Teachers have a responsibility to:

- ensure students with asthma are not forced to take part in activities if they feel unwell but are not excluded from activities if their asthma is well controlled.
- ensure students known to have asthma carry prescribed inhalers and are allowed to use them when needed
- if a student known to have asthma is showing symptoms during an activity, allow them to stop and self-medicate.
- remind students whose symptoms are triggered by exercise to use their reliever inhaler immediately before warming up
- help update the school's Medical Conditions Policy
- help provide regular training for school staff in managing the most common medical conditions at school
- provide information about where the school can access other specialist training.

The Operation Manager has a responsibility to:

- arrange training for first aiders and appointed persons
- where first aid qualifications are due to expire ensure that refresher training is completed or that a replacement first aider/appointed person is appropriately trained

First aiders/appointed persons have a responsibility to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school
- when necessary ensure that an ambulance or other professional medical help is called.
- record first aid/medical incidents in the school's record system.

The SENDCO (Special Educational Needs and Disability Coordinator) has the responsibility to:

- help update the school's Medical Conditions Policy
- know which students have a medical condition and which have special educational needs because of their condition
- ensure teachers make the necessary arrangements if a student needs special consideration or access arrangements in exams or course work
- ensure the correct storage of medication at school
- ensure that expiry dates for all medications stored at school are checked three times a year
- ensure that all emergency and non-emergency medication brought into school is clearly labelled with the student's name, the name and dose of the medication and the frequency of dose
- ensure that all students with medical conditions have a Medical Plan and that parents/carers



- have the opportunity to review this on at least an annual basis
- liaise with the School Nurse regarding students' medical conditions Medical Plan Plans
- ensure the annual medical conditions training is undertaken by all teaching and support staff including but not limited to epipen use, asthma, diabetes, and epilepsy
- maintain a record of medical conditions training
-

Students have a responsibility to:

- treat other students with and without a medical condition equally
- tell their parents/carers, teacher or nearest staff member when they are not feeling well
- let a member of staff know if another student is feeling unwell
- let any student 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 have a responsibility to:

- tell the school if their child has a medical condition
- ensure the school has a complete and up-to-date Medical 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
- ensure that their child's medication is within expiry dates
- keep their child at home if he/she is not well enough to attend school
- ensure their child catches up on any school work 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.

The SENDCo is responsible for:

- Dealing with pupils who are unable to attend school because of medical needs.
- Actively monitoring pupil progress and reintegration into school.
- Supplying pupils' education providers with information about the child's capabilities, progress and outcomes.



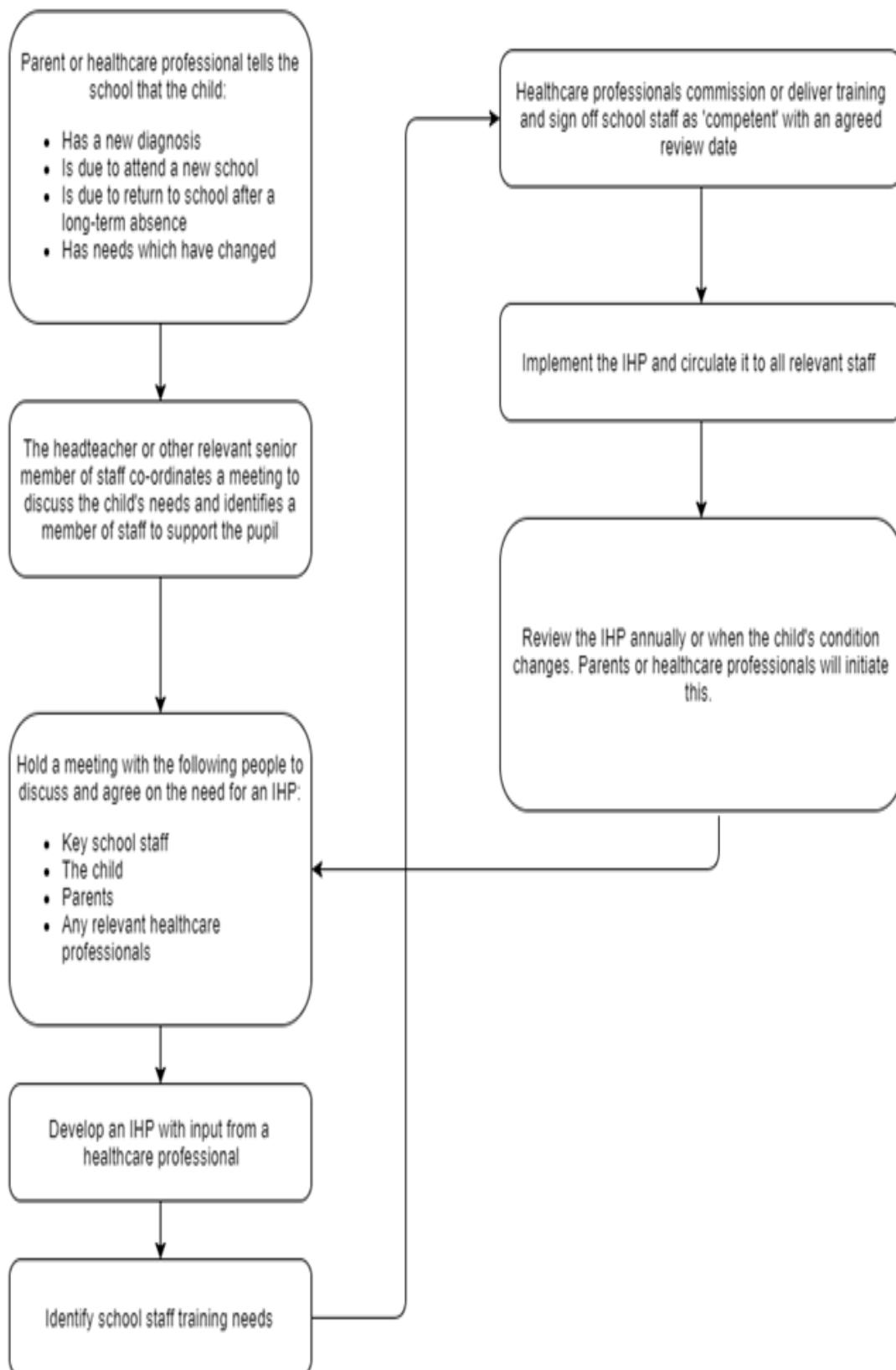
- Liaising with the headteacher, education providers and parents to determine pupils' programmes of study whilst they are absent from school.
- The Family Partnership Worker will provide a link between pupils and their parents, and the LA.

Teachers and Support Staff are responsible for:

- Understanding confidentiality in respect of pupils' health needs.
- Designing lessons and activities in a way that allows those with health needs to participate fully and ensuring pupils are not excluded from activities that they wish to take part in without a clear evidence-based reason.
- Understanding their role in supporting pupils with health needs and ensuring they attend the required training.
- Ensuring they are aware of the needs of their pupils through the appropriate and lawful sharing of the individual pupil's health needs.
- Ensuring they are aware of the signs, symptoms and triggers of common life-threatening medical conditions and know what to do in an emergency. Keeping parents informed of how their child's health needs are affecting them whilst in the school.

Being notified a child has a medical condition





The Mosslands School

MEDICAL CONDITIONS INFORMATION FOR DISPLAY IN ALL CLASSROOMS

Appendix 1

ASTHMA: Attacks (purple)

INSULIN: Injections, treatment, blood test (yellow)

ANAPHYLAXIS (Allergic Reaction): treatment, use of EpiPen (green)

EPILEPSY: treatment (pink)

If a student requires first aid treatment:

- During a lesson: either send the student with another student or Teaching Assistant to the House Office or send a student to the House Office to request that the first aider attends the classroom.
- During break or lunchtime: staff on duty escort or send the student with another students to the House Offices or an SLT member is informed who contacts the House Offices to request that the first aider attends the scene of the incident.



The Mosslands School

PROCEDURE FOR TESTING/SUPERVISING BLOOD GLUCOSE TEST

FOR DISPLAY IN ALL CLASSROOMS

Appendix 2

(TRAINED STAFF ONLY)

Procedure for testing / supervising blood glucose test

- Equipment needed: Blood glucose meter, test strips, finger-pricking device, lancet, sharps bin and cotton wool.
- Ensure child washes their hands and dries them thoroughly. (If hands are cold, run them under warm water or shake them to warm them up).
- Insert lancet into finger pricking device and prepare device as taught.
- Insert test strip into blood glucose meter.
- Prick the side of the finger (it is less painful than the finger tips) and wipe away the first drop of blood with cotton wool.
- Squeeze a small drop of blood by milking the finger from the base to the tip.
- Hold the test strip to the blood and allow the strip to suck up the blood, or cover the test patch on the strip with the drop of blood, depending on the type of meter. The meter will beep or the display will start counting down when enough blood is received.
- After a few seconds the blood glucose level should appear on the screen. (If an 'error' appears on screen this may be due to insufficient blood sample therefore repeat the test. If problem persists, refer to meter reference guide or contact parents/carers for advice).
- Dispose of lancet and test strip as taught.
- Record blood glucose result.

There are many different types of blood glucose meter, each requiring a slightly different method of use. The above is only a guide – always perform/supervise the test as taught by the children's diabetes nurse specialist.



The Mosslands School

PROCEDURE FOR ADMINISTERING INSULIN VIA PEN DEVICE

FOR DISPLAY IN ALL CLASSROOMS

Appendix 3

(TRAINED STAFF ONLY)

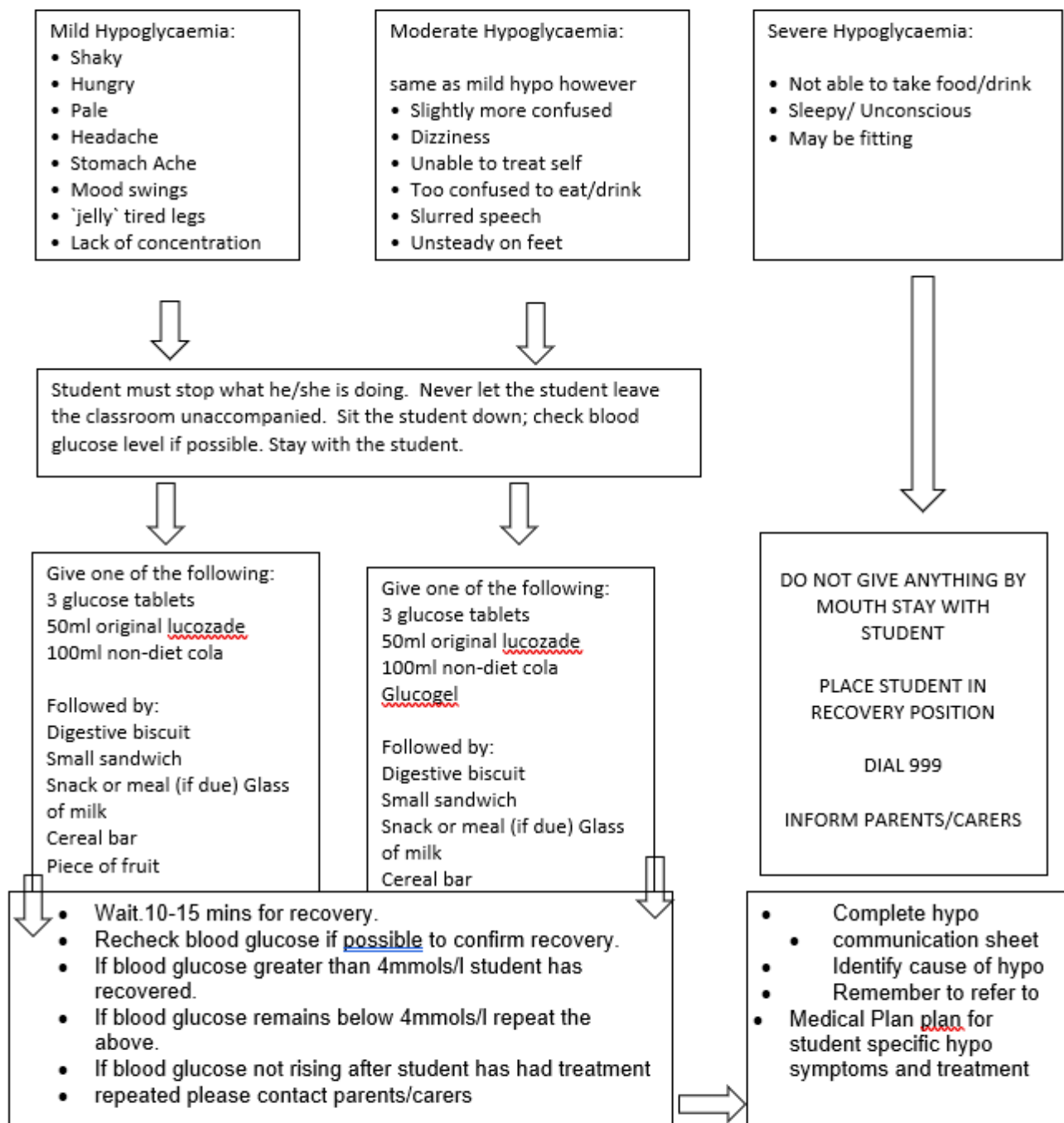
The correct insulin cartridge will be loaded into the pen by the child's parent(s)/carer. When this needs replacing, the parent(s)/carer will do this. Insulin lasts for one month when not stored in the fridge.

Preparation for the injection

1. Check SIMS.net to make sure no one else has already administered today's injection.
2. Remove the pen cap.
3. Attach a new pen needle
4. Prime the needle with 2 units of insulin, holding the pen with needle upright.
5. Once a drop of insulin has been seen, the pen is ready to use. If a drop of insulin has not been seen – repeat the procedure.
6. Dial the number of units calculated to inject, as per written agreement.
7. Choose the injection site and lift a wide skin fold. This helps to hold the skin steady and avoids injecting into the muscle.
8. Inject the pen device needle at 90 and press the button/plunger as far as it will go. The dial will reset back to zero to indicate that the requested dosage has been administered.
9. Count to 10 before removing the pen device to reduce insulin leakage.
10. Following the injection, which will always be performed in the first aid room, remove the pen needle using the outer cover (do not try to replace the inner cap) and discard carefully in the sharps container, which is kept in the medicine drawer / cupboard in the office / first aid room, along with the child's medical equipment.
11. Replace the pen cap.
12. Fill in and sign the logbook.



TREATMENT OF HYPOGLYCAEMIA (BLOOD GLUCOSE LESS THAN 4MMOLS)
FOR DISPLAY IN ALL CLASSROOMS



SEVERE ASTHMA ATTACK GUIDANCE

FOR DISPLAY IN ALL CLASSROOMS

Appendix 5

Student presents as wheezy, breathless, tight-chested or coughing continuously

- Give blue inhaler immediately – usually normal dose of 2-4 puffs
- Sit them down
- Stay with student and reassure them
- Loosen tight clothing

Have symptoms improved after 5 minutes?

YES

- Resume normal activities
- May need blue inhaler every 4 hours
- Inform parents/carers

NO

Repeat dose of blue inhaler
and stay with the student

Have symptoms improved?

YES

NO

When calling an ambulance remember to give the following information:

- Location – landmarks, best entrance to school etc
- State student having an asthma attack
- Description of situation if able, i.e. age of student, symptoms, response to inhaler /medication given

SEVERE ASTHMA ATTACK GUIDANCE

If the student has any or all of the following symptoms:

- distressed with their breathing
- unable to talk/speak in sentences
- becoming exhausted
- the blue inhaler has no effect

TREAT AS A SEVERE ASTHMA ATTACK

- Give 1 puff of the blue inhaler every minute until the ambulance arrives
- Keep calm!!
- Let student get in a comfortable position – usually sitting forward – DO NOT LET THE STUDENT LIE DOWN
- Stay with the student and reassure them
- Get someone to call an ambulance then the parents/carer

When calling an ambulance remember to give the following information:

- Location – landmarks, best entrance to school etc
- State student having an asthma attack
- Description of situation if able, i.e. age of student, symptoms, response to inhaler /medication given

Continue giving the inhaler and do not stop until the ambulance arrives.

The Mosslands School

**GUIDELINES FOR USING AN ADRENALINE
AUTO INJECTOR EPIPEN®/ANAPEN®**

(TRAINED STAFF ONLY)

FOR DISPLAY IN ALL CLASSROOMS

Appendix 6

(Instructions with a good diagram are provided in the box)

Give the injection into the middle of the outer/front thigh. The injection can be given through clothing.

- Remove the injector from the packaging.
- Remove the safety cap.
- Hold the injector firmly in your fist, place on thigh with the tip at right angles to the skin.
- Press hard onto thigh
- Epipen – Press hard (there should be a click)
- Anapen – Press the trigger at the top.
- Hold in place for 10 seconds
- Remove the pen and rub the area for 10 seconds
- Call an ambulance even if the child improves
- Stay with the child
- If no improvement occurs a second dose may be given after 5 –10 minutes. If a second dose is required where possible choose the opposite leg.
- The child will require a period of hospital observation.



Ensure the child is in a comfortable position, preferably lying down with legs elevated unless there are breathing difficulties.

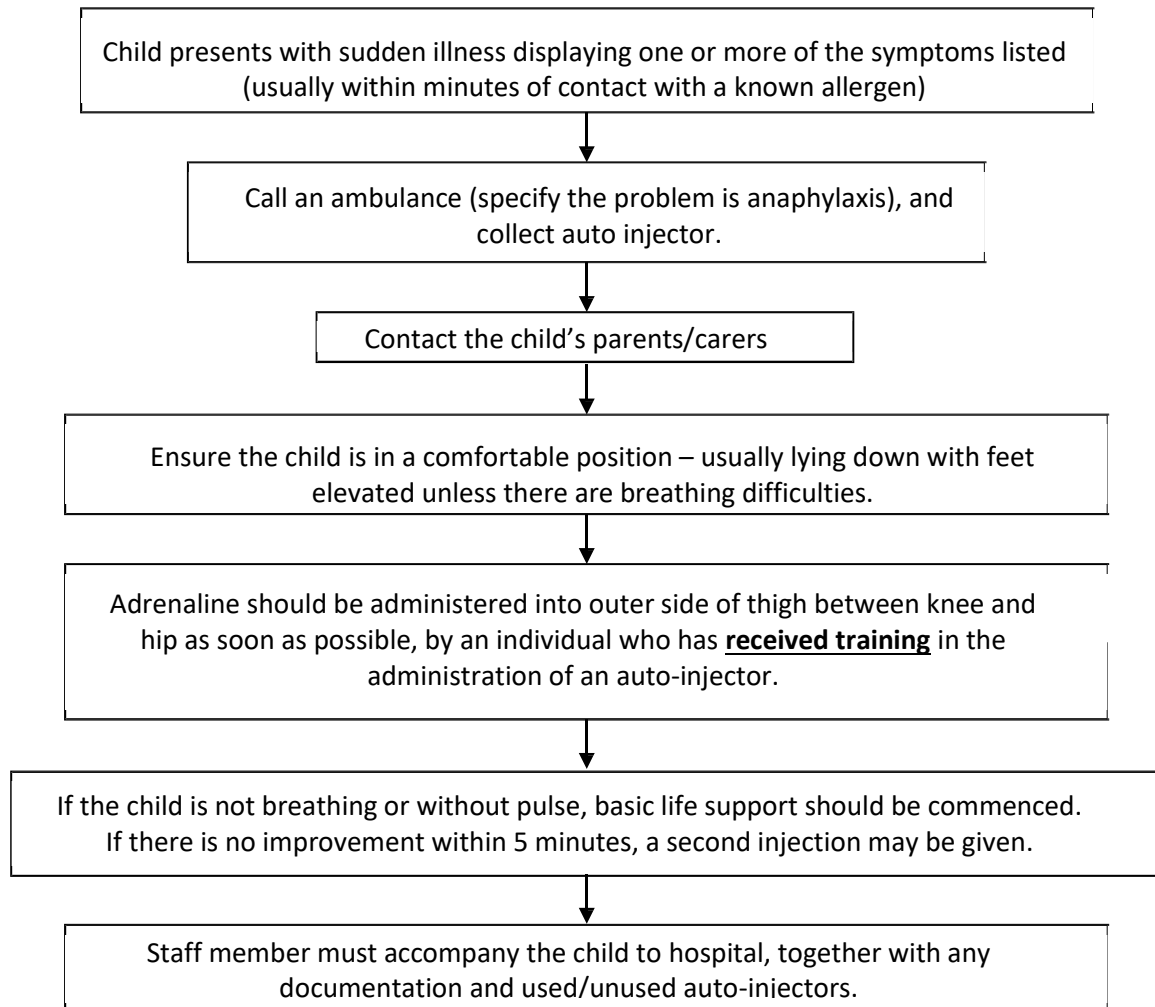
The Mosslands School

MANAGEMENT OF ANAPHYLAXIS USING A PRESCRIBED AUTO-INJECTOR

(TRAINED STAFF ONLY)

FOR DISPLAY IN ALL CLASSROOMS

Appendix 7



SYMPTOMS MAY INCLUDE:

- Swelling of throat, mouth or tongue
- Difficulty in swallowing or speaking
- Alterations in heart rate
- Severe difficulty breathing
- Sudden feeling of weakness (drop in blood pressure)
- Collapse and unconsciousness
- There can also be abdominal cramps, nausea and severe diarrhea

The Mosslands School

FIRST AID FOR SEIZURES

FOR DISPLAY IN ALL CLASSROOMS

Appendix 8

Seizures may occur where the person either loses consciousness (generalised) or remains conscious but suffers altered behaviour. In all cases stay calm and re-assuring, protect the person from injury as far as practical, and stay with them until fully recovered or until the emergency services arrive as appropriate. Do not give them anything to eat or drink until they are fully recovered or attempt to bring them round. Advice on dealing with specific seizures is as below.

Tonic-Clonic Seizures

Symptoms:

- Person goes stiff, loses consciousness and then falls to the ground.
- A blue tinge around the mouth is likely – this is due to irregular breathing,
- Loss of bladder/bowel control may occur.
- After a minute or two jerking movements should stop and consciousness may slowly return.

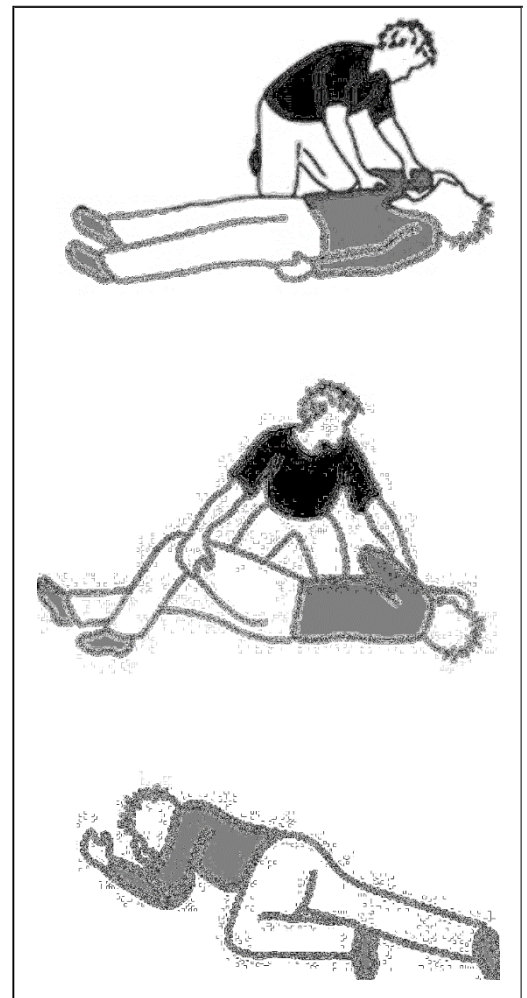
1. Remove any harmful objects nearby
2. Cushion the person's head
3. Look for an epilepsy identify card or identity jewellery
4. Aid breathing by gently placing them in the recovery position once the seizure has finished. (See diagram)

Do not:

- Restrain the person's movements
- Put anything in the person's mouth
- Try to move them unless they are in danger

Call an ambulance if

- You know this is the person's first seizure
- The seizure continues for more than 5 minutes
- One tonic-clonic seizure follows another without person regaining consciousness between seizures
- The person is injured during the seizure
- You believe the person needs urgent medical attention



FIRST AID FOR EPILEPTIC SEIZURES

Complex Partial Seizures

Symptoms:

- Person is not aware of their surroundings or what they are doing.
- They may pluck at their clothes, smack their lips, swallow repeatedly, and wander around.

Do not:

- Restrain the person's movements.
- Act in a way that could frighten them, such as making abrupt movements or shouting at them.
- Assume the person is aware of what is happening, or what has happened.

Call an ambulance if

- You know this is the person's first seizure.
- The seizure continues for more than 5 minutes.
- The person is injured during the seizure.
- You believe the person needs urgent medical attention

Further Information:

Epilepsy Action
Tel. 0808 800 5050, www.epilepsy.org.uk

The National Epilepsy Society
Tel. 01494 601 400



What is this form for?

This form will be held by the school and referred to for both in school activities and trips or visits. All information will remain confidential and will only be used by staff or medical professionals to enable appropriate medical help or support if required. If your child is attending a trip or visit you will be asked at that time to confirm that this plan is up to date and given the opportunity to review the information.

You do not need to complete this form unless the student has a medical condition.

1. Student Information

Name		Form	
Date of Birth		Gender	

1a. Emergency Contact Information – please provide 2		
	Contact 1 (First)	Contact 2
Name		
Relationship to Student		
Address		
Telephone Primary		
Telephone Secondary		

1b. Doctor's details
Doctor's Name
Doctor's Address and postcode

2. Medical Conditions Information

Signs and symptoms of student’s condition/s

Triggers or things that make the condition/s worse

3. Routine Healthcare Requirements

(For example, dietary, therapy, nursing needs or before physical activity)

During school hours:

Outside school hours:



4. Past Medical History

Ever Had?	YES ☐ /NO ☐	IMPORTANT: if you answer 'yes' give details, including any medication, below (use another sheet if necessary)
1) Heart trouble?		
2) Asthma, bronchitis or tuberculosis?		
3) Diabetes?		
4) Epilepsy, fainting attacks, migraine, severe head injury?		
5) Hayfever or other allergy?(e.g. to medicine, insect bites or food)		
6) History of fractures or other allergy?		
7) A tetanus injection? If so, state date of most recent.		
8) Are you taking any medication? If so, please give details, state dosage and ensure you bring enough		
9) Do you have, or suffer from any other medical or physical condition?		
10) Please give details of any special dietary requirements:		
11) Please indicate if you give permission for your child to swim?		



5. What to do in an emergency: (to be filled in in conjunction with parent/carer)



6. Regular or Emergency Medication

Regular Medication 1	Regular Medication 2
Name/type of medication (as described on container)	Name/type of medication (as described on container)
Dose and method of administration (the amount taken and how the medication is taken e.g. tablets, inhaler, injection)	Dose and method of administration (the amount taken and how the medication is taken e.g. tablets, inhaler, injection)
When is it taken?(time of day)	When is it taken? (time of day)
Are there any side effects that could affect the student at school?	Are there any side effects that could affect the student at school?
Are there any contraindications (signs when the medication should not be given)?	Are there any contraindications (signs when the medication should not be given)?
Self-administration: Can the student administer the medication themselves? ☐ Yes ☐ No ☐ Yes with supervision by trained staff (see section 7)	Self-administration: Can the student administer the medication themselves? ☐ Yes ☐ No ☐ Yes with supervision by trained staff (see section 7)
Medication Expiry Date	Medication Expiry Date



Regular Medication 3	Regular Medication 4
Name/type of medication (as described on container)	Name/type of medication (as described on container)
Dose and method of administration (the amount taken and how the medication is taken e.g. tablets, inhaler, injection)	Dose and method of administration (the amount taken and how the medication is taken e.g. tablets, inhaler, injection)
When is it taken? (time of day)	When is it taken? (time of day)
Are there any side effects that could affect the student at school?	Are there any side effects that could affect the student at school?
Are there any contraindications? (signs when the medication should not be given)	Are there any contraindications? (signs when the medication should not be given)
Self-administration: Can the student administer the medication themselves? ☐ Yes ☐ No ☐ Yes with supervision by trained staff (see section 7)	Self-administration: Can the student administer the medication themselves? ☐ Yes ☐ No ☐ Yes with supervision by trained staff (see section 7)
Medication Expiry Date	Medication Expiry Date

Emergency Medication

Name/type of medication (as described on container)
Dose and method of administration (the amount taken and how the medication is taken e.g. tablets, inhaler, injection)
When is it taken? (time of day)
Are there any side effects that could affect the student at school?
Are there any contraindications? (signs when the medication should not be given)
Self-administration: can the student administer the medication themselves? ☐ Yes ☐ No ☐ Yes with supervision by trained staff (see section 7)
Medication Expiry Date
Is there any follow up care necessary?
Who should we notify if we need have had cause to administer this medication ☐ parent ☐ specialist ☐ GP



7. Members of staff trained to administer medications for this student:

Regular medication

Emergency medication

Epi pens – see main register

8. Specialist education arrangement required: (e.g. activities to be avoided, special educational needs)

9. Any specialist arrangements required for off-site activities

10. Any other information relating to the student's healthcare school

Parental and Student agreement

I agree that the medical information contained in this plan may be shared with individuals involved with me/my child's care and education (this includes the emergency services).

I understand that I must notify the school of any changes in writing and confirm that I have not withheld any information.



I agree that this Medical Plan can be used for the purpose of trips and visits and that I will update the plan for this purpose when necessary.

Signed	Print	Date
Student		
Parent/Carer (if child under 16)		

Permission for emergency medication

- ☐ I agree that I/my child can be administered my/their medication by a member of staff in an emergency
- ☐ I agree that my child cannot keep their medication with them and the school will make the necessary medication storage arrangements
- ☐ I agree that I/my child can keep my/their medication with me/them for use when necessary

Signed	Print	Date
Student		
Parent/Carer (if child under 16)		

Headteacher/SENDCO agreement

It is agreed that (name of child) will receive the above listed medication at the above listed time (see part 5).

This agreement will continue until (either end date of course of medication or until instructed by parents/carers)

Signed

Date

Mrs N Treanor SENDCO

