Wincanton Primary School

Supporting Pupils with Medical Conditions Policy

Reviewed: January 2024

Due for Review: January 2026

Approved by Head Teacher: Graeme Wilson

Dated: 23.1.24

	Who is responsible?	Additional details
WINCANTON PRIMARY SCHOOL - MEDICAL CONDITIONS POLICY		
Policy to be reviewed by	Governors	
1. <u>Children with Medical Conditions Policy</u>	The Governor with responsibility for SEN and the head teacher	
a. We aim to ensure that all children, including those with medical conditions can continue to enjoy learning, friendships and play.	All staff	
b. Parents have the prime responsibility for their child's health and are required to provide the school (via the Head teacher) with information about their child's medical condition before they are admitted to the school, or as soon as the child first develops a particular medical need.	Parent/carers	
2. <u>Pupils with Short – Term Medical Needs</u>		
a. If children are unwell and unable to cope with a busy school day or if the child has an infectious or contagious condition they should not be sent to school. If they become ill during the day, parent/carers will be contacted by the school office in order that the child can be taken home.	Parent/Carers	
b. Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish	Parent/Carers	

a course of prescribed antibiotics. **Where possible doses should be given before or after school and at bedtime,** however medicines may be brought into school if it would be detrimental to the child not to do so. Medicines should be brought to school **in the original containers with the labels attached. Stating child's name and dosage.**		
c. Parent/carers should inform the school **(using the Short-Term Medicine or Long-Term Medication forms available from the school office)** about the medicines that their child needs to take and provide details of any further support required.	Parent/carers	
3. <u>Responsibility for administering prescribed medication</u>		
a. The school will ensure that there are sufficient members of support staff who are employed, appropriately trained and willing to manage medicines. The type of training necessary will depend on the individual case. If they are in doubt about any procedure, staff will not administer the medicines but will check with the parent/carers or a health professional before taking further action.	Head Teacher	
4. <u>Record-keeping</u>		
a. Staff will complete and sign a record each time they give medicine to a child. This is recorded in the **medicine book, which is kept in the Main Medical room in the Victorian Building.** b. For **regularly administered controlled drugs, each child will have a separate personal log** stating date and times each dose is administered. See Appendix 3.	Named staff	

c. Records for the use of **Buccal Midazolam in emergencies are recorded on a separate personal log as additional information is recorded**. See Appendix 7.		
5. <u>Refusal to take medicine</u>		
a. If a child refuses to take medicine, staff will not force them to do so, but will note this in the records and inform parent/carers of the refusal immediately.	Head Teacher	
b. If a refusal to take medicines results in an emergency, then the usual emergency procedures will be followed.		
6. <u>Storage of medication</u>		
a. **Emergency medicines,** such as **Asthma inhalers** will be safely stored and will be readily available. These will be stored in teachers' locked classroom cupboards. b. **Emergency medicines** such as **Adrenalin pens** (Epi-pens) will be safely stored and will be readily available. These will also be stored in teachers' locked classroom cupboards. c. **Non-emergency medications or medications to be given at lunchtime** will be kept in the first aid cupboard in the Medical Room in the Victorian Building and administered at the required time. d. **Some medicines need to be refrigerated.** These will be kept in the first aid fridge in the Medical Room in the Victorian Building. e. **In the case of controlled drugs or emergency medications** these will be locked and access restricted in either the first aid cupboard or the fridge in the	Head Teacher Named staff	

Medical Room of the Victorian Building or the First aid cupboard in the Therapy Suite in the New Building, dependent on which building a child's class is in. In very rare instances emergency medications that might be required during fire evacuations will be kept in a locked key cupboard inside the teachers locked cupboard for access during evacuation. f. Where children are considered safely able to take care of their own medicines they will be supported to do so if required		
7. Absence from school for more than 15 days		
a. For those children who attend hospital appointments or are admitted to hospital on a regular basis, special arrangements may also need to be considered. In this event advice may be sought from Medical/PEVP panel who might offer additional support from the Link Education Centres.	SENCo	
b. Children with medical needs may be unable to attend school for many reasons relating to their condition and in this event the school will make arrangements to link the child to suitable learning opportunities and will facilitate their links with other children so that friendships are sustained.	SENCo Class teachers	

8. <u>Pupils with Long Term or Complex Medical Needs</u>		
a. Where a child's needs are particularly complex and could affect their ability to access the full curriculum or participate in other areas of school life, then special arrangements will be made. Outside services may be contacted to support any adaptations to the curriculum. b. In some cases, this might take the form of dedicated adult support, at certain times of the school day. Alternatively, the child's needs could be such that modifications to the learning environment and /or the provision of specialist aids will need to be considered.	SENCo	
9. <u>Individual Health/Medical Care Plans</u>		
a. A written, Individual Health/Medical Care Plan will be developed where needed, to clarify for staff, parents and the child, the support that will be provided and what training may be required. This will include: i. details of the child's medical condition, ii. any medication, iii. daily care requirements, iv. action to be taken in an emergency, v. Details of Parent-carers including emergency contact numbers.	SENCo Class Teacher	

10. Those who may contribute to a Health/Medical Care Plan include: a. The school nurse, specialist nurses, children's community nurses, the child's GP or other health care professionals (depending on the level of support the child needs). b. The parent-carers (and the child, if appropriate). c. The Head Teacher and SENCo/SEN Manager. d. The class teacher, care assistant or teaching assistant. e. Support staff who are trained to administer medicines or trained in emergency procedures. f. Outside services. It is good practice to have a Health/Medical Care Plan endorsed by a health care professional and in many cases, it is essential to do so.		
11. The school will agree with parent/carers how often they should jointly review a Health/Medical Care Plan. The timing of this will depend on the nature of the child's particular needs. In most cases this will take place at the start of each school year; however, some plans will need to be reviewed more frequently depending on individual needs.	SENCo	
12. Health/Medical Care Plans and training are not transferable, even when children have the same condition.	SENCo	
13. Training:		
a. If school staff need to be trained to administer medical procedures, the school will contact the relevant health care professional, e.g. School Nurse, specialist	Head Teacher	

	nurse or children's community nurse. Parent/carers cannot be responsible for leading this training but parent/carers and children will be asked to participate in the training and give advice and guidance on how they prefer things to be done.	SENCo	
	b. Parent/carers and school staff cannot cascade training that they have received when the training is specific to an individual child.	Head Teacher SENCo	
	c. School staff who have been trained are responsible for following and delivering the health/medical care plan and if the child's condition alters they will contact an appropriate professional and the parents, making them aware of the change and requesting further training if needed or an alteration to the plan	Individual staff	
	d. School staff will request further training when needed, and professional updates at least once a year. e. Staff who have been trained in the child's care are responsible for following the procedures in children's care plans as they have been trained to do. f. The Head Teacher or SENCo will liaise with health care professionals and the trained staff to support and facilitate training refreshers and updates as needed. g. Individual staff are responsible for identifying and communicating any changes that they notice in the child's care needs. The SENCo will inform parents and health care professionals in writing and discuss whether further training is needed.	Individual staff Head Teacher SENCo	

14. <u>Communicating Needs</u>		
a. **Orange Emergency Medical Cards** showing photographs of pupils with **emergency medical needs**, together with outlines of their medical condition and action to be taken, are available to all teaching and support staff. **These are displayed on the inside of teachers' classroom cupboard doors, on the medical room notice board in the Victorian Building and copies are in class register wallets.** b. Teachers also have a **non-emergency medical list** available to all teaching and support staff. **These are also displayed on the inside of teachers' classroom cupboard doors, in the medical room, and copies are in class register wallets.**	Head Teacher; SENCo	
c. Health/Medical Care Plans for individual children are also kept securely in the classroom cupboards where they are accessible to all staff involved in caring for the child. Secure copies will also be kept in the medical room, main school office and SEND files.	Class Teacher	
d. Further copies and full medical records are stored in the child's personal file.	SENCo; First Aid Room	
15. <u>Educational visits (see also school's Trips Policy)</u>		
a. Visits and school residential trips will be planned so that pupils with medical needs can participate and reasonable adjustments will be made as appropriate to ensure that they are not discriminated against. If a risk assessment indicates that it is not safe for the pupil to participate in part of the experience because of their condition, then reasonable adjustments will be made and an alternative	All staff	

experience will be provided to ensure that they are enabled to join in the curriculum surrounding the trip.		
b. Staff supervising excursions and residential trips will always make sure that they are aware of any medical needs, and relevant emergency procedures. Parents of children participating in residential trips will need to complete required consent forms giving details of all medical/dietary needs. All medication or equipment which needs to be administered during the course of the visit should be handed directly to the class teacher in accordance with the school's guidelines before leaving the school at the start of the trip.	All staff Named staff	
c. A copy of individual Health/Medical Care Plans will be taken on visits in the event of the information being needed in an emergency.	Visit Leader Named staff	
d. Arrangements for taking any necessary medicines will be made and if necessary an additional member of the support staff, or an appropriate volunteer might be needed to accompany a particular child. Children's parent-carers will not be required to accompany their own children on school trips.	Visit Leader Named staff	
e. If there is any concern about whether the school is able to provide for a child's safety, or the safety of other children on a visit, then parent/carers will be consulted and medical advice sought from the school health service or the child's GP.	Head Teacher	
16. <u>Sporting Activities</u>		
a. All children with medical conditions will be encouraged to participate as fully as possible in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-	All staff	

being. Staff will be sensitive to their individual needs and sufficient flexibility will be incorporated into the lesson planning for all children to be included in ways appropriate to their own abilities.		
b. Any restrictions on a child's ability to participate in PE will be recorded in their individual Health/Medical Care Plan. This will include a reference to any issues of privacy and dignity for children with particular needs.	Head Teacher SENCo	
c. Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.	Class Teachers Named staff	
17. <u>Insurance:</u> This is a maintained school. The governing body will ensure that appropriate level of insurance is in place and appropriately reflects the level of risk. We link to the local authority as employers who are responsible for insurance arrangements of LA schools and their employees.	School Governing Body	
Unacceptable Practice: **It is not acceptable:** • to place children at risk for any reason • to exclude children from curriculum activities because of their medical condition • to place requirements and responsibilities on parents to fill gaps in staffing or resources		

Appendices:

1. Short Term Medicines form

2. Parental Request for School to Administer Medication- Long Term Medical Form
3. Record of controlled Medication Administered in School
4. Health Care Plan
5. Toilet Management Plan
6. Epilepsy Management Plan
7. Record of use of Buccal Midazolam
8. Daily Diabetes Log

Appendix 1

Short Term Medicine Form

To be administered at School

Child's Name ……

Class ……

Type of Medication ……..

To Treat ……..

……..

Dosage ……..

……

Time required……..

Date ……..

Signed …… Parent/Guardia

Appendix 2

Parental Request for School to Administer Medication
Long Term Medical Form

The school will not be able to give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

A newly completed form should be submitted every time the dosage or timings of medication are changed.

PUPIL DETAILS

Surname ……..

Forename(s) ……

Address ……

……..

Date of birth …….. Class ……..

Condition or illness …….

MEDICATION

Name/type of medication (as described on the container) ……..

For how long will your child take this medication ……..

Full directions for use:

Dosage ……Timing…….

Any known effects ……..

Any other relevant information ……...

Date …….

Signature …….

Relationship to pupil ……...

TO BE COMPLETED BY SCHOOL

I agreed that ……(name of child) will receive

…….(quantity and name of medicine) every day at …….. (time).

This arrangement will continue until instructed otherwise by parents.

Date ……

Signed ……Position held ……

Appendix 3

Record of controlled Medication Administered in School

Example form for schools to record details of medication given to pupil

Name …….

DOB ……

Address……

Date						
Name of Medication						
Time						
Dose Given						
Any reaction						
Signature of staff giving medication						
Signature of witness						

Appendix 4

Health Care Plan
Wincanton Primary School

Healthcare Plan for Pupil with Medical Needs

Name:

Class:

Current home address:

Date of Birth:

Condition:

Date of Plan:

Review Date:

GP Surgery:

CONTACT INFORMATION

Family Contact 1

Name:

Phone No

(mobile):

(home):

Relationship:

Family Contact 2

Name:

Phone No

(mobile):

(home):

Relationship:

Clinic/Hospital Contact

GP

Name: Name:

Phone No: Phone No:

Describe condition and give details of pupil's individual symptoms:

Daily care requirements:

Describe what constitutes an emergency for the pupil and the action to be taken if this occurs:

Follow up care:

Who is responsible in an emergency (state if different on off-site activities):

Additional information re: child/young person's and parent's wishes

Form circulated to:

Class Teacher and Support Staff

Parents

Dr

Pupil Information File for Supply Teachers

Signed:

DR:----------

Headteacher_____

Parent----------

SENCo----------

Date: ..... Review: .....

Appendix 5

Toilet Management Plan

Pupil's Name **Date of Birth**

Support Staff involved in care

Area of Need

Which toilet(s) have facilities?

Equipment required

What is required of Personal Assistant	**When**

Pupil will try to do	**Personal Assistant will do**	**When**

Refer to other relevant documents:

- Moving and handling plan
- Communication systems
- Physiotherapy plans
- Occupational Therapy Plans
- Other……

Signed ……SENCo or Key staff……Personal Assistants……Parents/Carers or Pupil …….
Date ……

Appendix 6

Epilepsy Management Plan Wincanton Primary School BA9 9DZ 01963 32132

Name of pupil: **DoB**	**CLEAR PHOTO OF CHILD**
Name of Teachers:	
Name of TAS:	
Date:	
Review date:	

In case of emergency - information

Member of staff to contact parents and ambulance:
Parental contacts:
Signs and symptoms of seizures :
Emergency action for absences and for full convulsion seizure activity: • First contact (name of parent carer(s) & immediate contact number) then immediately 999 emergency services. • Ensure (name of child) is safe. Move away any furniture or other children as required. • Keep airways clear. Protect head. • Time duration of the seizure. • Wait ( ) minutes. • **1st Dose -** If (name of child) is still fitting at minutes, administer ( ) ml Buccal Midazolam liquid injected into the side of mouth via a syringe. Massage cheeks. Wait 2 minutes for medication to take effect. • **2nd Dose** - If seizure continues for a total of ( ) minutes (full convulsions, no signs of decreasing) administer ( ) ml Buccal Midazolam liquid injected into the side of mouth via a new syringe.

- Stay with (name of child) until fully recovered.
- If an ambulance is called, make sure the Paramedics know time and dose of all medications. Record this on appendix 7 Medicine Log sheet.
- Document and record your actions. Give to paramedics and if possible retain copy for parents & school.
- Remember to replace the cap securely on the bottle, as the liquid will evaporate.
- If the Midazolam is cloudy or crystallised, it must not be used.
- Member of staff supporting (name of child) must check Buccal Midazolam at each handover. At all times medication must be carried in waist bag & worn by member of staff designated to (name of child) in case of emergency and not left where other children can access it.
- Return to locked cupboard/cabinet in the medical room at end of school day.

Follow up care and support:

- Ensure parents have been notified.
- Ensure (child) is comfortable
- Effects of medication may last approximately (time).
- On occasions (child) may need to sleep after an absence or seizure. Parents will take (child) home.
- (child) is more likely to be thirsty after an absence and a seizure.

✓ ml (mg) Buccal Midazolam (doses) is the maximum dose in 24 hours.
✓ If (child) has a seizure and
- Recovery is poor; i.e. not typical
- Or he is just not 100%

Then school must seek advice from parents on (telephone number).

If not possible, contact emergency services on 999.

✓ When out on a school trip, each incident will have to be assessed individually. Trained staff member to wear waist-bag containing medication.
✓ If there are any concerns about returning (child) safely to school because of medical difficulties, contact (parent-carers) on (telephone number) and dial 999 immediately.

Medication to be administered in school yes / no

Members of staff trained to administer medication:	**Review date for Epilepsy training:**
Buccal Midazolam is to be administered by: (list names of trained staff)	**Signed:**

Appendix 7

Record of use of Buccal Midazolam

Child's Name:----------

Date	
Administered by	
Description of seizure	
Length/number of seizures (timings)	
Time of Initial dose	
Outcome of initial dose	
Time of Second dose	
Outcome of second dose	
Parent-carer informed	
Comments/ further information	

Appendix 8

Daily Diabetes Log Wincanton Primary School

This information must be passed onto parent/carers and the emergency services

Child's Name:----------

Date	Actual Time & Situation Eg- Before P.E	Blood Sugar Reading		Administered by	Action Required Eg- Carbohydrate snack Number of glucose tablets Small carton of orange Insulin dose state amount
		Scanned reading	Prick test reading		