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| **THE ALTERNATIVE SCHOOL GROUP LTD** |
| **Medical Conditions in School Policy** |



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**The Alternative School – Medical Conditions Policy**

Designated person - Headteacher

**Context**

The Alternative School is a non-denominational school for boys and girls aged between 4 -18 years who, for various reasons, are not accessing mainstream school. The school aims to provide an alternative experience for those young people in the area who are not attending mainstream provision and would have therefore left school without any qualifications and with low self-esteem. The school aims to take a more holistic approach and to support both the personal and educational needs of young people, helping them to overcome a wide range of barriers to learning and to develop themselves into well rounded young individuals who leave school with a range of appropriate qualifications and a clear transition plan to further education and/or training.

**Our Inspiration and Vision**

This policy is developed in line with **Our Inspiration and Vision** that:

The Alternative School is inspired by a belief that we can make a difference to every young person we work with by listening to them and raising their aspirations. We believe in the potential of every young person, no matter who they are, what they have done or what they have been through.

As such, The Alternative School is an inclusive community that aims to welcome and support pupils with medical conditions and to provide all pupils with medical conditions the same opportunities as other pupils. We aim to achieve this by ensuring that:

* All TAS staff understand their duty of care to children and young people in the event of an emergency
* All staff feel confident in knowing what to do in an emergency
* The school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood
* The school understands the importance of medication being taken as prescribed
* All staff understand the common medical conditions that affect children at the school
* The school allows adequate time for staff to receive training on the impact medical conditions can have on pupils
* Staff receive additional training about any children they may be working with who have complex health needs supported by an Individual Health Plan

This policy is based on the legal requirements and statutory guidance set out in:

* DfE Supporting pupils at school with medical conditions (DFE-00393-2014), September 2014 issued under Section 100 of the **Children and Families Act 2014** which places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions
* **Section 21 of the Education Act 2002** provides that governing bodies of maintained schools must, in discharging their functions in relation to the conduct of the school, promote the wellbeing of pupils at the school
* **Section 175 of the Education Act 2002** provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school
* **Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010** set this out in relation to academy schools and alternative provision academies
* **Section 3 of the Children Act 1989** provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child
* **Section 10 of the Children Act 2004** provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to co-operate in the making of these arrangements
* Governing Bodies’ duties towards disabled children and adults are included in the **Equality Act 2010,** and the key elements are as follows:
	+ They must not discriminate against, harass or victimise disabled children and young people
	+ They must make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage
* Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety
* Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child who has been prescribed a controlled drug
* **The Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration
* **Regulation 5 of the School Premises (England) Regulations 2012 (as amended)** provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation. **Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010** replicates this provision for independent schools (See First Aid Room & Sickness Facilities Policy 2015)
* **The Special Educational Needs and Disability Code of Practice 0 - 25**
* Other related information and associated advice, guidance and resources, including templates and advice and support on specific medical conditions at [www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions](http://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions)

**The Alternative School is an inclusive community that aims to welcome and support all pupils including pupils with medical condition:**

* The school understands that, in addition to the educational impacts, there are social and emotional implications associated with medical conditions, and that we have a responsibility to make the school welcoming and supportive to pupils with medical conditions who currently attend and to those who may enrol in the future
* The school aims to provide all children with all medical conditions the same opportunities as others at school. We will help to ensure they can be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well-being
* The school aims to include all pupils with medical conditions in all school activities
* The school has in place appropriate reintegration procedures for pupils following long term absence
* Parents/carers of children with medical conditions are often concerned that their child’s health will deteriorate when they attend school. At The Alternative School we listen to and value the views of parents/carers and pupils and work in liaison with and take advice from appropriate healthcare professionals
* Parents/carers of pupils with medical conditions are aware of the care their children receive at the school.
* All staff have an understanding of the common medical conditions that may affect children at the school. The Headteacher is responsible for ensuring staff receive regular updates. The School Nursing Service can provide the updates if the school makes a request
* The medical conditions policy is understood and followed by the whole school

**The medical conditions policy is supported by a clear communication plan for staff, parents/carers, pupils and other key stakeholders to ensure its full implementation:**

* Parent/carers are informed about the medical conditions policy by including a policy statement in the school’s admissions policy and parent/carer information/consent pack and by signposting access to the policy and via the school's website
* School staff are informed and regularly reminded about the school’s medical conditions policy:
	+ through the staff handbook, dropbox updates and staff meetings
	+ through scheduled medical conditions updates, as required
	+ through the key principles of the policy being displayed in prominent staff areas in the school
* Volunteer and temporary staff are informed of the policy and their responsibilities including who is the designated person, any medical needs or Individual Health Plans related to the children in their care and how to respond in emergencies
* Staff are made aware of any Individual Health Plans as they relate to their teaching groups. This is a role for the designated person
* Pupils with medical conditions are encouraged and supported to take control of their medical condition

**Relevant staff understand and are updated in what to do in an emergency for the most common serious medical conditions at this school**

* Relevant staff at the school are aware of the most common serious medical conditions at the school
* Staff at the school understand their duty of care to pupils both during, and at either side of the school day in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent/carer. This may include administering medication
* Staff receive updates at least once a year for asthma and other medical needs and know how to act in an emergency. Additional training is prioritised for key staff members who work with children who have specific medical conditions supported by an Individual Health Plan (Template A)
* The action required for staff to take in an emergency for the common serious conditions at the school is displayed in prominent locations for all staff including classrooms, the school office and electronically together with procedures for contacting the emergency services (see Template H)
* The school uses Individual Health Plans to inform the appropriate staff (including volunteers and support staff) of pupils with complex health needs in their care who may need emergency help
* If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent/carer arrives. This school will try to ensure that the staff member will be one the pupil knows. The staff member concerned should inform a senior member of staff as soon as possible
* The school has procedures in place so that a copy of the pupil’s Individual Health Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible, as required
* In line with current legislation, The Alternative School has in place accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils (see First Aid Room & Sickness Facilities Policy)

**The school has clear guidance on the administration of medication at school**

Administration – emergency medication

* The school will seek to ensure that pupils with medical conditions have **easy access to their emergency medication**
* The school will ensure that all pupils understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their emergency medication safely

Administration – general

* The school understands the importance of medication being taken as prescribed
* All use of medication is done under the appropriate supervision of a member of staff at the school unless there is an agreed plan for self-medication. Staff should be aware if pupils are using their medication in an abnormal way and should discuss this with the child
* All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so or unless the situation is an emergency and falls under their regular duty of care arrangements.
* Most members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer medication to pupils under the age of 16, but only with the written consent of the pupil’s parent (see Template B)
* The school will ensure that specific training and updates will be given to all staff members who agree to administer medication to pupils, if necessary
* All school staff in the school have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as assisting in administering medication or calling an ambulance
* In some circumstances, medication is only administered by an adult of the same gender as the pupil, and preferably witnessed by a second adult. This will be agreed in the Individual Health Plan
* Parents/carers at the school 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. Parents/carers should provide the school with any guidance regarding the administration of medicines and/or treatment from the GP, clinic or hospital
* If a pupil at the school refuses their medication, staff will record this and follow the defined procedures. Parents/carers will be informed of this non-compliance as soon as possible
* All staff attending off-site visits are aware of any pupils on the visit who have medical conditions. They will receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment required and this will be included in the Risk Assessment for the activity
* 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
* If a pupil misuses medication, either their own or another pupil’s, their parents/carers are informed as soon as possible. The school will seek medical advice by ringing A+E if this situation arises. In such circumstances, pupils will be subject to the school’s usual disciplinary procedures
* Written records are kept of all medicines administered to children (see Template C: Record of medicine administered to an individual child and Template D: Record of medicine administered to all children)

**The Alternative School has clear guidance on the storage of medication at school**

**Safe storage – emergency medication**

* Emergency medication is readily available to pupils who require it at all times during the school day or at 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
* If the pupil concerned is involved in extended school services then specific arrangements and risk assessments should be agreed with the parent and appropriate staff involved

**Safe storage - non-emergency medication**

* All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool, dry place. Pupils with medical conditions know where their medication is stored and how to access it
* Staff ensure that medication is accessible only to those for whom it is prescribed

**Safe storage – general**

* The school has an identified member of staff/designated person who ensures the correct storage of medication at school
* All controlled drugs are kept in a locked cupboard and only named staff have access
* The identified member of staff checks the expiry dates for all medication stored at school each term (i.e. three times a year)
* The identified member of staff, along with the parents/carers of pupils with medical conditions, ensures that all emergency and non-emergency medication brought in to school is clearly labelled with the pupil’s name, the name of the medication, route of administration, dose and frequency and expiry date of the medication (see Template E)
* 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 the manufacturer’s instructions, paying particular attention to temperature
* Some medication for pupils at this school 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 inaccessible to unsupervised pupils and/or are lockable, as appropriate
* All medication (including blue inhalers) is sent home with pupils at the end of the school term
* It is the parent/carer’s responsibility to ensure new and in date medication comes into school with the appropriate instructions and ensures that the school receives this

**Safe disposal**

* Parents/carers at the school are asked to collect out-of-date medication
* If parents/carers do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal
* A named member of staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done at least 3 times a year and is always documented (see Template E)
* Sharps boxes are used for the disposal of needles. Parents/carers obtain sharps boxes from the child’s GP or paediatrician on prescription. All sharps boxes in the school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis
* If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy, to school or to the pupil’s parent/carer
* Collection and disposal of sharps boxes is arranged with the local authority's environmental services

**The Alternative School has clear guidance about record keeping for pupils with medical conditions:**

**Enrolment forms**

* Parents/carers at the school are asked if their child has any medical conditions and this is recorded on the parent/carer information pack and the information transferred on to the confidential medical register
* If a pupil has a short-term medical condition that requires medication during school hours (e.g. antibiotics to cover a chest infection), a medication form plus explanation is sent to the pupil's parents/carers to complete (Template B)

**Individual Health Plans**

Drawing up Individual Health Plans

* The school uses an Individual Health Plan (Template A) for children with complex health needs to record important details about the individual child’s medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Individual Health Plan if required. Examples of complex health needs which may generate an Individual Health Plan following discussion with the school nurse and the school include:
* diabetes
* gastrostomy feeds
* a tracheostomy
* anaphylaxis
* a central line or other long term venous access
* severe asthma that has required a hospital admission within the last 12 months
* epilepsy with rescue medication
* An Individual Health Plan, accompanied by an explanation of why and how it is used, is sent to all parents/carers of pupils with a complex health need (see Template I). This is sent at the start of the school year, at enrolment, when a diagnosis is first communicated to the school, at transition discussions and/or new diagnosis
* It is the parent’s responsibility to fill in the Individual Health Plan and return the completed form to the Headteacher. If the Headteacher does not receive an Individual Health Plan, all school staff should follow standard first aid measures in an emergency. The school will contact the parent/carer if health information has not been returned. If an Individual Health Plan has not been completed, the Headteacher will contact the parents and may convene a TAF meeting or consider safeguarding children procedures if necessary
* The finalised plan will be given to parents/carers, school and school nurse (where applicable)
* The school ensures that a relevant member of school staff is present, if required, to help draw up an Individual Health Plan for pupils with complex health or educational needs and that parents/carers are appropriately supported in completing the plan, as required.

**Model process for developing individual healthcare plans**

* Individual Health Plans will be reviewed at least annually or earlier if evidence is presented that the child’s needs have changed and, in line with statutory guidance, they will be developed with the child’s best interests in mind and ensure that the school assesses and manages risks to the child’s education, health and social well-being and minimises disruption
* Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan

**School Individual Health Plan Register**

* Individual Health Plans are used to create a centralised register of pupils with complex health needs. An identified member of school staff has responsibility for the register at the school. The school has ensured that there is a clear and accessible system for identifying pupils with health plans/medical needs and a robust procedure is in place to ensure that the child's record, contact details and any changes to the administration of medicines, condition, treatment or incidents of ill health in the school is updated on the schools record system
* The responsible member of school staff follows up with the parents/carers and health professionals if further detail on a pupil's Individual Health Plan is required or if permission or administration of medication is unclear or incomplete

**Ongoing communication and review of Individual Health Plans**

* Parents/carers at school are regularly reminded to update their child’s Individual Health Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change. Each Individual Health Plan will have a review date
* Parents/carers have a designated route/person to direct any additional information, letters or health guidance to in order that the necessary records are altered quickly and the necessary information disseminated

**Storage and access to Individual Health Plans**

* The school ensures that all staff protect pupils confidentiality
* The information in the Individual Health Plan will remain confidential unless needed in an emergency
* The school informs parents/carers that the Individual Health Plan would be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. Consent for this is included on the Individual Health Plan
* Parents/carers and pupils (where appropriate) at the school are provided with a copy of the pupil's current agreed Individual Health Plan
* Individual Health Plans are kept in a secure central location at school
* Apart from the central copy, specified members of staff (agreed by the pupil and parents/carers) securely hold copies of pupils’ Individual Health Plans. These copies are updated at the same time as the central copy. The school ensures that where multiple copies are in use, there is a robust process for ensuring that they are updated, and hold the same information
* When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of the Individual Health Plans and needs of the pupils in their care

**Use of Individual Health Plans**

Individual Health Plans are used by the school to:

* Inform the appropriate staff about the individual needs of a pupil with a complex health need in their care
* Identify important individual triggers for pupils with complex health needs at school that bring on symptoms and can cause emergencies. The school uses this information to help reduce the impact of triggers
* Ensure emergency care services have a timely and accurate summary of a pupil’s current medical management and healthcare in an emergency

**Consent to administer medicines**

* If a pupil requires regular prescribed medication at school, parents/carers are asked to provide consent on their child’s medication plan (Template B) giving the pupil or staff permission to administer medication on a regular/daily basis, if required. This form is also completed by parents/carers for pupils taking short courses of medication
* All parents/carers of pupils with a complex health need who may require medication in an emergency are asked to provide consent on the Individual Health Plan for staff to administer medication

**School Trips and Residential Visits**

* The Alternative School is committed to the inclusion of all our pupils in the full range of activities available. We understand and are aware of how a child’s medical condition can impact on their participation but strive to include all pupils through flexibility and reasonable adjustments to the curriculum and extra-curricular activities unless evidence from a clinician such as a GP states that this is not possible
* Parents/carers are sent a School Day & Residential Visits form to be completed and returned to school before their child leaves for an overnight or extended day visit (see Template F). 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 to help the pupil manage their condition while they are away. It includes details about medication and what dose the pupil is currently taking at different times of the day including information about medication not normally taken during school hours
* All residential visit forms are taken by the relevant staff member on visits where medication is required. These are accompanied by a copy of the pupil’s Individual Health Plan
* All parents/carers of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to supervise administration of medication if required
* A copy of the Individual Health Plan and equipment/medication must be taken on off-site activities

**Record of Awareness Raising Updates and Training**

* The Alternative School holds updates on common medical conditions once a year. A record of the content and attendance of the medical conditions training is kept by the school and reviewed every 12 months to ensure all new staff receive updates. The School Nursing Service will provide updates if the school requests this.
* All school staff who volunteer or who are contracted to administer emergency medication are provided with training, if needed, by a specialist nurse, doctor or school nurse. The school keeps a register of staff who have had the relevant training and it is the school’s responsibility to arrange this (see Template G)
* The school risk assesses the number of first aiders it needs and ensures that the first aiders are suitably trained to carry out their responsibilities.

**The Alternative School ensures that the whole school environment is inclusive, safe and welcoming to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.**

 **Physical environment**

* The school is committed to providing a physical environment that is as accessible as possible to pupils with medical conditions
* The school aims to meet the needs of pupils with medical conditions and to ensure that the physical environment at the school is as accessible as possible
* The school's commitment to an accessible physical environment includes out-of-school activities and we recognise that this may sometimes mean changing activities or locations

**Social interactions**

* The school ensures the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school
* The school ensures the needs of pupils with medical conditions are adequately considered to ensure they have access to extra-curricular activities and events including school trips and residential visits
* All staff at the school are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school’s anti-bullying and behaviour policies
* Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment

**Exercise and physical activity**

* The school understands the importance of all pupils taking part in sports, games and activities
* The school seeks to ensure all teachers, volunteer assistants and support staff make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils
* The school seeks to ensure that all teachers, volunteer assistants and support staff understand that if a pupil reports they are feeling unwell, the teacher should seek guidance before considering whether they should take part in an activity and, be aware of pupils in their care who have been advised, by a healthcare professional, to avoid or to take special precautions with particular activities
* The school ensures all staff are aware of the potential triggers for pupils’ medical conditions when exercising and how to minimise these triggers
* The school seeks to ensure that all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed
* The school ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports

**Education and learning**

* The school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided
* Teachers at the school are aware of the potential for pupils with medical conditions to have special educational needs (SEN) and that pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator
* The school ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum and that pupils learn how to respond to common medical conditions

**Risk Assessments**

* Risk assessments are carried out by the school prior to any out-of-school visit or off site provision and medical conditions are considered during this process. The school considers:
	+ how all pupils will be able to access the activities proposed
	+ how routine and emergency medication will be stored and administered
	+ where help can be obtained in an emergency, and any other relevant matters.
* The school understands that there may be additional medication, equipment or other factors to consider when planning residential visits or off site activities
* The school carries out risk assessments before pupils start 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 pupil. Permission is sought from the pupil and their parents/carers before any medical information is shared with an employer or other education provider

**The school is aware of the triggers that can make medical conditions worse or can bring on an emergency. The school is actively working towards reducing these health and safety risks.**

* The school is committed to working towards reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits
* School staff have been updated on medical conditions. This update includes information on how to avoid and reduce exposure to triggers for common medical conditions

**Each member of the school and health community knows their roles and responsibilities in maintaining an effective medical conditions policy**

* The school works in partnership with all interested and relevant parties including the school’s Advisory Board, school staff, and community healthcare professionals and any relevant emergency practitioners to ensure the policy is planned, implemented and maintained successfully
* The following roles and responsibilities are used for the medical conditions policy at the school. These roles are understood and communicated regularly.

**TAS Advisory Board** have a responsibility to:

* Ensure the health and safety of their staff and anyone else on the premises or taking part in school activities, including all pupils. This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips
* Ensure the schools health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions and reviewed annually.
* Make sure the medical conditions policy is effectively implemented, monitored and evaluated and regularly updated
* Ensure that the school has robust systems for dealing with medical emergencies and critical incidents (see *Department of Education and Skills 2015* *Responding to Critical Incidents:* Guidelines for Schools), at any time when pupils are on site or on out of school activities

**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
* Ensure the policy is put into action, with good communication of the policy to all staff, parents/carers and Advisory Board
* Ensure every aspect of the policy is maintained
* Oversee and support staff training
* Ensure that if the oversight of the policy is delegated to another senior member of staff that the reporting process forms part of their regular supervision/reporting meetings
* Monitor and review the policy at regular intervals, with input from parents/carers, staff and external stakeholders
* Report back to the advisory board about implementation of the health and safety and medical conditions policies and,
* Ensure through consultation with the advisory board that the policy is adopted and put into action

**All staff at The Alternative School** have a responsibility to:

* Understand the common medical conditions and the impact these can have on pupils
* Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
* Call an ambulance in an emergency (see Template G procedures)
* Understand the school’s medical conditions policy
* Know which pupils in their care have a complex health need and be familiar with the content of the pupil’s Individual Health Plan
* Know the schools registered first aiders and where assistance can be sought in the event of a medical emergency
* Maintain effective communication with parents/carers including informing them if their child has been unwell at school
* Ensure pupils who need medication have it when they go on a school visit or out of the classroom
* Be aware of pupils with medical conditions who may be experiencing bullying or need extra social support
* Ensure that all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in
* Ensure that pupils have the appropriate medication or food during any exercise and are allowed to take it when needed.
* Follow universal hygiene procedures if handling body fluids
* Ensure that pupils who present as unwell should be questioned about the nature of their illness, if anything in their medical history has contributed to their current feeling of being unwell, if they have felt unwell at any other point in the day, if they have an Individual Health Plan and if they have any medication. The member of staff must remember that while they can involve the pupil in discussions regarding their condition, they are in loco parentis and as such must be assured or seek further advice from a registered first aider if they are in doubt as to the child's health, rather than take the child’s word that they feel better

**Teaching staff** have an additional responsibility to also:

* Ensure pupils who have been unwell have the opportunity to catch up on missed school work
* Be aware that medical conditions can affect a pupil’s learning and provide extra help when pupils need it, in liaison with the SENCO
* Liaise with parents/carers, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
* Use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions

**School nurse or healthcare professional** has a responsibility to:

* Help provide regular updates for school staff in managing the most common medical conditions at school at the school’s request
* Provide information about where the school can access other specialist training
* Update the Individual Health Plans in liaison with appropriate school staff and parents/carers

**Local doctors and specialist healthcare professionals**

Individual doctors and specialist healthcare professionals caring for pupils who attend the school have a responsibility to:

* Where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours
* Ensure the child or young person knows how to take their medication effectively
* Ensure children and young people have regular reviews of their condition and their medication
* Provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents/carers)

**First aiders** have an additional responsibility to:

* Give immediate, appropriate help to casualties with injuries or illnesses
* When necessary ensure that an ambulance is called
* Ensure they are trained in their role as a First Aider

**Special educational needs coordinator** has the additional responsibility to:

* Help update the school’s medical condition policy
* Know which pupils have a medical condition and which have special educational needs because of their condition
* Provide advice and support to teaching staff
* Ensure teachers make the necessary arrangements if a pupil needs special

 consideration or access arrangements in exams or coursework.

**Pupils** have a responsibility to:

* Treat other pupils 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 pupil is feeling unwell
* Treat all medication with respect
* Know how to gain access to their medication in an emergency
* 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 or complex health need
* Ensure the school has a complete and up-to-date Individual Health Plan if their child has a complex health need
* Inform the school about the medication their child requires during school hours
* Inform the school/provider 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
* Ensure that the school has full emergency contact details for them
* 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 they are not well enough to attend school
* Ensure their child catches up on any school work they have missed
* Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
* If the child has complex health needs, ensure their child has a written Individual Health Plan for school and, where applicable, an asthma management plan from their doctor or specialist healthcare professional to help their child manage their condition
* Have completed/signed all relevant documentation including the parent/carer agreement for school to administer medicine and the Individual Health Plan, if appropriate

**Complaints Procedures**

* Any concerns should be raised directly with the school
* If parents/carers have any problems or concerns, or are not happy with any part of the support provided to pupils with medical conditions, they should, in the first instance, speak directly to their child’s class teacher. The teacher will arrange to meet with the parent/carer within 2 days of the concern being raised with the aim of resolving the matter
* If this does not resolve the issue, the concern can then be raised with the Headteacher and a formal complaint made via the school’s complaints procedures (see Complaints Procedures Policy)

**The medical conditions policy is regularly reviewed evaluated and updated**

* The school’s medical conditions policy is reviewed, evaluated and updated annually or earlier if necessary
* The views of parents/carers and pupils with various medical conditions may be sought and are considered central to the evaluation process

**Appendices**

Appendix 1: Unacceptable Practice

Template A: Individual Healthcare Plan

Template B: Parent/Carer agreement for school to administer medicine

Template C: Record of medicine administered to an individual child

Template D: Record of medicine administered to all children

Template E: Medicines Record

Template F: School Day & Residential Visits

Template G: Staff Training Record: Administration of Medicines

Template H: Contacting Emergency Services Medical Emergencies

Template I: model letter inviting parents to contribute to individual healthcare plan

 development

**Appendix 1: Unacceptable Practice**

Governing bodies should ensure that the school’s policy is explicit about what practice is not acceptable. Although school staff should use their discretion and judge each case on its merits with reference to the child’s individual healthcare plan, it is not generally acceptable practice to:

* prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
* assume that every child with the same condition requires the same treatment;
* ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
* send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
* if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
* penalise children 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 child, including with toileting issues. No parent should have to give up working because the school is failing to support their child’s medical needs; or
* prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

(Source: DfE Supporting pupils at school with medical conditions

Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, September 2014)

**Template A: Individual Healthcare Plan**

|  |  |
| --- | --- |
| Name of school |  |
| Child’s name |  |
| Group/class/form |  |
| Date of birth |  |  |  |  |
| Child’s address |  |
| Medical diagnosis or condition |  |
| Date |  |  |  |  |
| Review date |  |  |  |  |
| Parent/Carer signature |  |  |  |  |
| **Family Contact Information** |  |
| Name |  |
| Phone no. (work) |  |
| (home) |  |
| (mobile) |  |
| Name |  |
| Relationship to child |  |
| Phone no. (work) |  |
|  (home) |  |
|  (mobile) |  |
| **Clinic/Hospital Contact(s)** |  |
| Name |  |
| Phone no. |  |
| **G.P.**  |  |
| Name |  |
| Phone no. |  |
| Who is responsible for providing support in school |  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

Daily care requirements

|  |
| --- |
|  |

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

|  |
| --- |
|  |

Arrangements for school visits/trips, etc.

|  |
| --- |
|  |

Other information including additional reports (attached)

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

Plan developed with

|  |
| --- |
|  |

Staff training needed/undertaken – who, what, when

|  |
| --- |
|  |

Parent/Carer consent given for this plan to be copied to:

|  |
| --- |
|  |



**Template B: Parent/Carer agreement for school to administer medicine**

The school will not give your child medicine unless you complete and sign this form in line with the school’s policy that, with parent/carer consent, staff can administer medicine.

|  |  |
| --- | --- |
| Date for review to be initiated by |  |
| Name of school/setting |  |
| Name of child |  |
| Date of birth |  |  |  |  |
| Group/class/form |  |
| Medical condition or illness |  |
| **Medicine** |  |
| Name/type of medicine*(as described on the container)* |  |
| Expiry date |  |  |  |  |
| Dosage and method |  |
| Timing |  |
| Special precautions/other instructions |  |
| Are there any side effects that the school/setting needs to know about? |  |
| Self-administration – y/n |  |
| Procedures to take in an emergency |  |
| **NB: Medicines must be in the original container as dispensed by the pharmacy****Contact Details** |
| Name |  |
| Daytime telephone no. |  |
| Relationship to child |  |
| Address |  |
| I understand that I must deliver the medicine personally to\_\_\_\_\_\_\_\_\_\_\_ | [agreed member of staff] |

The information I/we have supplied is, to the best of my/our knowledge, accurate at the time of writing and I/we give consent to school staff administering medicine in accordance with the school’s policy. I/we will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date



**Template C: Record of medicine administered to an individual child**

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

Staff signature:

Signature of parent/carer:

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

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

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

**Template D: Record of medicine administered to all children**

|  |  |
| --- | --- |
| Name of school: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Pupil’s Name | Time | Name of Medicine | Dose given | Any reactions | Signature of staff | Print name |
|  |  |  |  |  |  |  |  |
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**Template E: Medicines Record (termly check & report)** 

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date received | Pupil’s Name | Name of Medicine | Dose & frequency | Expiry Date | Check 1 & DisposalSign & Date | Check 2 & DisposalSign & Date | Check 3 &DisposalSign & Date |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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**Template F: School Day & Residential Visits**

|  |  |
| --- | --- |
| This form is to be returned by (date): |  |
| School: |  |
| School Visit/Activity: |  |
| Date of Visit/Activity: |  |

|  |
| --- |
| Pupil Details |
| Full Name: |  |
| Date of Birth: |  |

|  |  |
| --- | --- |
| Medical Information | Please indicate Yes or No |
| Does your son/daughter suffer from any medical condition or physical disability? If so, please describe: | Yes/No |
| If medical treatment is required, please describe in detail the medication, dosage and frequency and/or any specialist equipment: |  |
| To the best of your knowledge has he/she been in contact with any contagious or infectious disease during the best 4 weeks. If so, please give details: | Yes/No |
| Is he/she allergic to any medication? If so, please give details: | Yes/No |
| Has your son/daughter received a tetanus injection in the last 5 years? | Yes/No |
| Please indicate any special dietary requirements due to medical, religious or moral reason: |  |
| **Parent/Carer Declaration** |
| I/We give permission for my/our son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name) to take part in the planned trip/activity, including all organised activities.I/We undertake to inform the visit/activity organiser or the Headteacher as soon as possible of any relevant change in medical circumstances occurring before the journey.I/We hereby authorise any accompanying member of staff of the school to give consent to such medical treatment as is considered necessary for my son/daughter during the visit and give consent for staff to supervise administration of medication as required.I/We understand the extent and limitations of the insurance cover provided. |
| **Contact Information** |
| Address: |  |
| Home Telephone No: |  |
| Mobile No: |  |
| Work Telephone No: |  |
| **Emergency Contact Address is different from above** |
| Address: |  |
| Telephone No: |  |
| Name of Doctor |  |
| Address: |  |
| Telephone No: |  |
| Signed Parent/Carer |  |
| Date: |  |

**Template G: Staff Training Record:**  **Administration of Medicines**

|  |  |
| --- | --- |
| Name of school |  |
| Name |  |
| Type of training received |  |
| Date of training completed |  |  |  |  |
| Training provided by |  |
| Profession and title |  |

I confirm that [ ] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [ ] (state date/year)

Trainer’s signature:

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I confirm that I have received the training detailed above**

Staff signature:

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suggested review date:



**Template H: Contacting Emergency Services Medical Emergencies**

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. Your telephone number: **St James, Burnley** **01282 851800 (opt 1)**

 **Barnoldswick 01282 851800 (opt 2)**

 **Blackpool & Fylde 01282 851800 (opt 3)**

 **Central Office 01282 851800 (opt 4)**

1. Your name
2. Your location as follows:

 Barnoldswick Alternative School, The Old Library, Fern Lea Avenue, Barnoldswick, BB18 5DW

 St James Alternative School, Healey Wood Road, Burnley, BB11 2LP

Blackpool & Fylde Alternative School, 85 Abingdon, Blackpool, FY1 1PP &

22 Dean Street, Blackpool, FY4 1AU

The Alternative School Group Ltd (Central Office), Suit 4a, Ribble Court, 1 Mead Way, Padiham, BB12 7NG

1. State what the postcode is – please note that postcodes for satellite

 navigation systems may differ from the postal code

1. Provide the exact location of the patient within the school setting
2. Provide the name of the child and a brief description of their symptoms
3. Inform Ambulance Control of the best entrance to use and state that the crew

 will be met and taken to the patient

1. For pupils with an Individual Healthcare Plan, a copy should be made

 available for the emergency services to take with them to hospital

**This form to be displayed by the phone**

**Template I: model letter inviting parents to contribute to individual healthcare plan development**

Dear ………………. (parent/carer)

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child’s medical condition. I enclose a copy of the school’s policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents/carers, pupils, and the relevant healthcare professional who can advise on your child’s case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child’s medical condition impacts on their ability to participate fully in school life and the level of detail within a plan will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child’s individual health care plan has been scheduled for xx/xx/xx. I hope that this is a convenient date and time for you and would be grateful if you would confirm that you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any other relevant advice and/or information, for consideration at the meeting. Please contact me by phone or email if you have any queries or would like any further information in advance of the meeting.

Yours sincerely