Streetsbrook Infant & Early Years Academy

Supporting Children with Medical Conditions Policy

Streetsbrook Infant & Early Years Academy

At Streetsbrook, we strive to provide an equal chance for all to become responsible citizens who lead happy and fulfilled lives, and are equipped with the skills and abilities to shape the world they live in.

'Learning for Life'

Our values are:

Desire to Learn

To enjoy the lifelong process and challenge of learning; alone and with others.

Love and Respect

To have respect for ourselves, others and the environment, recognising and celebrating individual lifestyles, cultures and faiths.

Happiness

Developing successful relationships where individuals can build and follow their dreams.

Confidence

Having the self-belief to embrace and follow your own choices.

Being a Good Citizen

Making a positive contribution to communities on a local and global scale.

CONTENTS

Page

Appendices:

(i) List of Fully Trained First Aiders and Paediatric First Aiders
(ii) Health Protection Agency Guidance on the control of infections and diseases
(iii) Model process for developing individual health care plans
(iv) Individual HealthCare Plan Template
(v) Administration of Medicines Form
(vi) Asthma Inhaler administration forms
(vii) Childcare Medication Policy and Procedure

Supporting documents to be read in conjunction with this policy:

- The Administration of Medicines in Schools and Settings: A Policy Document (6th Edition), 2015
- Supporting Children at School with Medical Conditions, DfE 2015

Introduction

This policy is written in line with the statutory requirements set out in Section 100, Children and Families Act 2014 and the governments statutory and non-statutory guidance as set out in Supporting Children in School with medical conditions - December 2015. The statutory duty came into force on September 2014.

Section 100 of The Children and Families Act 2014 places a duty on the Governing Body of Streetsbrook Infant & Early Years Academy to make arrangements for supporting children with medical conditions. The Department of Education have produced statutory guidance 'Supporting Children with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

Aims

Streetsbrook Infant & Early Years Academy is an inclusive community that welcomes and supports children with medical conditions. It aims to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school including school trips, so that they can:

- play a full and active role in school life
- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing once they have left school

It is our policy to ensure that all medical information is treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with this policy. All staff understands their duty of care to follow and co-operate with the requirements of this policy and feel confident in knowing what to do in an emergency.

We understand that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood. We understand the importance of medication and care being taken as directed by healthcare professionals and parents. All staff understand the medical conditions that affect children at the academy. Staff receive training on the impact medical conditions can have on children.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEND Code of Practice will apply.

We recognise that medical conditions may impact on a child's social and emotional development as well as having educational implications.

All children have an entitlement to a full time curriculum or as much as their medical condition allows.

Inclusive Community

Streetsbrook is welcoming and supportive of children with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other children. No child will be denied admission or prevented from taking up a place in the school because arrangements for their medical condition have not been made.

The school will listen to the views of children and parents.

Children and parents feel confident in the care they receive from the academy and the level of that care meets their needs. Staff understand the medical conditions of children at the school and that they

may be serious, adversely affect a child's quality of life and impact on their ability to learn. All staff understand their duty of care to children and young people and know what to do in the event of an emergency. The whole school and local health community understand and support the Supporting Children with Medical Conditions Policy. The academy understands that all children with the same medical condition will not have the same needs.

The academy recognises that duties in the Children and Families Act and the Equality Act relate to children with disability or medical conditions.

Legislation and Standards

This policy framework describes the essential criteria for Governing bodies to meet the needs of children and young people with long-term conditions and short term medical needs. It should be read alongside Solihull's 'The Administration of Medicines in Schools and Settings: A Policy Document (6th Edition)', 2015 and 'Supporting Children at School with Medical Conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England', DfE 2015.

The Policy:

- Sets out clear policy and procedures which provide a sound basis for ensuring that all children with medical conditions receive proper care and support whilst at the academy
- Sets out the necessary safety measures to support children with medical conditions (including long-term and/or complex needs)
- Defines individual responsibilities for children's safety
- Explains the procedures to ensure the safe management and administration of medicines

The named member of school staff responsible for this policy and its implementation is currently the Headteacher, Mrs Louise Minter with support from Mrs Tracey Elliott, Medicines Co-ordinator and Mrs Nicola McInness. the Office Manager. A list of the school's first aiders can be found in Appendix (i).

Roles and Responsibilities

The Governing Body of Streetsbrook Infant & Early Years Academy is responsible for:

- Ensuring arrangements are in place to support children with medical conditions
- Ensuring the policy is developed collaboratively across services clearly identifies roles and responsibilities and is implemented effectively
- Ensuring that the Supporting Children with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation
- Ensuring the policy covers arrangements for children who are competent to manage their own health needs
- Ensuring that all children with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential
- Ensuring that staff are aware of how a child's medical condition may impact on their participation in any off-site activity, day trip or residential but ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments
- Consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits
- Ensuring that staff carry out appropriate risk assessments so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included
- Ensuring that staff consult with parents and children and advice from the relevant healthcare professional to ensure that children can participate safely

- Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials
- Ensuring written records are kept of, any and all, medicines administered to children
- Ensuring the policy sets out procedures in place for emergency situations
- Ensuring the level of insurance in place reflects the level of risk
- Handling complaints regarding this policy as outlined in the school's Complaints Policy
- Ensuring that Health Protection Agency guidance on controlling infections and diseases is adhered to (appendix ii)

.

The Headteacher & Medicines Co-Ordinator are responsible for:

- Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy through induction and updated documentation
- Ensures all staff are aware of their duty of care in the event of an emergency
- The day-to-day implementation and management of the Supporting Children with Medical Conditions Policy and Procedures
- Liaising with healthcare professionals regarding the training required for staff
- Identifying staff who need to be aware of a child's medical condition
- Developing Individual Healthcare Plans (IHPs) and providing a centralised register of IHP's held by the Medicines Co-Ordinator
- Administering medicines that require technical or medical knowledge and training
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations
- If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies
- Ensuring the correct level of insurance is in place for teachers who support children in line with this policy
- Continuous two-way liaison with school nurses and school in the case of any child who has, or develops, an identified medical condition
- Ensuring that Health Protection Agency guidance on controlling infections and diseases is adhered to
- Ensuring confidentiality and data protection
- Assigning appropriate accommodation for medical treatment/ care
- Ensures staff training for the defibrillator
- Voluntarily holding 'spare' salbutamol asthma inhalers for emergency use
- Provide a dedicated area for the administration of medicines, respecting dignity and confidentiality and being empathic to the child's individual needs
- Ensuring curriculum and accommodation needs are met
- Ensuring first aid and medical advice is available by means of the Medicines Co-ordinator and other health professionals
- Reporting annually to Governors on the working of the policy

Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a child with a medical condition needs help. A first-aid certificate is not sufficient
- Knowing where controlled drugs are stored and accessibility
- Taking account of the needs of children with medical conditions in lessons, providing home learning, where appropriate
- Undertaking training to achieve the necessary competency for supporting children with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility

- Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance
- Briefing any supply staff of any children with such said conditions
- Risk assess with assistance from the Medicines Co-ordinator for such children when participating in school trips, holidays and other school activities outside the normal timetable
- To complete Personal Emergency Evacuation Plans for identified children in consultation with the SENCo
- Ensuring medication is easily and immediately accessible when off site. It should always be carried by a staff member aware of the needs of the child for whom it is prescribed
- Working with the Medicines Co-ordinator to ensure educational needs are met, particularly when absent through illness. Reintegration after periods of absence will also be assessed and resolved with consultation from all necessary stakeholders involved
- Authorising the Senior Leadership Team to make decisions regarding the children leaving the school through illness
- Following Health Protection Agency guidance on controlling infections and diseases

School Link Nurses are responsible for:

- Collaborating on developing an IHP in anticipation of a child with a medical condition starting school
- Notifying the academy when a child has been identified as requiring support due to a medical condition at any time in their school career
- Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs
- Liaising locally with lead clinicians on appropriate support. Assisting the Medicines Co-ordinator in identifying training needs and providers of training

Parents and carers are responsible for:

- Keeping the academy informed about any new medical condition, formal diagnosis or changes to their child/children's health
- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine
- Participating in the development and regular reviews of their child's IHP
- Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times
- Accommodating the Health Protection Agency guidance on controlling infections and diseases

Training of Staff

Newly appointed teachers, supply or agency staff and support staff will receive training on the Supporting Children with Medical Conditions' Policy as part of their induction. All school staff, including temporary or supply staff, are aware of the medical conditions at the school and understand their duty of care to children in an emergency.

The clinical lead for each training area/session will be named on each IHP.

No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and being signed off as competent.

The academy will keep a record of medical conditions supported, training undertaken and a list of staff qualified to undertake responsibilities under this policy. Annual training usually takes place in September for general emergency procedures and supporting children with medical needs. Where required, we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to

support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the academy and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training. A 'Staff Training Record – Administration of Medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training. The Medicines Co-ordinator will keep copies of training.

Medical Conditions Register

Academy admissions forms request information on pre-existing medical conditions. Parents must have an easy pathway to inform the academy at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.

A medical conditions list or register should be kept, updated and reviewed regularly by the nominated members of staff, the Medicines Co-ordinator, Mrs Rachel Lazar and Mrs Nicola McInnes, the Office Manager. Each class teacher should have an overview of the list for the children in their care, within easy access.

Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.

For children with medical conditions, a transition meeting should take place in advance of transferring to junior school to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

Individual Healthcare Plans (IHPs)

We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The academy, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The Medicines Co-ordinator or SENCo will work in partnership with the parents/carer, and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) Plan, the individual healthcare plan will be linked to or become part of that statement or EHC Plan.

Where necessary the Medicines Co-ordinator will make the final decision) an Individual Healthcare Plan (IHP) will be developed in collaboration with the child, parents/carers, Medicines Co-ordinator, SENCo, and medical professionals. The responsibility in finalising and its implementation rests with the school.

Parents, the academy or specialist Nurse and school have a copy of the IHP and access is available to staff for children in their care. IHPs will be held in personal files of children. The IHP will explain what to do in case of emergency and will accompany a child should they need to go to hospital. Parental permission should be sought and recorded in the IHP for sharing the IHP within emergency care settings. IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner. School nurses will request any updated information annually.

IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors /parent helpers etc. may enter. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage such as Intranet or locked file is more appropriate. **However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.**

Where a child has an Education, Health and Care Plan the IHP will be linked to it or become part of it. Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA provider and academy is needed to ensure that the IHP identifies the support the child needs to reintegrate.

We may also refer to the flowchart contained within the document 'Model process for developing individual healthcare plans' appendix (iii) for identifying and agreeing the support a child needs and then developing the individual healthcare plan. We will use the individual healthcare plan template in the Administration of Medicines in Schools and Settings (6th edition), appendix (iv).

Education Health Needs (EHN) Referrals

All children of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such children.

In order to provide the most appropriate provision for the condition the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.

Emergencies

Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms. Children will be informed in general terms of what to do in an emergency such as telling a teacher.

All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least yearly. If a child needs to attend hospital, a member of staff (preferably known to the child) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take children to hospital in their own car.

Streetsbrook Infant & Early Years Academy is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The academy is actively working towards reducing or eliminating these health and safety risks.

We are committed to identifying and reducing triggers both at school and on out-of school visits. Staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers.

The IHP details an individual child's triggers and details how to make sure the child remains safe throughout the whole school day and on out-of-school activities.

Academy staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. It has a list of the triggers for children with medical conditions at the school, has a trigger reduction schedule and is actively working towards reducing/eliminating these health and safety risks for example, we are a nut free school.

The IHP details an individual child's triggers and details how to make sure the child remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of children with medical needs.

The academy reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

Risk assessments are carried out on all out-of-school activities, taking into account the needs of children with medical needs. The school reviews all medical emergencies and incidents to see how they could have been avoided, and change school policy according to these reviews.

Day Trips, Residential Visits and Sporting Activities

Unambiguous arrangements should be made and be flexible enough to ensure children with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.

To comply with best practice, risk assessments should be undertaken in line with H&S executive guidance on school trips, in order to plan for including children with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.

Managing Medicines

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible, we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Medicines Co-ordinator is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the children to be administered them outside of school hours, i.e. three times a day - before school, after school and before bed. If this is not possible or where medicine requires to be administered four times a day, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form (appendix v). No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances. Parents of children diagnosed with asthma are required to complete a specific administration form for inhaler use (appendix vi).

Where a child is prescribed medication by a healthcare professional without their parents'/carers' knowledge, every effort will be made to encourage the child to involve their parents while respecting their right to confidentiality.

No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.

The first aid room is available for all medical administration and treatment purposes and provides a bed, sink and seating for all children receiving medical treatments. Parents will be informed on the same day, or as soon as reasonably practicable when a child has been administered medicine and any possible side effects of the medication will also be noted and reported to the parent/carers.

Controlled drugs should be easily accessible in an emergency. Medications will be stored in the top cupboard of the first aid room and inhalers on the lower shelves. All in named, labelled containers which contain medication and a copy of the permission document with administration details. Medications will be stored in the First aid room. Childcare medicine is stored in CC fridge or medical cupboard in the office The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered. Any medications left over at the end of the course will be returned to the child's parents.

Written records will be kept of any medication administered to children in the green Administrations of Medicines file. This is kept on the top shelf of the medicines cupboard.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate, they will not be locked away.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

As the children in the academy are too young or immature to take personal responsibility for their inhaler, with parent's consent, staff will make sure that inhalers are stored in a safe but readily accessible place, and clearly marked with the child's name. Assistance will always be provided by staff in the administration process.

Types of emergency medicines include:

- injections of adrenaline for acute allergic reactions
- inhalers for asthmatics
- injections of Glucagon for diabetic hypoglycaemia

Other emergency medication i.e. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures.

General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the first aid room.

Staff will not force a child, if the child refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents. The school understands the importance of medication being taken and care received as detailed in the child's IHP. The academy will make sure that there are several members of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes escorting staff for home to school transport if necessary.

Medicines requiring refrigeration will be kept in the First aid room medicines fridge with details on administration and recording administration sheets kept with the medication.

The school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. The academy's governing body has made sure that there is the appropriate level of insurance and liability cover in place.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

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

The academy will not 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.

Parents at the academy understand that they should let the school know immediately if their child's medical needs change.

If a child misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's managing substance related incidents/behaviour/disciplinary procedures are followed.

Streetsbrook Infant & Early Years Academy cannot be held responsible for side effects that occur when medication is taken correctly.

A First Aid Policy and 'The Administration of Medicines in Schools and Settings: A Policy Document (6th Edition) should be consulted alongside this document.

Procedure for Administering Medicines

During school hours – the Medicines Co-ordinator/Office Staff are responsible for administering medicine to children in Nursery, Reception Year 1 and Year 2. Administration of medicines is carried out in the First Aid room in the presence of other staff members. Medicine is checked again for the correct name and dose details. After administration, the parental consent form is completed with date, time, and dose, finally being signed by the staff member. The child's Class Teacher will be made known of each administration.

Children situated in Childcare are administered medicine by a first aider and the Childcare Medication Policy and Procedures are followed (appendix vii).

The Medicines Co-ordinator/Childcare Management are responsible for administering medicine that requires medical or technical knowledge and training.

Disposal

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

At Streetsbrook, the lunchtime first aid staff member monitors medication dates, returns medicines and notifies the Medicines Co-ordinator when medicines are not in date. The Medicines Co-ordinator provides a checklist of dates which is updated and monitored. This is displayed inside the first aid cupboard doors.

Physical Environment

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

The academy makes sure the needs of children with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

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

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

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

The academy makes sure that children have the appropriate medication/equipment/food with them during physical activity. This ensures that children with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

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

The academy will refer children with medical conditions who are finding it difficult to keep up educationally to the SENCO who will liaise with the child (where appropriate), parent and the child's healthcare professional.

All children at Streetsbrook learn what to do in an emergency.

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

Unacceptable Practice

The Governing Body will ensure that the school's policy is explicit about what practice is not acceptable.

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, 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
- Send an unwell child 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 children 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
- 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

Insurance

Teachers who undertake responsibilities within this policy will be assured by the Headteacher that are covered by the school's insurance.

Full written insurance policy documents are available to be viewed by members of staff who are providing support to children with medical conditions. Those who wish to see the documents should contact the Headteacher and/or the Business Manager.

Complaints

Complaints by parents or others should be discussed initially, as appropriate, with the class teacher or Headteacher. It is desirable that complaints should be dealt with informally, but if that is not possible, then a written, formal complaint should be registered with the Headteacher, unless it is a matter concerning the Headteacher, when it should be directed to the Chair of Governors. Parents may download a copy of the complaints policy from our website.

Definitions

a) 'Parent(s)' is a wide reference not only to a child's birth parents but to adoptive/guardian, step and foster parents, or other persons who have parental responsibility for, or who have care of, a child
b) 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. Being 'unwell' and common childhood diseases are not covered
c) 'Medication' is defined as any prescribed or over the counter treatment
d) 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage
e) A 'staff member' is defined as any member of staff employed at Streetsbrook Infant & Early Years Academy

Policy Review

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

This school works in partnership with all relevant parties including the child (where appropriate), parent, Governing Body, staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

The Governing Body should ensure parents are aware of the school's complaints policy and procedures should they be dissatisfied with the support provided to their child.

In evaluating the policy, the school seeks feedback from key stakeholders including children, parents, school healthcare professionals, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and Governors. The views of children with medical conditions are central to the evaluation process.

This document will be made accessible to stakeholders and published on the school website following ratification.

This policy will be reviewed every 3 years and is next due to be reviewed in June 2025

This policy was ratified by Governors at the Full Governing Body Meeting on 23 March 2023.

Signed:……  …… Chair of Governors

Signed: ……  ……. Headteacher

Appendix (i) - First Aiders in School

Fully Trained First Aiders in School
September 2024

	**Mrs Rachel Lazar** **Medicines Co-ordinator**	Emergency First Aid at Work including a Paediatric Element Located in Main Office Exp. 12.10.2025
	**Miss Jade Taylor** **Childcare Manager**	Paediatric First Aid First Aid at Work Located in Childcare Exp. 27.06.2027

Other Trained Staff

Paediatric First Aid Trained Staff:	Location in School:	Certificate Renewal
Mrs Susan Caprani	Reception	25.09.2027
Mrs Surinder Nutan	KS1	14.11.2026
Mrs Penny Goodban	Morning Nursery	30.04.2027
Miss Keri Norton	Year 1	17.07.2026
Ms Caroline Mahony	KS1	25.09.2027
Mrs Natalie Fidoe	Reception	17.07.2026
Miss Lauren Wood	Childcare	20.10.2025
Miss Alice Goodwin	Childcare	17.11.2024
Ms Tammy Lewis	Childcare	10.11.2025
Miss Gez Dawes	Childcare	01.01.2025
Miss Lianne Adams	Childcare	05.11.2024
Miss Sophia Cully	Childcare	14.02.2026
Miss Lauren Wood	Childcare	19.10.2025
Miss Millie Steele	Childcare	23.04.2025
Miss Samera Ali	Nursery & Wraparound	25.05.2025
Mrs Amanda Holbeck	Wraparound	11.10.2025
Mrs Lisa Moore	Wraparound	17.11.2024
Emergency First Aid At Work Trained Staff:		
Alice Goodwin	Childcare	28.09.2025

The Defibrillator is kept in the First Aid Room and is accessible for all staff members to use if needed.

Appendix (ii) - Health Protection Agency Guidance on the control of infections and diseases

Guidance on infection control in schools and other childcare settings

HSC Public Health Agency

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment. Please contact the Public Health Agency **Health Protection Duty Room (Duty Room) on 0300 555 0119** or visit www.publichealth.hscni.net or www.gov.uk/government/organisations/Public-health-england if you would like any further advice or information, including the latest guidance. Children with rashes should be considered infectious and assessed by their doctor.

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	See:Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See:Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See:Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. SEE:Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills, SEE: Good Hygiene Practice
Meningococcal meningitis*/ septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

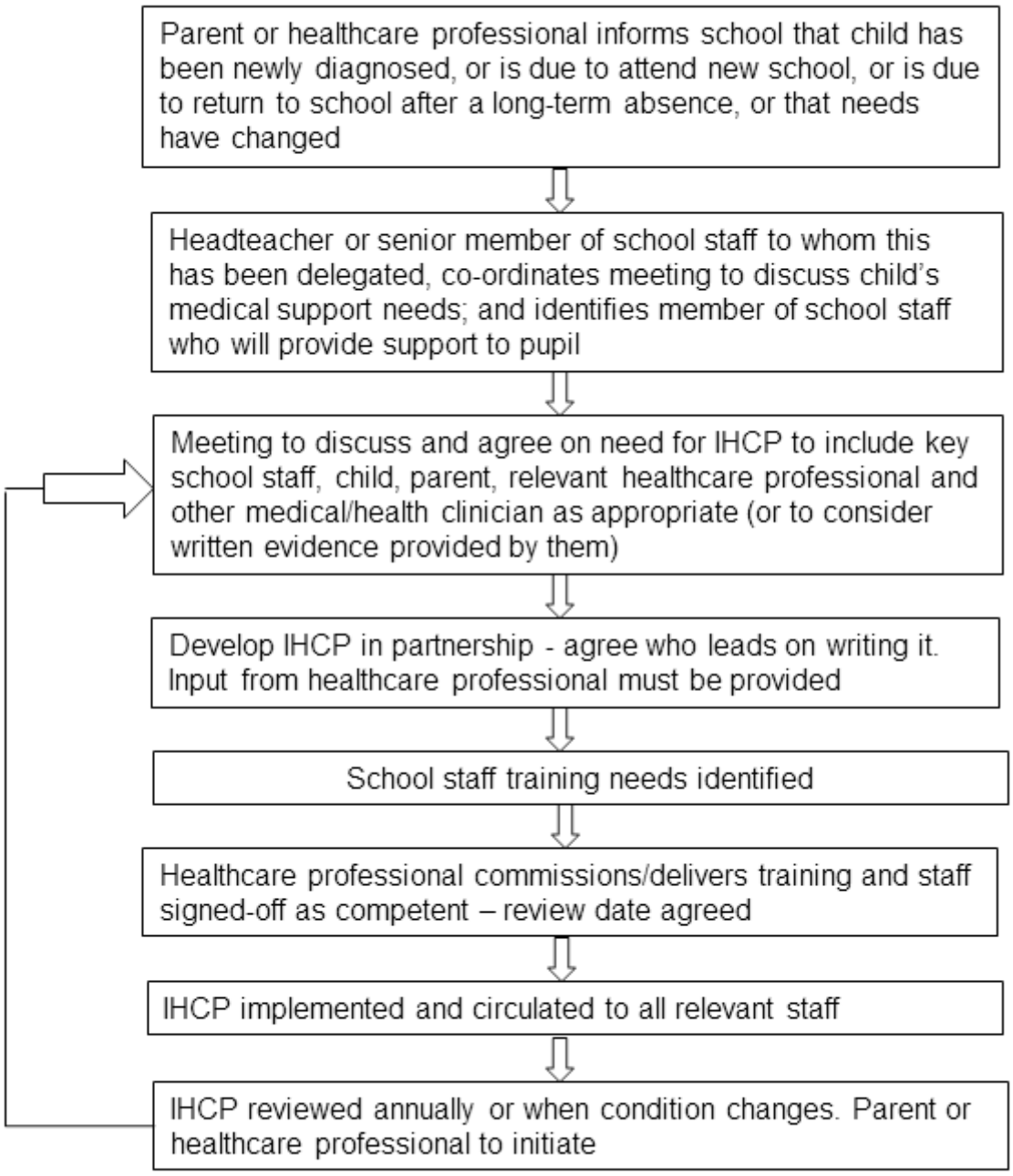
* **denotes a notifiable disease.** It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the Duty Room.

Outbreaks: If a school, nursery or childminder suspects an outbreak of infectious disease, they should inform the Duty Room.

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance
Shigella* (dysentery)		Please consult the Duty Room for further advice
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary

Appendix(iii) - Model Process for developing Individual health care plans



Appendix (iv) - Template for individual Healthcare Plan

A Care Plan is a written agreement that clarifies for staff, parents and the child the help that the school/setting can provide and receive. A Care Plan is for a child with individual medical needs, but **not all pupils with medical needs will require a full Care Plan**. For some pupils with medical needs, the school/setting may simply require a written agreement in which parents authorise the school/setting to administer medicine.

Care Plan for Child with Medical Needs – Part 1 of 2

Name of child:	**Photo:**
Address:	
Date of birth:	
Condition:	

Name of school/setting		**Year /Group**		**Date**	
Review Dates					

CONTACT INFORMATION		
Family Contact 1	**Name:**	**Tel Work:**
		Tel Home:
		Tel Mobile:
Relationship		
Family Contact 2	**Name:**	**Tel Work:**
		Tel Home:
		Tel Mobile:
Relationship		

Clinic/Hospital Contact	
Name	
Clinic/Hospital	
Tel No	
Name of GP	
Tel No	

Describe condition and give details of child's individual symptoms:
Daily care requirements where relevant (e.g. before sport/at lunchtime):
Describe what constitutes an emergency for the child and the action and follow up required if this occurs:

Completed by		**Date**	

Care Plan for Child with Medical Needs – Part 2 of 2

This form completes the Care Plan and it is a record that parent/carer, staff and school nurse/doctor all agree with the Care Plan. The original will be kept at school/setting, and copies made for parent/carer, school nurse/health visitor/specialist nurse and GP.

Due to the complexity and unstable nature of some children's medical conditions, the Care Plan can be altered in an emergency to ensure the child's safety. This should be done through consultation between staff and health professionals who are present during the incident. Parents/carers should be contacted and the incident documented on the pupil's records.

It is always the responsibility of parents/carers to keep staff and health professionals fully informed of changes in their child's condition. They must agree the Care Plan and supply necessary medication, ensuring it is in date on a termly basis.

Name of child	

Name of parent/carer			
Signature of parent/carer		**Date**	

On behalf of school/setting			
Name of Head teacher/setting lead			
Signature of Head teacher/setting lead		**Date**	

On behalf of Heart of England Foundation Trust			
Name of Doctor/Nurse			
Signature of Doctor/Nurse		**Date**	

Appendix (v)

Streetsbrook Infant & Early Years Academy

CONSENT FORM TO ADMINISTER MEDICINES IN SCHOOL/CHILDCARE

The Academy/ Childcare setting staff will not give any medication unless this form is completed and signed. All medicines MUST be prescribed and the medication be provided in the prescribed container. Staff cannot administer unknown, non-prescribed medication. The medication also needs to show on the prescription that it is necessary to administer within the time the child is at school (ie four times a day). Staff will ensure this medicine is taken on school trips/visits if necessary.

Dear Headteacher/Childcare Manager

I request and authorise that my child ***** be given/gives himself/herself the following medication:
(*****delete as appropriate)

Name of child:		**DOB:**		**Class:**	

Address			
Daytime Tel no(s)			
Name of Medicine:			
Medical condition for prescribed medication:			
Special precautions e.g. take after eating:			
Are there any side effects that the school/setting needs to know about?			
Time of Dose:		**Dosage:**	
Start Date		**Finish Date**	

This medication has been prescribed for my child by the GP/other appropriate medical professional whom you may contact for verification.

Name of medical professional:		
Contact telephone number:		

Is a further dose required at Childcare?	Breakfast Club ☐	After school Club ☐

I confirm that:

- It is necessary to give this medication during the school/setting day
- I agree to collect it at the end of the **day/week/half term** (delete as appropriate)
- This medicine has been given without adverse effect in the past.
- The medication is in the original container indicating the contents, dosage and child's full name and is within its expiry date

Signed (parent/carer)		**Date**	

CONSENT TO ADMINISTER MEDICATION

Office use:

The Medication will be kept in ……..(room)

The medication needs refrigeration Yes ☐ No ☐

The medication is for a period of …….. to ……

The medication will be administered by: ……

Medicine named ☐

Teacher notified ☐

Lunchtime staff notified ☐ …….

If this is long term medicine has it been entered on master First Aid list ☐ ……..……

Signed …….. Date ……

Streetsbrook Childcare:

Medication received by Childcare. …….. Childcare Staff Signature

Form received by Childcare: …….. Childcare Staff Signature

Administered:

Date	Time	Dose	Staff member Sig	Parent Signature

Appendix (vi)

Streetsbrook Infant & Early Years Academy

Children Suffering from Asthma - Use of Inhalers In School

Child's Name:	**DOB:**	
Address:	**GP**	
Daytime Contact No:	**GP phone no**	
Describe individual symptoms and treatment for your child if they have an asthma attack: **(If the above is not completed staff will follow the NICE guidelines of 2 puffs followed by 1 puff every minute until symptoms improve)** **IF SYMPTOMS WORSEN OR PERSIST LONGER THAN 5 MINUTES AN AMBULANCE WILL BE CALLED**		
This regime has been prescribed by my GP		
Parents signature:	**Date:**	

Please note
Parents are responsible for providing inhalers (in original packaging) and spacers and replacing them prior to expiry.
Parents are responsible for advising school in writing of any changes in their child's condition or treatment.

MEDICATION WILL NOT BE GIVEN WITHOUT A SIGNED 'CONSENT TO ADMINISTER MEDICATATION FORM'
However, some children who suffer from asthma need to use their inhalers in school and obviously this is perfectly acceptable. The inhalers are kept in a cupboard and are then given to the children to use as appropriate. If you would like your child to have an inhaler in school, please sign below.

Please note, school staff will ensure the inhaler will be taken on school trips/visits.

I wish my child's inhaler to be kept in school during the school day for him/her to be given access to upon request.

My child is fully competent in using the inhaler by him/herself. Yes ☐ No ☐

CONSENT TO ADMINISTER MEDICATION

I confirm that it is necessary to give this medication during the school day

Signed: …….. Parent/Carer

Date: ……

Please return all medication to Mrs Tracey Elliott

Office use:

The inhaler will be kept…… (location)

Inhaler received ☐

Inhaler named ☐

Teacher ☐

Clubs / Childcare ☐

Lunchtime Staff / office staff informed ☐

Entered on Master First Aid list ☐

Signed:…… Date……

Appendix (vii)

Streetsbrook Childcare

Medication Policy and Procedure

Streetsbrook Childcare will obtain information regarding children's medical conditions from the child's record of information, before being accepted in our care. In addition to Streetsbrook Infants and Early Years Academy policy for Supporting Children with Medical Needs, Childcare staff will adhere to the following procedures when a child requires the administration of medication that has been prescribed for them as follows:-

- First Aiders are the only persons permitted to accept any child's medication and complete the relevant Consent forms with the parent/carer, this will then be signed off by the leadership team
- Medication will only be accepted when it is in its original container, with its pharmacy label intact with the instructions for administration and the name of the child clearly marked on the container.
- Any long term medication should be stored in the Medication Cupboard and clearly labelled with the child's name and photograph. A copy of the completed Medication form will be placed with the medication inside the box.
- Streetsbrook Childcare will not administer the first dose of any new medication to the child
- If a child is prescribed antibiotics, then they must not attend Childcare for 24 hours from the first dose given.
- The completed medication form will be kept on the medication clipboard for the relevant day and a First Aider will administer the medication, which will be witnessed by another First Aider.
- Staff will complete the record log, sign and date on each occasion medication is administered.
- Medication should not be added to food or drinks
- All medicines will be kept in the medication cupboard located in the Childcare Kitchen, unless needed to be stored in a fridge. If this is the case, then medication will be stored on the medication shelf inside the fridge. For a school aged/Wraparound Nursery child, medication is located in the First Aid Room of Streetsbrook Infant and Early Years Academy.
- Childcare staff will complete the school's recording documentation where a child is of school age/Nursery Wraparound so parents do not need to complete additional paperwork
- On collection of the child, staff will inform parents/ carers of the administration of medication and parents/carers will sign the record log to acknowledge they have been informed that the medication has been administered.
- The Childcare leadership team are responsible for ensuring all medication no longer required has been returned to the parent/carer and that First Aid boxes are checked and replenished on a termly basis.

Next review date: September 2025