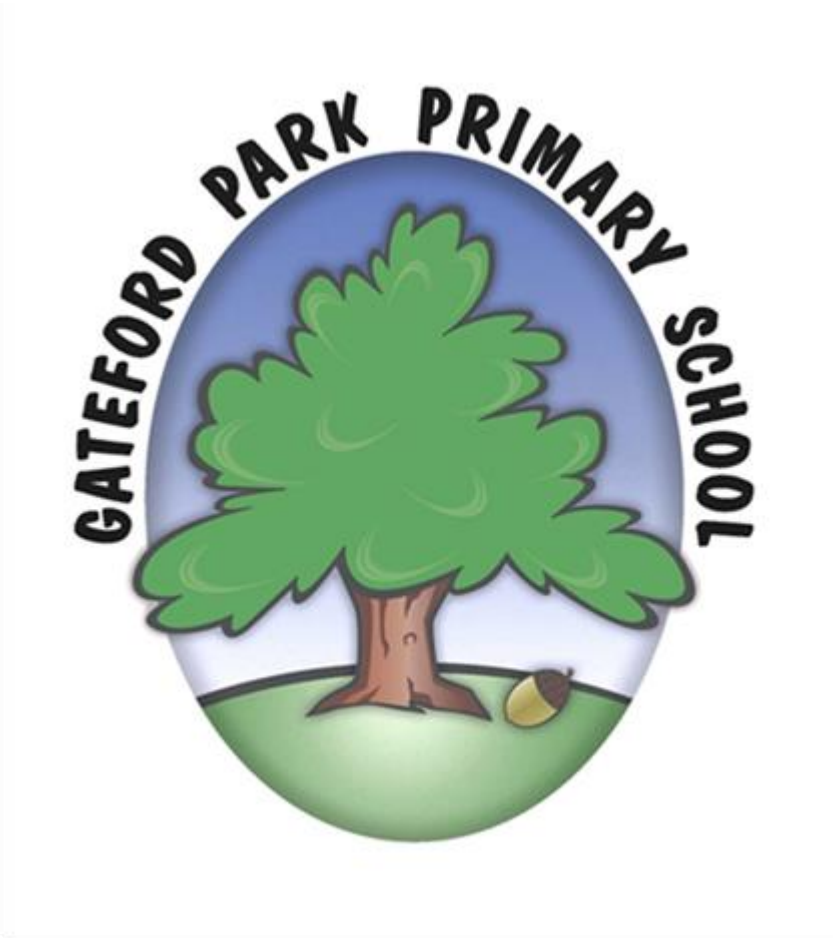

Medical Needs Policy

September 2024

Contents

School Policy Record

School Policy Agreed at:	
Reviewed:	To be reviewed September 2026
Designated Person:	Clare Hibbert
Governor with Remit:	Geoff Young
Emergency Contacts for Staff:	Clare Hibbert Paula Doyle

Policy Statement

At Gateford Park we are an inclusive community that aims to support and welcome pupils with medical conditions.

We aim to provide all pupils with all medical conditions the same opportunities as others at school.

We will help to ensure they can through the following:

- This school ensures all staff understand their duty of care to children and young people (see appendix 7) in the event of an emergency.
- All staff feel confident in knowing what to do in an emergency (see appendix 7).
- This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- This school understands the importance of medication being taken as prescribed.
- All staff understand the common medical conditions that affect children at this school. This 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 (IHP).

Policy and Guidelines

1. This school is an inclusive community that aims to support and welcome pupils with medical conditions.

a. This school understands that it has 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.

b. This 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
- achieve economic well-being

c. Pupils with medical conditions are encouraged to take control of their condition.

d. This school aims to include all pupils with medical conditions in all school activities.

e. Parents/carers of pupils with medical conditions are aware of the care their children receive at this school.

f. The school ensures all staff understand their duty of care to children and young people in the event of an emergency.

g. All staff have access to information about what to do in an emergency.

h. This school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

i. All staff have an understanding of the common medical conditions that may affect children at this school. Staff receive annual updates. The Headteacher is responsible for ensuring staff receive annual updates.

j. The medical conditions policy is understood and followed by the whole school.

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

a. Pupils are informed and reminded about the medical conditions policy:

- through the school's pupil representative body
- in personal, social and health education (PSHE) classes

b. Parents/carers are informed about the medical conditions policy and that information about a child's medical condition will be shared with the school nurse:

- by including a policy statement in the schools' prospectus and signposting access to the policy
- at the start of the school year when communication is sent out about Individual Health Plans
- in the School Newsletter at intervals in the year
- when their child is enrolled as a new pupil
- via the school's website, where it is available all year round

c. School staff are informed and regularly reminded about the school's medical conditions policy:

- through the staff handbook and staff meetings
- through scheduled medical conditions updates
- through the key principles of the policy being displayed in several prominent staff areas at this school
- all supply 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 Individual Health Plans as they relate to their t eaching/supervision groups. This is a role for the designated person.

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

a. Relevant staff at this school are aware of the most common serious medical conditions at this school.

b. Staff at this 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.

c. 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.

d. The action required for staff to take in an emergency for the common serious conditions at this school is displayed in prominent locations for all staff including classrooms, kitchens in the school staff room, and electronically.

e. This school uses Individual Health Plans to inform the appropriate staff (including supply teachers and support staff) of pupils with complex health needs in their care who may need emergency help.

f. This 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.

g. 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 arrives. This school will try to ensure that the staff member will be one the pupil knows. The staff member concerned should inform a member of the schools senior management.

Medical Conditions Information Pathway

Form sent out by school asking parents to identify any medical conditions including: • Transition discussions • At start of school year • New enrolment (during the school year) • New diagnosis informed by parents	School
School collates response and identifies those needing individual health plan	Schoo
Designated person writes to parents either to review Individual Health Plan (IHP) or start new plan if needed.	Designated Person
Parents complete IHP – send to designated person in school.	Parents
Designated person reviews the IHP, contacts parents if necessary. Stored in school according to policy	School

Pupils with medical conditions requiring Individual Health Plan are: those who have diabetes, epilepsy with rescue medication, anaphylaxis, gastrostomy feeds, central line or other long term venous access, tracheostomy, severe asthma that has required a hospital admission within the last 12 months. There may be other children with unusual chronic conditions who need a care plan, please liaise with the school nurse about them.

4. The school has clear guidance on the administration of medication at school.

Administration – Emergency Medication

a. This school will seek to ensure that pupils with medical conditions have **easy access to their emergency medication.**

b. This 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

c. This school understands the importance of medication being taken as prescribed.

d. All use of medication is done under the appropriate supervision of a member of staff at this school.

e. 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.

f. Many 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 form 3a).

g. This school will ensure that specific training and updates will be given to all staff members who agree to administer medication to pupils if necessary.

h. All school staff in this 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.

i. 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.

j. Parents/carers at this 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, clinics or hospital.

k. If a pupil at this 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.

l. 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 needed.

m. If a trained member of staff, who is usually responsible for administering medication, is not available this school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

n. 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.

Use of 'over the counter' i.e. non-prescription medications

It is our school policy that, with the advice of the Bassetlaw Clinical Commissioning group guidance (Jan 2019) we are willing to administer non-prescription medications, if children are required to take over the counter medication e.g. Calpol, Piriton etc., providing that parents complete the relevant documentation and give explicit permission for staff to administer to their child.

5. This school has clear guidance on the storage of medication at school.

Safe Storage – Emergency Medication

a. 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. See individual Health Care Plans for storage details. Asthma Inhalers are to be kept in a locked drawer in the child's classroom.

b. 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

c. 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.

d. Staff ensure that medication is accessible only to those for whom it is prescribed.

Safe Storage – General

e. This school has an identified member of staff/designated person who ensures the correct storage of medication at school.

f. All controlled drugs are kept in a locked cupboard and only named staff have access –safe in the office.

g. The identified member of staff checks the expiry dates for all medication stored at school each term (i.e. three times a year).

h. The identified member of staff, along with the parents/carers of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labelled with the pupil's name, the name of the medication, route of administration, dose and frequency, an expiry date of the medication.

i. 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.

j. Medication is stored in accordance with the manufacturer's instructions, paying particular note to temperature.

k. 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 or lockable as appropriate.

l. All medication (including blue inhalers) and equipment such as spacers or blood sugar monitoring kits are sent home with pupils at the end of the school term.

m. It is the parents/carer's responsibility to ensure adequate supplies of new and in date medication comes into school at the start of each term with the appropriate instructions and ensures that the school receives this.

n. Safe Disposal

o. Parents/carers at this school are asked to collect out-of-date medication.

p. 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.

q. 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.

r. 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 this school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.

s. 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.

t. Disposal of sharps boxes - the sharps bin should be closed securely and returned to parents. Parents then need to take the sharps bin to the GP for disposal.

6. This school has clear guidance about record keeping for pupils with medical conditions.

Enrolment Forms

a. Parents/carers at this school are asked if their child has any medical conditions.

b. 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 (form 3a).

Individual Health Plans (Forms 1 – 1g)

Drawing up Individual Health Plans

c. This school uses an Individual Health Plan for children with complex health needs to record important details about the individual children'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 (see form 1).

Examples of complex health needs which may generate an Individual Health Plan following discussion with the school nurse and the school are listed below.

The child has:

- 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

d. 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. This is sent by the designated person:

- at the start of the school year
- at enrolment
- when a diagnosis is first communicated to the school
- transition discussions
- new diagnosis

e. It is the parents/carers responsibility to fill in the Individual Health Plan and return the completed form to the designated person. If the designated person 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 designated person will contact the parents and may convene a TAC meeting or consider safeguarding children procedures if necessary.

f. The finalised plan will be given to the parents/carers, school.

g. This 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.

School Individual Health Plan Register

h. 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 this school. Schools should ensure that there is a clear and accessible system for identifying pupils with health plans/medical needs such as names being 'flagged' on the SIMs system. A robust procedure should be 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 are updated on the schools record system.

i. The responsible member of school staff follows up with the parents/carers and health professional if further detail on a pupil's Individual Health Plan is required or if permission or administration of medication is unclear or incomplete.

On-going Communication and Review of Individual Health Plans

j. Parents/carers at this 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.

k. Parents/carers should 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

l. Parents/carers and pupils (where appropriate) at this school are provided with a copy of the pupil's current agreed Individual Health Plan.

m. Individual Health Plans are kept in a secure central location at school.

n. 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 must ensure that where multiple copies are in use, there is a robust process for ensuring that they are updated, and hold the same information.

o. 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.

p. This school ensures that all staff protect pupils confidentiality.

q. This 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. This is included on the Individual Health Plan.

r. The information in the Individual Health Plan will remain confidential unless needed in an emergency.

Use of Individual Health Plans

Individual Health Plans are used by this 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. This school uses this information to help reduce the impact of triggers.
- ensure this school's 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

s. If a pupil requires regular prescribed medication at school, parents/carers are asked to provide consent on their child's medication plan (form 3a) giving the pupil or staff permission to administer medication on a regular/daily basis, if required. This form is completed by parents/carers for pupils taking short courses of medication.

t. 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.

Residential Visits

u. Parents/carers are sent a residential visit form to be completed and returned to school before their child leaves for an overnight or extended day visit. This form requests up-to- date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours (see appendix 5).

v. 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.

w. 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 at night or in the morning if required.

x. The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away (see appendix 5). A copy of the Individual Health Plan and equipment/medication must be taken on off-site activities.

Record of Awareness Raising Updates and Training

y. This school holds updates on common medical conditions once a year. A record of the content and attendance of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive updates.

z. 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; it is the school's responsibility to arrange this (see appendix 4).

aa. School should risk assess the number of first aiders it needs and ensure the first aiders are suitably trained to carry out their responsibilities. It is recommended that Primary Schools and Early Years settings should have at least one first aider who has undertaken the paediatric first aid course.

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

Physical Environment

a. This school is committed to providing a physical environment that is as accessible as possible to pupils with medical conditions.

b. Schools should be encouraged to meet the needs of pupils with medical conditions to ensure that the physical environment at this school is as accessible as possible.

c. This school's commitment to an accessible physical environment includes out-of-school visits. The school recognises that this may sometimes mean changing activities or locations.

Social Interactions

d. This 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.

e. This school ensures the needs of pupils with medical conditions are adequately considered to ensure they have access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits.

f. All staff at this 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.

g. 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

h. This school understands the importance of all pupils taking part in sports, games and activities.

i. This school seeks to ensure all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.

j. This school seeks to ensure that all classroom teachers, PE teachers and sports coaches 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.

k. Teachers and sports coaches are aware of pupils in their care who have been advised, by a healthcare professional, to avoid or to take special precautions with particular activities.

l. This school ensures all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimise these triggers.

m. This 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.

n. This school ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

Education and Learning

o. This 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.

p. Teachers at this school are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the Inclusion Leader.

q. This school ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.

r. Pupils at this school learn how to respond to common medical conditions.

Risk Assessments

s. Risk assessments are carried out by this school prior to any out-of-school visit or off site provision and medical conditions are considered during this process. This 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.

t. This school understands that there may be additional medication, equipment or other factors to consider when planning residential visits or off site activities. This school considers additional medication and facilities that are normally available at school.

u. This school carries out risk assessments before pupils start any work experience or off-site educational placements. It is this 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. Copies of Individual Health Care Plans are sent to off-site placements with parental consent.

8. This 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.

a. This 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.

b. 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.

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

a. This school works in partnership with all interested and relevant parties including the school's governing body, school staff, and community healthcare professionals and any relevant emergency practitioners to ensure the policy is planned, implemented and maintained successfully.

b. The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly.

Governors

Have a responsibility to:

- ensure the health and safety of their staff and anyone else on the premises or taking part in school activities (this includes 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 at any time when pupils are on site or on out of school activities.

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 governors.
- ensure every aspect of the policy is maintained.
- 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 governors, parents/carers, staff and external stakeholders.
- report back to governors about implementation of the health and safety and medical conditions policy.
- ensure through consultation with the governors that the policy is adopted and put into action.

All School Staff and Support Staff

Have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- call an ambulance in an emergency.
- 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.
- know the members of the schools Leadership Team if there is a need to seek assistance in the event of an 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.
- understand the common medical conditions and the impact these can have on pupils.
- 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 presents 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 Inclusion Leader.
- liaise with parents/carers, special educational needs coordinator if a child is falling behind with their work because of their condition.
- use opportunities sure as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

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 first aider.
- it is recommended that first aiders are trained in paediatric first aid.

Special Educational Needs Coordinators

Have the additional responsibility to:

- 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 if necessary 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 form 3a and the Individual Health Plan if appropriate

10. The medical conditions policy is regularly reviewed evaluated and updated.

a. This school's medical conditions policy is reviewed, evaluated and updated in line with the school's policy review timeline.

b. The views of pupils with various medical conditions are actively sought and considered central to the evaluation process.

Health Care Plan (Confidential)

Childs Full Name:	
Address:	
Medical diagnosis condition or illness:	
Family contact details Name Daytime no: Mobile no: Relationship to child:	Name Daytime no: Mobile no: Relationship to child:
Medical details: Name of hospital: Name of consultant: Name of GP:	 Name of clinical dept: Daytime no:
Describe medical needs and symptoms:	
Medication: Name of medication: Amount of medication to be taken: Medication to be administered by: ▪ ▪	
Members of staff trained to administer medication for this chid: ▪ ▪	
Daily care requirements:	

Describe what constitutes and emergency and actions to be taken; ▪		
Follow up care:		
Name of person responsible in an emergency:		
Parents Name:	Signature	Date
Headteachers name:	Signature	Date
Inclusion Leader name:	Signature	Date
Review date:		
Form copied to:		
The above details were agreed at a meeting with staff involved in the care of the child and the child's parents. Date		
Ensure a copy of this form is given to the parent. The original form will be kept confidentially in the child's records. We will ensure confidence and training as appropriate within the staff team as agreed with parents and health professionals.		

Epilepsy Health Care Plan

Health Care Plan	
Name of Child:	
D.O.B	
Home address:	
Telephone number:	
Parents Names and contact details:	Mother: Mobile: Work: Father: Mobile: Work:
Alternative emergency contact details:	Name: Home: Mobile: Work:

Medical professionals details	
NHS Number:	
GP:	Name: Address: Telephone:
Consultant:	Hospital: Name: Address: Telephone:

Description of clinical condition

Description of daily care needs to include as appropriate: equipment, continence care, medication, allergies, behavioural needs

Description of what constitutes an emergency (signs, symptoms etc) and the action to be taken

Additional notes:

Trained staff: Clare Hibbert, Charlotte Knowles, Judith Hopkinson, Janette Gillett

Healthcare Plan completed by: Clare Hibbert Date:

Signature:

Healthcare plan agreed by:

Name: Paula Doyle

Designation: Headteacher

Signature: Date:

Permission for Emergency Medication

☐ I agree that I/my child ca be administered my/their medication by a member of staff in an emergency.

☐ I agree that my child **cannot** keep their medication with them in school and that the school will make the necessary arrangements for storage of medication.

Signed by parents:

Mother…….. Father…….

Date: Date:

Childs signature ……

Gateford Park Primary School

Form 3a – Medication Permission & Record

Name of School:	Gateford Park Primary School
Name of child:	
Class and Year Group	
Date medication provided by parent:	
Name of medication:	
Dose and method: (how much and when to take)	
When is it taken (time)	
Quantity received:	
Expiry Date:	
Date and Quantity medication returned to parent:	
Any other information:	
Staff signature:	
Print name:	
Parent signature:	
Print name:	
Parent contact number:	

Gateford Park Primary School

Form 3b – Record of medication administered

Date	Pupil	Time	Name of medication	Dose given	Any reactions	Signature of staff member	Print Name	Parents signature

Gateford Park Primary School

Amherst Rise, Gateford, Worksop, Nottinghamshire S81 7RG
t: 01909 478681 f: 01909 473487 e: office@gateford.notts.sch.uk
www.gatefordpark.com

Headteacher: Paula Doyle

Date: September 2020

Dear Parent

RE: The Individual Health Plan

Thank you for informing the school of your child's medical condition. With advice from the Department of Education we are now required to keep detailed records of any children attending our school with medical conditions.

A policy has been written and as part of this policy, we are asking all parents/carers of children with a complex health need to help us by completing an Individual Health Plan for their child. Please complete the plan enclosed and return it to me by ……..

Your child's completed plan will store helpful details about your child's medical condition, current medication, tiggers, individual symptoms and emergency contact details. The plan will help school staff to better understand your child's individual condition.

Please make sure the plan is regularly checked and updated and that the school are kept informed of any changes to your child's condition or medication. This includes any changes to how much medication they need to take and when they need to take it.

Thanks for help, if you require any further information then please do not hesitate to contact me.

Yours Sincerely

Clare Hibbert
Inclusion Leader

Gateford Park Primary School

Form 5 – for Visits and Journeys

This form is to be returned by:			
School:	Gateford Park Primary School		
Visit destination:			
Date of visit:			
Student/s details			
Name:			
Date of birth:			
Medical Information			
Does your child require medical treatment?	YES ☐	NO ☐	
If medical treatment is required please describe:			
To the best of your knowledge has she/he been in contact with any contagious diseases or infectious diseases within the last 4 weeks?	YES ☐	NO ☐	If so give brief details:
Is she/he allergic to any medication?	YES ☐	NO ☐	If so give brief details:
Has your son/daughter received tetanus jab in the last 5 years?	YES ☐	NO ☐	
Please indicate any special dietary requirements due to medical, religious or moral reason:			

Parental declaration	
I give my permission for my daughter/son (insert name) to take part in the above activity as described including all activities. I undertake to inform the visit organiser or the Headteacher as soon as possible of any relevant changes in medical circumstances occurring before the journey. I hereby authorise any accompanying member of staff of the school to give consent to such medical treatment as is considered necessary for my child by a qualified medical practitioner during the visit.	
Contact information	
Address:	
Home telephone number:	
Work telephone number:	
Mobile telephone number:	
Name of Family Doctor:	
Telephone numbers:	
Address:	
Signed parent/guardian:	
Print parent/guardian:	

Appendix 7 - Emergency Procedures Contacting

Emergency Services

Dial 999, ask for an ambulance and be ready with the following information:

1. Your telephone number.
2. Give your location as follows.
3. State the postcode.
4. Give exact location in the school of the person needing help.
5. Give your name.
6. Give the name of the person needing help.
7. Give a brief description of the person's symptoms (and any known medical condition).
8. Inform ambulance control of the best entrance and state that the crew will be met at this entrance and taken to the pupil.
9. Do not hang up until the information has been repeated back to you.
10. Ideally the person calling should be with the child, as the emergency services may give first aid instruction.
11. Never cancel an ambulance once it has been called.

Speak clearly and slowly

Gateford Park Primary School
Amherst Rise
Worksop
S81 7RG

Put a completed copy of this form by phones around the school

Appendix 8

Nottinghamshire County Council

COVID-19 advice for schools and educational settings September 2020 v.3

COVID-19 symptoms in pupils or staff – what to do

1. Immediately isolate the symptomatic pupil/member of staff. See prevention, Section 1 of guidance on the full opening of schools (link)

2. Arrange for the pupil to be collected from school. If a member of staff, send them home.

3. Use PPE whilst the child / young person is awaiting collection if 2m distance cannot be maintained: gloves, apron, fluid-repellent Type IIR surgical mask, and eye protection if there is a risk of splashing to the eyes (e.g. if the pupil is vomiting).

4. Tell parents / member of staff to book a test and follow isolation guidance (link) until the result is received (and thereafter, if the test result is positive or still symptomatic). Tests are available via the online coronavirus test booking service (link) or by calling 119 if unable to access the online service.

5. Tell parents/member of staff to notify the school immediately of the result of the test.

- Those who receive a negative test result may return to school if they feel well and no longer have coronavirus (COVID-19) symptoms.
- Those who receive a positive test result should follow 'stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection' (link): continue to self-isolate for 10 days from the onset of their symptoms and then return to school only if they do not have symptoms other than cough or loss of sense of smell/taste. They must continue to stay at home if they still have a high temperature.

6. Clean areas which may have been contaminated: all surfaces which the symptomatic person may have come into contact with. Refer to Guidance on cleaning non-health settings (link)

7. Dispose of potentially contaminated waste (used PPE, cleaning waste) in line with the instructions within the Guidance on cleaning non-health settings (link)

Positive COVID-19 test results

If parents/staff members notify the school of a positive test result, contact the DfE Helpline on 0800 046 8687 and select option 1 to inform them that there is a confirmed case in the school and receive advice on next steps.

Confirmed COVID-19: next steps

If, following triage, further expert advice is required the DfE adviser will escalate the school's call to the local health protection team (HPT). Advice could include deep cleaning, isolation of some pupils or staff members, or close monitoring. Follow the advice given by the DfE and HPT for any further actions.

If DfE/HPT advice is to exclude a whole bubble (or larger cohort), the school should immediately inform the Local Authority: school.questions@nottscc.gov.uk.

School should also notify DfE of full or partial closures via the Education Setting Status Form (link)

Other parents should only be notified in the event of a positive test result, not for every suspected case. Schools must not share the names or details of people with coronavirus (COVID-19) unless essential to protect others. A template letter will be provided to send to parents and staff if needed.

Asthma Emergency Procedures

Common signs of an asthma attack:

+ coughing
+ shortness of breath
+ wheezing
+ feeling tight in the chest
+ being unusually quiet
+ difficulty speaking in full sentences
+ sometimes younger children express feeling tight in the chest and a tummy ache.

Do . . .

+ keep calm
+ encourage the pupil to sit up and slightly forward – do not hug them or lie them down
+ make sure the pupil takes two puffs of their reliever inhaler (usually blue) immediately – preferably through a spacer
+ ensure tight clothing is loosened
+ reassure the pupil.

If there is no immediate improvement

+ Continue to make sure the pupil takes two puffs of reliever inhaler every two minutes for five minutes or until their symptoms improve.

999

Call an ambulance urgently if any of the following:

+ the pupil's symptoms do not improve in 5–10 minutes
+ the pupil is too breathless or exhausted to talk
+ the pupil's lips are blue
+ you are in any doubt.

Ensure the pupil takes two puffs of their reliever inhaler every two minutes until the ambulance arrives.

After a minor asthma attack

+ Minor attacks should not interrupt the involve[62] r...[illegible] of a pupil with asthma in school. When the pupil feels better they can return to school activities.
+ The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in an asthma attack

+ Never leave a pupil having an asthma attack.
+ If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
+ In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
+ Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
+ Send a pupil to get another teacher/adult if an ambulance needs to be called.
+ Contact the pupil's parents/carers immediately after calling the ambulance.
+ A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent arrives.
+ Generally staff should not take pupils to hospital in their own car.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Anaphylaxis Emergency Procedures

Anaphylaxis has a whole range of symptoms

Any of the following may be present, although most pupils with anaphylaxis would not necessarily experience all of these:

+ generalised flushing of the skin anywhere on the body
+ nettle rash (hives) anywhere on the body
+ difficulty in swallowing or speaking
+ swelling of throat and mouth
+ alterations in heart rate
+ severe asthma symptoms (see asthma section for more details)
+ abdominal pain, nausea and vomiting
+ sense of impending doom
+ sudden feeling of weakness (due to a drop in blood pressure)
+ collapse and unconsciousness.

Do . . .

If a pupil with allergies shows any possible symptoms of a reaction, immediately seek help from a member of staff trained in anaphylaxis emergency procedures. Ensure all members of staff know who is trained.

The trained member of staff should:

+ assess the situation
+ follow the pupil's emergency procedure closely. These instructions will have been given by the paediatrician/healthcare professional during the staff training session and/or the protocol written by the pupil's doctor
+ administer appropriate medication in line with perceived symptoms.

999

If they consider that the pupil's symptoms are cause for concern, **call for an ambulance . .**

State:

+ the name and age of the pupil.
+ that you believe them to be suffering from anaphylaxis
+ the cause or trigger (if known)
+ the name, address and telephone number of the school
+ **call the pupil's parents/carers.**

While awaiting medical assistance the designated trained staff should:
+ continue to assess the pupil's condition
+ position the pupil in the most suitable position according to their symptoms.

Symptoms and the position of pupil

+ If the pupil is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should NOT stand up.
+ If there are also signs of vomiting, lay them on their side to avoid choking.
+ If they are having difficulty breathing caused by asthma symptoms or by swelling of the airways they are likely to feel more comfortable sitting up.

Do . . .

+ **If symptoms are potentially life-threatening**, give the pupil their adrenaline injector into the outer aspect of their thigh. Make sure the used injector is made safe before giving it to the ambulance crew. Either put it in a rigid container or follow the instructions given at the anaphylaxis training.
+ **Make a note of the time the adrenaline** is given in case a second dose is required and also to notify the ambulance crew.
+ **On the arrival of the paramedics or ambulance crew** the staff member in charge should inform them of the time and type of medicines given. All used adrenaline injectors must be handed to the ambulance crew.

After the emergency

+ After the incident carry out a debriefing session with all members of staff involved.
+ Parents/carers are responsible for replacing any used medication.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

Diabetes Emergency Procedures

Hyperglycaemia

If a pupil's blood glucose level is high (over 10mmol/l) and stays high.

Common symptoms:

+ thirst
+ frequent urination
+ tiredness
+ dry skin
+ nausea
+ blurred vision.

Do . . .

Call the pupil's parents who may request that extra insulin be given. The pupil may feel confident to give extra insulin.

999

If the following symptoms are present, then call the emergency services:

+ deep and rapid breathing (over-breathing)
+ vomiting
+ breath smelling of nail polish remover.

Hypoglycaemia

What causes a hypo?

+ too much insulin
+ a delayed or missed meal or snack
+ not enough food, especially carbohydrate
+ unplanned or strenuous exercise
+ drinking large quantities of alcohol or alcohol without food
+ no obvious cause

Watch out for:

+ hunger
+ trembling or shakiness
+ sweating
+ anxiety or irritability
+ fast pulse or palpitations
+ tingling
+ glazed eyes
+ pallor
+ mood change, especially angry or aggressive behaviour
+ lack of concentration
+ vagueness
+ drowsiness.

Do . . .

Immediately give something sugary, a quick-acting carbohydrate such as one of the following:
+ a glass of Lucozade, coke or other non-diet drink
+ three or more glucose tablets
+ a glass of fruit juice
+ five sweets, e.g. jelly babies
+ GlucoGel

The exact amount needed will vary from person to person and will depend on individual needs and circumstances.
After 10 – 15 minutes recheck the blood sugar again. If it is below 4 give another sugary quick acting carbohydrate.
This will be sufficient for a pump user but for pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again.
+ roll/sandwich
+ portion of fruit
+ one individual mini pack of dried fruit
+ cereal bar
+ two biscuits, eg garibaldi, ginger nuts
+ or a meal if it is due.

If the pupil still feels hypo after 15 minutes, something sugary should again be given. When the child has recovered, give them some starchy food, as above.

999

If the pupil is unconscious do not give them anything to eat or drink; call for an ambulance and contact their parents/carers.

Epilepsy Emergency Procedures

First aid for seizures is quite simple, and can help prevent a child from being harmed by a seizure. First aid will depend on the individual child's epilepsy and the type of seizure they are having. Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

Tonic-clonic seizures

Symptoms:

+ the person loses consciousness, the body stiffens, then falls to the ground.
+ this is followed by jerking movements.
+ a blue tinge around the mouth is likely, due to irregular breathing.
+ loss of bladder and/or bowel control may occur.
+ after a minute or two the jerking movements should stop and consciousness slowly returns.

Do . . .

+ Protect the person from injury – (remove harmful objects from nearby).
+ Cushion their head.
+ Look for an epilepsy identity card or identity jewellery. These may give more information about a pupil's condition, what to do in an emergency, or a phone number for advice on how to help.
+ Once the seizure has finished, gently place them in the recovery position to aid breathing.
+ Keep calm and reassure the person.
+ Stay with the person until recovery is complete.

Don't . . .

+ Restrain the pupil.
+ Put anything in the pupil's mouth.
+ Try to move the pupil unless they are in danger.
+ Give the pupil anything to eat or drink until they are fully recovered.
+ Attempt to bring them round.

999

Call for an ambulance if . . .

+ You believe it to be the pupil's first seizure.
+ The seizure continues for more than five minutes.

+ One tonic-clonic seizure follows another without the person regaining consciousness between seizures.
+ The pupil is injured during the seizure.
+ You believe the pupil needs urgent medical attention.

Seizures involving altered consciousness or behaviour

Simple partial seizures

Symptoms:
+ twitching
+ numbness
+ sweating
+ dizziness or nausea
+ disturbances to hearing, vision, smell or taste
+ a strong sense of deja vu.

Complex partial seizures

Symptoms:
+ plucking at clothes
+ smacking lips, swallowing repeatedly or wandering around
+ the person is not aware of their surroundings or of what they are doing.

Atonic seizures

Symptoms:
+ sudden loss of muscle control causing the person to fall to the ground. Recovery is quick.

Myoclonic seizures

Symptoms:
+ brief forceful jerks which can affect the whole body or just part of it
+ The jerking could be severe enough to make the person fall.

Absence seizures

Symptoms:
+ the person may appear to be daydreaming or switching off. They are momentarily unconscious and totally unaware of what is happening around them.

Do . . .

+ Guide the person away from danger.
+ Look for an epilepsy identity card or identity jewellery. These may give more information about a person's condition, what to do in an emergency, or a phone number for advice on how to help.
+ Stay with the person until recovery is complete.
+ Keep calm and reassure the person.
+ Explain anything that they may have missed.

Don't . . .

+ Restrain the person.
+ Act in a way that could frighten them, such as making abrupt movements or shouting at them.
+ Assume the person is aware of what is happening, or what has happened.
+ Give the person anything to eat or drink until they are fully recovered.
+ Attempt to bring them round.

999

Call for an ambulance if . . .

+ One seizure follows another without the person regaining awareness between them.
+ The person is injured during the seizure.
+ You believe the person needs urgent medical attention.

Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.