

Our Vision
Achievement for all
Our Mission

To fulfil this through developing every child's personality abilities and talents to the full, to be the best that they can be.

This school is a Rights Respecting school and we support children's entitlement as expressed in the United Nations Convention on the Rights of the Child. The rights which apply to this policy are:

Right 3: The best interests of the child must be a top priority.

Right 5: Governments (in this case, the school) must respect the rights and responsibilities of parents and carers to direct and guide their children as they grow up, so that they can enjoy their rights properly.

Right 6: Every child has the right to life.

Right 12: Every child has the right to have a say in all matters affecting them, and to have their views taken seriously.

Right 16: Every child has the right to privacy.

Right 23: A child with a disability has the right to live a full and decent life with dignity and independence, and to play an active part in the community

Right 24: Every child has the right to the best possible health

Equality Impact-

This policy has been written whilst considering the medical and health needs of all children. It recognises that ensuring the medical needs of children are met is a crucial part to them living healthy lives and being able to learn. It recognises that all staff have a duty of care to support these children and that the governors and SLT need to safeguard the staff to do this properly.

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 enroll in the future. We provide all children with all medical conditions the same opportunities as others at school.

Pupils with medical conditions are encouraged whenever possible to take control of and manage their condition.

All students, regardless of any medical condition are encouraged to be involved in all school activities. Parents and carers of students with medical conditions should feel secure in the care their children receive at this school.

The school ensures all staff understand their duty of care to children and young people in the event of an emergency and support staff to feel empowered in dealing with an emergency.

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

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All class staff understand the medical conditions of the students in their care, and the school nurse works with them to support them with appropriate medical training and daily advice where necessary. The school continually considers the medical needs of all students and takes advice from key stakeholders in producing/reviewing this policy. Healthcare plans and staff are regularly updated about medical conditions and receive appropriate training for the children in their care.

As part of the school's Administration of Medication Policy it should be explicit that:

A clear diagnosis exists and the implications of any condition on the pupil's education are clearly stated. Suitably qualified medical personnel must sign health care plans. Administration of drugs must be in accordance with the prescription. Any variation in prescriptions must be confirmed with medical personnel and not implemented solely on parental advice. Drugs should be given to schools in the original, labelled container. Any concerns about drug administration should be communicated directly to medical personnel, not via the parent. All administration of medication should be recorded. Where pupils have a statement of special educational needs, the administration of medication should be reviewed at least annually. Where pupils have a statement of special educational needs, there should be a protocol for the respective roles of teachers and non-teaching assistants, LEA staff and outside agencies. Health personnel must demonstrate invasive means of drug administration. Guidelines must be especially rigorously applied where the drug is uncommon, may carry side effects, where the application of the drug is invasive or intrusive, or where withholding the treatment could result in serious illness or death.

All staff understand and, are trained in the school's general emergency procedures

All staff at this school are aware of the medical conditions of the students in their class.

All staff know what action to take in the event of a medical emergency. This includes:

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

All staff receive Emergency medication training (or a refresher) annually if they have children in their class that need regular medication administering.

Training for specific, regularly administered medication which requires specialist support is done via the school nurse. Staff participate in a training programme including demonstrating their competency in the administration and are signed off as safe to administer.

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. The school tries to ensure that the staff member will be one the pupil knows.

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

Roles and Responsibilities

School Governors

The school's employer has a responsibility to:

- ensure the health and safety of their employees and anyone else on the premises or taking part

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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 health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions
- make sure this policy is effectively monitored and evaluated and regularly updated
- provide indemnity for staff who volunteer to administer medication to pupils with medical conditions.

Head teacher

The school's head teacher has a responsibility to:

- ensure the school is inclusive and welcoming and that this policy is in line with local and national guidance and policy frameworks
- liaise between interested parties including pupils, school staff, teaching assistants, school nurses, parents, governors, the school health service, the local authority transport service, and local emergency care services
- ensure the policy is put into action, with good communication of the policy to all
- ensure every aspect of the policy is maintained
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils' Healthcare Plans
- ensure pupil confidentiality
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply teachers and new staff know the medical needs policy
- delegate a staff member to check the expiry date of medicines kept at school
- monitor and review the policy at least once a year, with input from pupils, parents, staff and external stakeholders
- update the policy at least once a year according to review recommendations and recent local and national guidance and legislation
- report back to all key stakeholders about any significant changes to the implementation of the medical conditions policy.

All school staff

All staff at this school have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- understand the school's medical needs policy
- know which pupils in their class have a medical condition and be familiar with the content of the pupil's Healthcare Plan
- allow all pupils to have immediate access to their emergency medication and staff to know where to get it.
- maintain effective communication with parents including informing them if their child has been unwell at school
- ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom
- be aware of pupils with medical conditions who may need extra social support
- understand the common medical conditions and the impact it can have on pupils (pupils should not be forced to take part in any activity if they feel unwell)
- ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure pupils have the appropriate medication or food with them during any exercise and are

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allowed to take it when needed.

Teaching staff

Teachers at this school have a responsibility to:

- 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
- liaise with parents, the pupil's healthcare professionals and other agencies if a child needs further support because of their condition
- use opportunities such as assemblies, PSHE lessons and other areas of the curriculum to raise pupil awareness about medical conditions.

School nurse or school healthcare professional

The school nurse at this school has a responsibility to:

- help update the school's medical needs policy
- help provide regular training for school staff in managing the most common medical conditions at school
- keep accurate records of the training given to staff
- provide information about where the school can access other specialist training
- Draw up Healthcare Plans
- Ensure medical supplies are ordered and readily available and in date
- Continue to establish routines and systems for administering of medication, gastrostomy feeding and any other specific medical need

First aiders

First aiders at this school have a responsibility to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school
- when necessary ensure that an ambulance or other professional medical help is called.
- Work within the guidelines of Healthcare plans

Local doctors and specialist healthcare professionals

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

- complete the pupil's Healthcare Plans provided by parents
- where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours
- offer every child or young person (and their parents) a written care/self-management plan to ensure children and young people know how to self manage their condition where appropriate
- ensure the child or young person and their family knows how to take their medication effectively
- ensure children and young people have regular reviews of their condition and their medication
- provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents)
- understand and provide input in to the school's medical conditions policy.

Pupils

The pupils at this school have a responsibility to:

- tell their parents, teacher or nearest staff member when they are not feeling well if possible

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- treat all medication with respect
- if appropriate, know how to take their own medication and to take it when they need it

Parents and Carers

The parents of a child at this school have a responsibility to:

- tell the school if their child has a medical condition
- ensure the school has a complete and up-to-date Healthcare Plan for their child
- inform the school about the medication their child requires during school hours
- inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- tell the school about any changes to their child's medication, what they take, when, and how much
- inform the school of any changes to their child's condition
- ensure their child's medication and medical devices are labelled with their child's full name
- provide the school with appropriate spare medication labelled with their child's name
- ensure that their child's medication is within expiry dates
- keep their child at home if they are not well enough to attend school
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

APPENDICES

ADMINISTRATION OF MEDICATION

1. School Policy

The Headteacher of Sandgate School accepts responsibility, in principle, for school staff to give or supervise children taking prescribed medication during the school day, bearing in mind that some children may require 'functional' medication as detailed below;

Non-prescription medication (including herbal remedies)

This type of medication is given under guidance from the GP and includes cough medicine, vitamins, lotions, ear drops etc.

Paracetamol is also included in this group but there can be exceptions and it will be administered to pupils who have consent from parents. Staff will keep a record of the dose given and a note sent home to the parents indicating the amount and frequency of the doses administered. Aspirin should never be administered to children under 16 years of age.

Prescription medication

This group tends to make up the bulk of medication that may need to be administered during school hours eg. Antibiotics. Medication that is required 3 times per day only does not have to be taken during school hours. In fact, there are relatively few situations where prescribed medication would need to be given in school. Such situations however, would include:

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- Medication to be given 4 times per day.
- Medication to be given prior to, or directly following, a meal.
- Medication to be given at fixed hourly intervals.
- Medication that is required should a complaint flare up.

Medication should be clearly labelled with the name and dose visible so that staff may be sure that the drug is being administered to the appropriate pupil, and once used it should be locked away.

Staff that administer drugs will be supported by the LA and will be insured in the event of a claim for negligence so long as they have acted reasonably.

School staff should insist that the medication is sent to school in the bottle or box with the prescription details affixed. These details are not to be deviated from unless further officially prescribed dose details are given to the Headteacher or school nurse.

Functional medication

This type of medication is usually prescribed but is, in the main, necessary to ensure that a child can function normally. In the event of an emergency, it will almost certainly need to be administered by school staff. Should the medication be withheld, serious illness or even death could result. Such emergency medication that needs to be accessible at all times includes:

- Insulin (diabetes)
- Ventolin etc. (asthma)-
- Buccolam/Midazolam(epilepsy)
- Adrenaline (anaphylaxis) – See Safety Advice Note SAN(M)2

Where functional medication has to be given, school staff will be given training in the correct procedures of administration. Full support would be given by the LA as well as indemnity in the event of something going wrong as long as this policy had been followed. General protocols are available for dealing with the administration of adrenaline, and insulin in addition to the Cumbria Schools Asthma Policy. Copies of the protocols are available from the Health and Safety Team.

It is important for the school to have sufficient information about the medical condition of any pupil with long-term medical needs. If a pupil's medical needs are inadequately supported this can have a significant impact on a pupil's academic attainments and/or lead to emotional and behavioural problems. The school therefore needs to know about any medical needs before a child starts school, or when a pupil develops a condition. In such cases, a written health care plan should be drawn up involving the parents and relevant health professionals. This will include the following:

- Details of the pupil's condition
- Special requirements e.g. dietary needs, pre-activity precautions
- Medication and any side-effects
- What to do, and who to contact in an emergency
- Record keeping
- The role the school can play

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Controlled Drugs

The supply, possession and administration of some medicines e.g. methylphenidate (Ritalin) are strictly controlled by the Misuse of Drugs Act 1971 and its associated regulations and are referred to as 'controlled drugs'. Therefore, it is imperative that controlled drugs are strictly managed between school and parents.

Controlled drugs should be sent into school by parents and the medicine details and quantity handed over recorded on the child's own Record of Medicine Administered to an Individual Child sheet. This sheet must be signed by two receiving members of staff. In some circumstances, the drugs may be delivered to school by a third party e.g. transport escort. In this case, the medicine should be received in a security sealed packaging, clearly marked with the pharmacist label stating the child's name and dosage instructions.

Controlled drugs will still be easily accessible in an emergency and clear records kept of doses administered and the amount of the controlled drug held in school.

School staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions and a record will be kept in the same way as for the administration of other medicines. The administration of controlled drugs to be witnessed by a second adult. The names of the members of staff administering the drug will be recorded and they will initial. These initial signatures should be legible enough to identify individuals.

2. Administering Medication

All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under the supervision of staff members.

No pupil at Sandgate School should be given medication without his or her parent's/guardian's written consent. Any member of staff giving medicine to a pupil should check:

- The pupil's name
- Written instructions provided on the prescription label
- Prescribed dose
- Expiry date
- They have another member of staff present to check and sign

If in doubt about any of the procedures, the member of staff should check with the school nurse, parents and/or a health professional before taking further action.

Where staff are asked to administer doses of a number of prescribed medicines, the details of the doses to be given must be verified by a health professional. Any alterations to the original prescribed dose/s must similarly be verified by a health professional.

Class staff need to assess a child who is unwell and make an assessment regarding pain relief and whether administering paracetamol would help. Any staff may administer this pain relief as long as the protocol is followed (see table re administration procedure)

Ideally, staff should administer medication in the same room as where it is stored with adequate facilities for washing hands and good hygiene standards to be followed.

All school staff 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

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such as administering medication. Training is given to all staff members who administer medication to pupils, where specific training is needed. The local authority provides full indemnity. All staff are trained (and refreshed annually) in the administration of medication. They can administer drugs, all in the presence of another staff member, who will countersign that medication has been given. See the table below re administration procedures.

If pupils refuse to take medication, school staff should not force them to do so. The school should inform the parents/guardians as a matter of urgency. If necessary, the school should call the emergency services.

Administration of Paracetamol

Paracetamol is provided by school in liquid or tablet form and can be administered to any child who has written consent. It is for general use and can be administered by any two staff. Staff will check the dose and consent before administration.

Doses will be recorded in the files and a message sent home in the diary or via email with details of the administration on it. Check with parents if before midday as we need verbal permission before then.

Administration of Asthma Medication

Asthma medications are drugs which can be administered when an asthma attack occurs. Students who have asthma should have their medication in their class base in an easy to get at location. Medication cabinets on both sites will have an un-named emergency Asthma kit in for use by a child who has consent from the parents GP as a back up to a child's own inhaler being unavailable.

Administration Procedure, Roles and Responsibilities on the SG@QKS Site

Procedure/transaction	Who does what	Notes
Drugs off and onto taxis	Identified staff member	TA takes responsibility for signing these in and out 2 signatures required (Taxi and school)
Signing rescue meds (asthma and epilepsy) in and out of school for visits	Class staff sign the bags in and out of the locked cupboard and complete and sign the file	2 signatures required
Daily oral meds at lunchtime	Class staff administer the medication where 2 staff are present and sign for this	2 signatures required <u>School nurse can sign administer meds on her own</u>
Paracetamol/Ibuprofen	Class staff make an assessment of the need for pain relief. Medication can be administered by <u>any 2</u> trained staff and signed for	2 signatures required Check with parents re last dose given (if after 12, a dose may be given if parents are uncontactable) and only give, if they have already given consent
Tube feeding/Water/medication administration for specific students	Trained/named staff may undertake this and record the procedure in the Daily Intervention Log in the	Any child who has a peg or tube for administration of liquids needs to have specific training and a programme of competencies carried out by school nurse.

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	classroom for all staff to see.	
Drawing up of medication for Tube administration etc	This can be done by School Nurse or named/trained staff	School Nurse trains individual staff annually who work with her and carry out competency training.
Administration of Emergency medication- epipens and epilepsy rescue medication	All trained staff can administer the rescue medication, with best practice being having at least one other member of staff in attendance	All staff are trained annually in seizure awareness and administration of medication. Training works best in class teams. Staff escorting students out of school who use rescue meds must be confident with the use of the medication before leaving the site. Taking a phone is essential.

On the SG@QKS site, a named staff member has the responsibility to check the dates of medication and liaise with the School nurse on any issues.

Administration Procedure, Roles and Responsibilities on the Sandgate Site

Procedure/transaction	Who does what	Notes
Drugs off taxis in the morning	Signed in and out of the main office- by office staff or allocated staff and taxi escorts	
Drugs onto taxis	Signed in and out of the office cabinet by staff at 3.30 and handed to escort.	Signatures from TA and escort required.
Signing rescue meds (asthma and epilepsy) in and out of school for visits	Class staff sign the bags in and out of the locked cupboard and complete and sign the file	2 signatures required
Daily oral meds at lunchtime	Class staff administer the medication where 2 staff are present and sign for this. School nurse is generally available for this.	2 signatures required <u>School nurse can sign administer meds on her own</u>
Paracetamol/Ibuprofen	Class staff make an assessment of the need for pain relief. Medication can be administered by any 2 trained staff and signed for	2 signatures required Check with parents re last dose given (if after 12, a dose may be given if parents are uncontactable) and only give if consent has already been given
Tube feeding/Water/medication	Trained/named staff may undertake this and record the	Any child who has a peg or tube for administration of liquids needs to

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administration for specific students	procedure in the Daily Intervention Log in the classroom for all staff to see.	have specific training and a programme of competencies carried out
Administration of Emergency medication- epi-pens, asthma and epilepsy medication	All trained staff can administer the rescue medication, with best practice being having at least one other member of staff in attendance	All staff are trained annually in seizure awareness and administration of medication. Training works best in class teams. Staff escorting students out of school who use rescue meds must be confident with the use of the medication before leaving the site. Taking a phone is essential.

On the Sandgate site, School nurse has the responsibility to check the dates of medication. In her absence, she delegates the responsibility to another staff member.

3. Medication on School Trips

We believe that it is good practice for schools to encourage pupils with medical needs to participate in school trips, wherever safety permits.

Sometimes, the school may need to take additional safety measures for outside visits. Arrangements for taking any necessary medication will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures. In some cases it will be appropriate for an additional supervisor or the parent/guardian to accompany that particular pupil. If staff are concerned about whether they can provide for a pupil's safety, or the safety of other pupils on a trip, they should seek advice or assistance from the Health and Safety Team or the School Medical Service in consultation with the school Educational Visits Coordinator.

Medication, which under normal circumstances, the parents would administer at home, such as preventative medication required for Asthma, will need to be given by the school staff. Arrangements need to be made for this to happen. One individual member of staff should be charged with the role of administering medication to those pupils who require it.

All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They 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.

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. A named member of staff will be responsible for medication liaison with home prior to the trip/checking it before departure and the administration whilst away. This is always addressed in the risk assessment for off-site activities.

Medication on Residential visits

Risk assessments are carried out by the school prior to any out-of-school visit and medical conditions are considered during this process. Factors school considers include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered,

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and where help can be obtained in an emergency.

Before a residential takes place, the trip leader will liaise closely with Sarah Spence and create log sheets for any medication which will need administrating whilst away.

This school understands that there may be additional medication, equipment or other factors to consider when planning residential visits. Medication must be stored in a lockable container (eg suitcase with lock) for the duration of the trip. Emergency meds or meds needed during the day will be carried in a rucksack as on visits.

Risk assessments are carried out before pupils start any work experience or off-site educational placement. 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 before any medical information is shared with an employer or other education provider.

4. Medication on Home to school transport

Students are predominantly delivered to school via the County Transport system where drivers and escorts take responsibility of the child from the home until they are delivered to a member of school staff. Escorts also transport the emergency medication for that child and pass it to the member of school staff for safe keeping. Escorts sign the medication into the school who then lock it into the medicines cabinet on either site. At the end of the day, staff on either site sign the medication back over to the escorts who also sign to say they have received it..

This policy does not cover the period of time when a child is in transit between home and school on transport. If parents have difficulties with this, may need to make their own arrangements.

If a pupil at this school needs supervision or access to medication during home to school transport organized by the local authority, they have the medication with them on the transport. If a medical emergency arises, they follow 999 procedures.

5. Storing Medication

The school should not store large volumes of medication. The school nurse should ask the parent to send in the required dose for each half term.

All controlled drugs are kept in a locked cupboard with the original packaging.

When the school stores medicines, staff should ensure that the supplied container displays the prescription details i.e. labelled with the name of the pupil, the dose of the drug, the frequency of administration and the expiry date. Where a pupil needs two or more prescribed medicines, each should be in a separate container, and the combination verified by the pupil's G.P. The Headteacher is responsible for making sure that medicines are stored safely. The Nurses room (Sandgate Site), Staff room (QKS Site), has been designated for this unless they need to be kept in the refrigerator in the staff room. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. Pupils should know where their own medication is stored and who has access to it.

A few medicines, such as asthma inhalers, must be readily available to pupils and should ideally not be locked away. All staff working with children who need them must know how to get them quickly. Students will have their own asthma medication with them in their class base. Meds cabinets on both sites will have an un-named emergency Asthma kit in for use by a child who has consent from the parents.

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If the school locks away medication that a pupil might need in an emergency, all staff (including supply and temporary staff) should know where to obtain keys to the medicine cupboard or cabinet.

Three times a year the identified member of staff checks the expiry dates for all medication stored at school.

There is an identified member of staff on each site who ensures the correct storage of medication at school. This is managed by the school nurse.

6. Record Keeping

A record should be kept of all medication given to pupils during school hours by staff. In addition, individual records should be kept of functional medication given to pupils.

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

School also records and logs medication which comes into school on a daily basis and goes home at night.

Staff will also complete the Daily Interventions sheets for children and young people in their care that need support with toileting, postural changes etc.

All school staff are provided with training by a healthcare professional for the children in their class. The school keeps a register of staff who have had the relevant training.

7. Disposal of Medicines

School staff should not dispose of medicines. Disposal is only undertaken by the school nurse at the pharmacy where the medication is stamped and dated.

Staff responsible for checking the dates of medication and arranging for the disposal of any that have expired are Sarah Spence and Janette Marshall. This check is done at least three times a year and is always documented.

8. Sharps/Needles

Where pupils require medication which is supplied with a syringe or epi-pen, or where blood needs to be tested (e.g. in the case of diabetics), the staff must dispose of the needles and/or sharps appropriately.

A bona fide sharps box should be used for this purpose which would be kept in the nurses room.

Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes (if necessary) would be stored in a locked cupboard.

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 or to school or the pupil's parent.

Collection and disposal of sharps boxes can be arranged with the local authority's environmental services

9. Emergency Procedures

In the event of an emergency the headteacher or deputy should be informed immediately. Emergency services can be contacted through the school office. The pupil's parents should also be contacted as soon as possible, contact details are available from the register or the school database. A pupil taken to hospital by ambulance must be accompanied by a member of staff who should remain until the pupil's parent/guardian arrives.

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If, in an emergency, staff are taking pupils to hospital or a doctor in their own car, the member of staff should be accompanied by another adult and have 'business use' included in their vehicle insurance. The school minibus should be used if necessary.

10. Fabricated or Induced Illness

Fabricated or Induced Illness is a form of child abuse where the carer either reports symptoms later found to have been fabricated or causes direct harm to a child through inducing symptoms and in the most extreme cases death. The child may also be genuinely ill and the symptoms exaggerated or further induced by the parent/carers.

Communicate concerns about Fabricated or Induced Illness (FII)

At any stage where any individual considers FII is a possibility, this must be communicated to medical and other professionals in Social Services to safeguard the welfare of the child.

Concerns about Fabricated or Induced Illness should only be disclosed to the carers after discussion with Social Services and only then if it is decided that sharing information will not place the child at increased risk of harm.

The critical task is to assess the likely risk of harm to the child through an objective and systematic consideration of the known facts. Views based on or including personal judgements about the parents are highly likely to severely interfere with that process. It is extremely difficult for staff to think that a seemingly caring parent struggling to care for an apparently seriously ill child may be the cause of the child's suffering. All professionals need to concentrate on dispassionately reporting the facts rather than trying to understand the parent's motivation in cases of FII.

If concerns about FII are expressed and not subsequently pursued then the reasons for not doing so should be identified and recorded.

Use of language

It is vital that concerns are communicated clearly and ambiguity must be avoided. When recording or reporting their concerns or observations it is crucial that staff use their own words and not terminology they may have heard used to by others. In plain terms, they should say what they see, and only that.

Speak and listen to children

We should actively seek the views of children, listen to them and involve them in decisions about their education. If a child says something that contradicts or conflicts with their parent/carers' account of their health or welfare, then we all have a clear 'duty of care' to ensure that any discrepancies are properly investigated and explained.

Report of dying child

If a child is reported as having a terminal condition confirmation should be sought from medical personnel qualified to make this prognosis.

Medication in schools

The LEA has issued revised guidance on supporting pupils with medical needs using this case as a precedent. Copies can be obtained from Kym Allan, Health and Safety Manager.

11. Healthcare Plans

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This school uses a Healthcare Plan to record important details about individual children’s medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Healthcare Plan if required.

A Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long-term medical condition. This is sent:

- at the start of the school year
- at enrolment
- when a diagnosis is first communicated to the school.

Parents at this school are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year. Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms. During Transition meetings when a child prepares to move to us, questions are always asked about any health and medical needs they may have.

If a pupil has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the pupil’s parents to complete.

The parents, healthcare professional and pupil with a medical condition, are asked to fill out the pupil’s Healthcare Plan together with school staff. Parents then return these completed forms to the school and are asked to supply recent clinical letters from consultants or health care professionals.

The school nurse follows up with the parents any further details on a pupil’s Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

Use of Healthcare Plans

Healthcare Plans are used by the school to:

- inform the appropriate staff and supply teachers about the individual needs of a pupil with a medical condition in their care
- remind pupils with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
- identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers
- ensure that all medication stored at school is within the expiry date
- ensure this school’s local emergency care services have a timely and accurate summary of a pupil’s current medical management and healthcare in the event of an emergency

remind parents of pupils with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

Ongoing communication and review of Healthcare Plans

Parents at this school are regularly reminded to update their child’s Healthcare 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.

Staff at this school use opportunities such as Annual Reviews and home–school diaries/email to check that information held by the school on a pupil’s condition is accurate and up to date.

Author	Rib Williams
Date written	February 2015- Amended April 2018 and April 2021
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Every pupil with a Healthcare Plan at this school has their plan discussed and reviewed at least once a year.

Storage and access to Healthcare Plans

Healthcare Plans are kept electronically on the Staff server. They can only be accessed by the school nurse, class teacher, SLT and the admin team. This is in line with GDPR guidelines.

As well as the central electronic copy, class teams hold copies of pupils' Healthcare Plans in the class going out bags. If a child had to go to hospital from school, we would give a copy to the hospital.

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 (and have access to) the Healthcare Plans.

The school ensures that all staff protect pupil confidentiality.

To be read with these other policies and documents-

Health and Safety

Safeguarding

Touch Policy

Intimate Care Plans

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