

## AYLSHAM LEARNING FEDERATION

### MEDICAL CONDITIONS POLICY

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Signed:

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Chair

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#### Policy Statement

**Aylsham Learning Federation (ALF) is an inclusive community that aims to support and welcome students/pupils/children with medical conditions. We aim to provide all students/pupils/children with all medical conditions the same opportunities as others and achieve this by ensuring that:**

- All staff understand their duty of care to children and young people in the event of an emergency.
- All staff are made aware of what to do in an emergency.
- The Federation understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- The Federation understands the importance of medication being taken as prescribed.
- All staff understand the common medical conditions that affect children in the Federation.
- This Federation allows adequate time for staff to receive training on the impact medical conditions can have on students/pupils/children coordinated by the medical needs officer/relevant person in each school/setting.
- Staff, where necessary, receive additional training about any children they may be working with who have complex health needs supported by an individual health plan (IHP) (appendix 1).
- The information held by Federation staff is used for the purpose of fulfilling their duty of care around children with medical conditions and in line with data protection and GDPR legislation.

**This policy is followed and understood by our Federation community, the local authority and Norfolk School Nursing Service.**

## Guidelines

### **1. This Federation is an inclusive community that aims to support and welcome students/pupils/children with medical conditions.**

- a. This Federation understands that it has a responsibility to make each school/setting welcoming and supportive to students/pupils/children with medical conditions who currently attend and to those who may enrol in the future.
- b. This Federation aims to provide all children with all medical conditions the same opportunities as others. We will help to ensure they can be healthy, stay safe, enjoy and achieve make a positive contribution and achieve economic well-being.
- c. Students/pupils/children with medical conditions, where able, are encouraged to take control of their condition and feel confident in the help support they receive from each school/setting to help them do this.
- d. This Federation aims to include all students/pupils/children with medical conditions in all school/setting activities.
- e. Parents/carers of students/pupils/children with medical conditions are aware of the care their children receive at each school/setting.
- f. This Federation 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 Federation 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 each school/setting. Staff receive regular updates. The Executive Headteacher/Head of School/Nursery Manager is responsible for ensuring staff receive regular updates. The School Nursing Service can provide the updates if the Federation requests.
- j. The medical conditions policy is understood and followed by the whole Federation and local health community.

### **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. Parents/carers are informed about the medical conditions policy by including a policy statement in each school/setting's prospectus and signposting access to the policy via each school's website (circulated to all parents/carers of students/pupils/children with medical conditions).
- b. Federation staff are informed and regularly reminded about the Federation's medical conditions policy:
  - through the staff journal, SIMS, staff meetings and in the staff shared area (medical needs).
  - through scheduled medical conditions updates by each medical needs officer/relevant person.
  - through the key principles of the policy being displayed on each school's/settings staff shared area.
  - supply and temporary staff are informed of the policy and their responsibilities including who is the designated person, and how to respond in emergencies by the cover administrator or other relevant member of staff.
  - Staff are made aware of any individual health plans as they relate to their teaching/supervision groups via the medical needs folder and on SIMS.

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

- a. Relevant staff in the Federation are aware of the most common serious medical conditions at each school/setting.
- b. Staff in the Federation understand their duty of care to students/pupils/children both during, and at either side of the school/nursery day in the event of an emergency. In an emergency situation Federation 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 on a regular basis for asthma, Epipens and other medical needs and know how to act in an emergency (by refresher courses and information sheets). Additional training is prioritised for key staff members who work with children who have specific medical conditions supported by an individual health plan (Appendix 1).
- d. The action required for staff to take in an emergency in this Federation is displayed through SIMS, in each staff room and electronically in the staff shared area.
- e. The Federation uses individual health plans to inform the appropriate staff (including supply teachers and support staff) of students/pupils/children with complex health needs in their care who may need emergency help.
- f. The Federation has procedures in place so that a copy of the student/pupil/child's individual health plan is sent to the emergency care setting with the student/pupil/child. 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 by the relevant medical needs officer or a member of the first aid team.
- g. If a student/pupil/child needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent/carer arrives. The Federation will try to ensure that the staff member will be one the student/pupil/child knows. The staff member concerned should maintain communication with the relevant medical needs officer/senior member of staff.

**4. The Federation has clear guidance on the administration of medication at each school/setting.**

Administration – emergency medication – The Federation complies with the Norfolk County Council policy.

- a. The Federation will seek to ensure that students/pupils/children with medical conditions have easy access to their emergency medication where applicable.
- b. The Federation will ensure that all students/pupils/children (where able) understand the arrangements for a member of staff (and a member of the first aid team) to assist in helping them take their emergency medication safely as stated on the parental agreement to administer medicine form.

Administration – general

- a. The Federation understands the importance of medication being taken as prescribed.
- b. All use of medication is done under the appropriate supervision of a member of staff at each school/setting unless there is an agreed plan for self-medication, specifically at Aylsham High School (AHS). Staff should be aware if students/pupils/children are using their medication in an abnormal way and should discuss this with the child.
- c. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a student/pupil/child 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.

- d. For medication where no specific training is necessary, administering medication to students/pupils/children under the age of 16 must be by a first aid trained member of staff, but only with the written consent of the student/pupil/child's parent/carer. (See appendix 2).
- e. The Federation will ensure that specific training and updates will be given to all staff members who agree to administer medication to students/pupils/children if necessary.
- f. All Federation staff have been informed through training (new staff induction, inset day or staff meeting) that they are required, under common law duty of care, to act like any reasonably prudent parent/carer in an emergency situation. This may include taking action such as assisting in administering medication or calling an ambulance.
- g. Parents/carers at this Federation understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the relevant school/setting immediately. Parents/carers should provide the school/setting with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital.
- h. If a student/pupil/child at this Federation 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 by phone call in the first instance or by letter.
- i. All staff attending off-site visits are aware of any students/pupils/children 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.
- j. If a trained member of staff, who is usually responsible for administering medication, is not available the Federation makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.
- k. If a student/pupil/child misuses medication, either their own or another student/pupil/child's, their parents/carers are informed as soon as possible. The Federation will seek medical advice by ringing as appropriate if this situation arises. In such circumstances, students/pupils/children will be subject to each school/setting's usual disciplinary procedures.

**5. This Federation has clear guidance on the storage of medication at each school/setting.**

Safe storage – emergency medication

- a. Emergency medication is readily available to students/pupils/children who require it at all times during the school/nursery 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.
- b. If the student/pupil/child concerned is involved in extended school services then specific arrangements and risk assessments should be agreed with the parent/carer and appropriate staff involved (see educational off-site visits policy and safeguarding policy).

Safe storage - non-emergency medication

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

Safe storage – general

- a. The Federation has an identified member of staff/designated person at each school/setting who ensures the correct storage of medication.
- b. All controlled drugs are kept in a locked cupboard and only named staff have access.

- c. The medical needs officer/relevant person at each school/setting checks the expiry dates for all medication stored at each school/setting each term (i.e. three times a year).
- d. The identified member of staff, along with the parents/carers of students/pupils/children with medical conditions, ensures that all emergency and non-emergency medication brought in to each school/setting is clearly labelled with the student/pupil/child's name, the name of the medication, route of administration, dose and frequency, an expiry date of the medication.
- e. Medication is stored in accordance with the manufacturer's instructions, paying particular note to temperature.
- f. Some medication for students/pupils/children may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled and refrigerators used for the storage of medication are inaccessible to unsupervised students/pupils/children.
- g. It is the parent/carer's responsibility to ensure new and in date medication comes into each school/setting with the appropriate instructions and ensures that the school/setting receives this.

#### Safe disposal

- a. At the end of the school year, out of date medication is taken to a local pharmacy for safe disposal.
- b. 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 (at the start of each term) and is always documented (see c above).
- c. 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 each school/setting are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.
- d. If a sharps box is needed on an off-site or residential visit (check educational offsite visits policy), a named member of staff is responsible for its safe storage and return to a local pharmacy, to school/setting or to the student/pupil/child's parent/carer.
- e. Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

### **6. This Federation has clear guidance about record keeping for students/pupils with medical conditions.**

#### Enrolment forms

- a. Parents/carers at this Federation are asked if their child has any medical conditions.
- b. If a student/pupil/child has a short-term medical condition that requires medication during school/nursery hours (e.g. antibiotics to cover a chest infection), a medication form plus explanation is sent to the student/pupil/child's parents/carers to complete. (appendix 2).

### **Individual Health Plans (Appendix1) (The example template may vary for each school/setting but with no significant changes)**

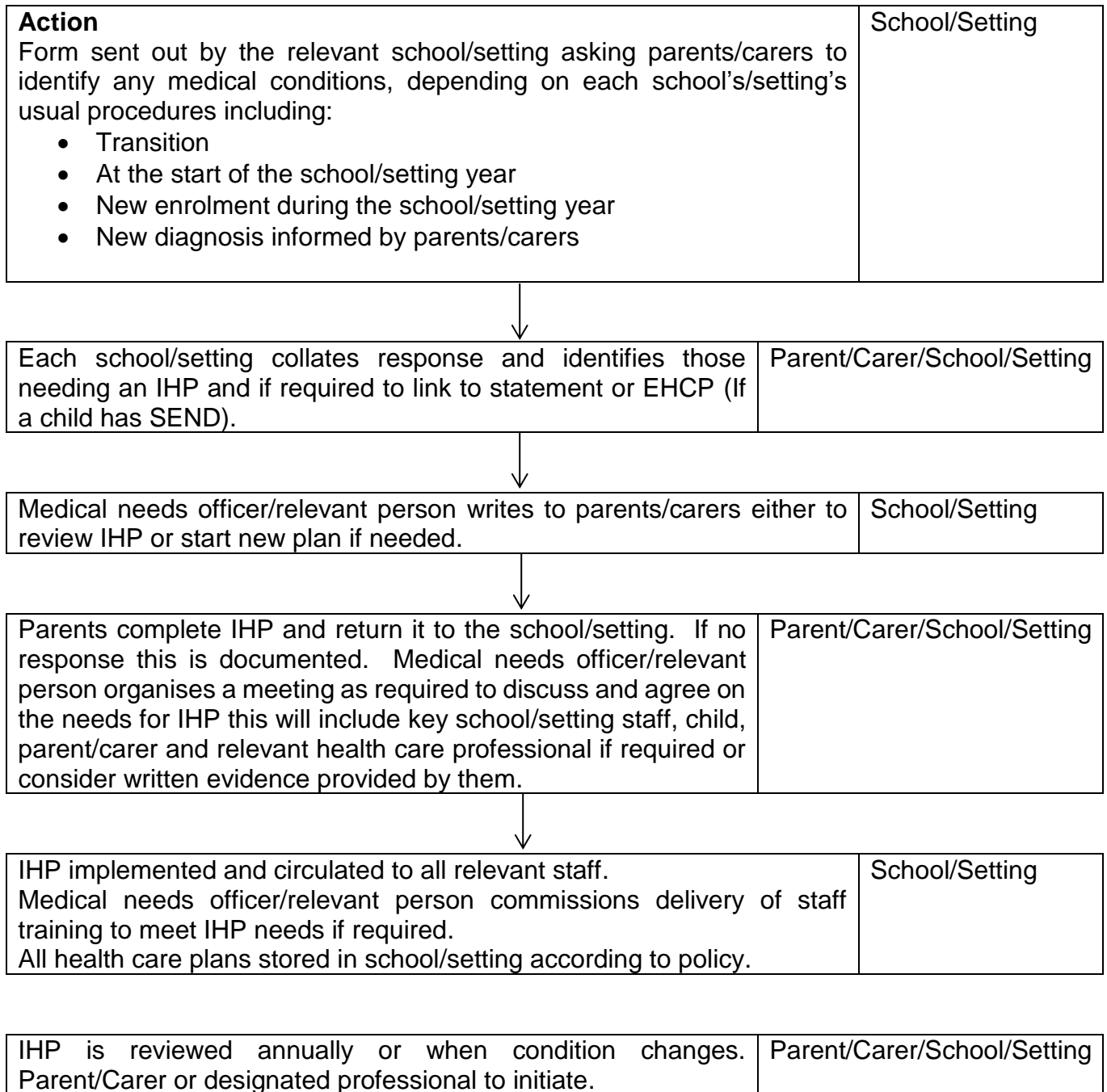
#### Drawing up individual health plans

- a. This Federation uses an individual health plan (IHP) for children with complex health needs to record important details about the individual children's medical needs at school/setting, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the IHP if required, (see Appendix 1).

Examples of complex health needs which may generate an IHP following discussion with the designated member of staff in each school/setting:

- diabetes
  - gastrostomy feeds
  - a tracheotomy
  - 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
- b. An IHP, accompanied by an explanation of why and how it is used, is sent to all parents/carers of students/pupils/children with a complex health need. This is sent at the start of the school/setting year; at enrolment; when a diagnosis is first communicated to each school/setting; transition discussions; or new diagnosis. It is the parent/carer's responsibility to fill in the IHP and return the completed form to the designated member of staff in each school/setting. If the designated member of staff does not receive an IHP, all Federation staff should follow standard first aid measures in an emergency. Each school/setting will contact the parent/carer if health information has not been returned. If an IHP has not been completed, the school/setting will contact the parents/carers and may consider safeguarding children procedures if necessary.
- c. The finalised plan will be given to parents/carers and the relevant school/setting.
- d. Each school/setting ensures that a relevant member of school/setting staff is present, if required, to help draw up an IHP for students/pupils/children with complex health or educational needs.
- e. Where a child has SEND but does not have a statement or educational health care plan (EHCP), their special educational needs should be mentioned in their IHP.
- f. Where a child has a special educational need identified in a statement or EHCP, the IHP should be linked to or become part of that statement or EHCP.
- g. A less detailed or temporary IHP may be used for other medical conditions or students/pupils/children where needs are not assessed as high risk.

## Medical Conditions Information Pathway



**Note**

Students/pupils/children with medical conditions requiring IHP as a minimum are: diabetes, epilepsy with rescue medication, anaphylaxis, gastronomy feeds, central line or other long term venous access, tracheotomy, severe asthma that has required a hospital admission within the last 12months, and others.

## **School Individual Health Plan Register**

- a. IHPs are used to create a centralised register of students/pupils/children with complex health needs. This is located in the staff area of the school/setting intranet in the medical needs folder. The Director of Business and Community Strategy has responsibility for the register at Aylsham High School, the Head of School at Bure Valley School, the Head of School at John of Gaunt Infant and Nursery School and the Nursery Manager at John Bear's Nursery. The Federation has ensured that there is a clear and accessible system for identifying students/pupils/children with health plans/medical needs. A robust procedure is in place to ensure that the child's record, contact details and any changes to the administration of medicines, condition, treatment or incidents of ill health in each school/setting is updated on the schools/setting record system by a letter being sent out at the beginning of each new academic year.
- b. The medical needs officer/relevant person at each school/setting follows up with the parents/carers and health professional if further detail on a student/pupil/child's IHP is required or if permission or administration of medication is unclear or incomplete.

## **Ongoing communication and review of IHPs**

- a. Parents/carers at the Federation are regularly reminded to update their child's IHP 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 IHP will have a review date (start of each academic year as stated above).
- b. Parents/carers have a designated route/person to direct any additional information, letters or health guidance to in order that the necessary records are altered quickly and the necessary information disseminated.

## **Storage and access to IHPs**

- a. Parents/carers and students/pupils/children (where appropriate) at the Federation are provided with a copy of the student/pupil/child's current agreed IHP.
- b. IHPs are kept in a secure central location at each school/setting.
- c. Apart from the central copy, specified members of staff (agreed by the student/pupil/child and parents/carers) securely hold copies of students/pupils/children's IHPs. These copies are updated at the same time as the central copy. Each school/setting 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.
- d. When a member of staff is new to a student/pupil/child group, for example due to staff absence (lead cover supervisor aware of all IHPs), each school/setting makes sure that adequate processes are in place to respond in a medical emergency.
- e. The Federation ensures that all staff protect students/pupils/children's confidentiality.
- f. The Federation informs parents/carers that the IHP would be sent ahead to emergency care staff, should an emergency happen during school/nursery hours or at a school/nursery activity outside the normal school day. This is included on the IHP.
- g. The information in the IHP will remain confidential unless needed in an emergency.

## **Use of IHPs**

IHPs are used by this Federation to:

- inform the appropriate staff about the individual needs of a student/pupil/child with a complex health need in their care;
- identify important individual triggers for students/pupils/children with complex health needs at school/setting that bring on symptoms and can cause emergencies. Each school/setting uses this information to help reduce the impact of triggers;



- ensure each school/setting's emergency care services have a timely and accurate summary of a student/pupil/child's current medical management and healthcare in an emergency.

### **Consent to administer medicines**

- a. If a student/pupil/child requires regular prescribed medication at school/setting, parents/carers are asked to provide consent on their child's medication plan (Appendix 2) giving the student/pupils/child's (where relevant) or staff permission to administer medication on a regular/daily basis, if required. This form is completed by parents/carers for students/pupils/children taking short courses of medication.
- b. All parents/carers of students/pupils/children with a complex health need who may require medication in an emergency are asked to provide consent on the IHP for staff to administer medication.

### **Residential visits**

- a. Parents/carers are sent a residential visit form to be completed and returned to each school before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the student/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 student/pupil manage their condition while they are away. This includes information about medication not normally taken during school hours (see offsite educational visits policy).
- b. 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 student/pupil's individual health plan.
- c. All parents/carers of students/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.
- d. The residential visit form also details what medication and what dose the student/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 student/pupil manage their condition while they are away. A copy of the IHP and equipment/medication must be taken on off-site activities.

### **Record of Awareness Raising Updates and Training**

- a. This Federation holds updates on common medical conditions as a minimum once a year. A record of the content and attendance of the medical condition training is kept by each school/setting and reviewed every 12 months to ensure all new staff receive updates. The School Nursing Service will provide updates if the Federation request this.
- b. All Federation 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. Each school/setting keeps a register of staff who have had the relevant training, it is the Federation's responsibility to arrange this.
- c. The Federation risk assesses the number of first aiders it needs and ensures that the first aiders are suitably trained to carry out their responsibilities (see first aid compliance code and health and safety policy).

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

**Physical environment**

- a. This Federation is committed to providing a physical environment that is as accessible as possible to students/pupils/children with medical conditions.
- b. This Federation aims to meet the needs of students/pupils/children with medical conditions and to ensure that the physical environment at each school/setting is as accessible as possible.
- c. This Federation's commitment to an accessible physical environment includes out-of-school/setting; it also recognises that this may sometimes mean changing activities or locations.

**Social interactions**

- a. This Federation ensures the needs of students/pupils/children with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.
- b. This Federation ensures the needs of students/pupils/children 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.
- c. All staff at this Federation are aware of the potential social problems that students/pupils/children with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with each school/setting's anti-bullying and behaviour for learning policies.
- d. Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst students/pupils and to help create a positive social environment.

**Exercise and physical activity**

- a. This Federation understands the importance of all students/pupils/children taking part in sports, games and activities.
- b. This Federation seeks to ensure all classroom teachers, PE teachers, nursery staff and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all students/pupils/children.
- c. This Federation seeks to ensure that all classroom teachers, PE teachers/nursery staff and sports coaches understand that if a student/pupil/child reports they are feeling unwell, the teacher should seek guidance before considering whether they should take part in an activity.
- d. Teachers, nursery staff and sports coaches are aware of students/pupils/children in their care who have been advised, by a healthcare professional, to avoid or to take special precautions with particular activities.
- e. This Federation ensures all PE teachers, classroom teachers, nursery staff and school sports coaches are aware of the potential triggers for students/pupils/children's medical conditions when exercising and how to minimise these triggers.
- f. This Federation seeks to ensure that all students/pupils/children have the appropriate medication or food with them during physical activity and that students/pupils/children take them when needed.
- g. This Federation ensures all students/pupils/children with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

## **Education and learning**

- a. This Federation ensures that students/pupils/children with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.
- b. Teachers and nursery staff in this Federation are aware of the potential for students/pupils/children with medical conditions to have special educational needs (SEND). Students/pupils/children with medical conditions who are finding it difficult to keep up with their studies are referred to the SEND coordinator.

## **Risk Assessments**

- a. Risk assessments are carried out by this Federation prior to any out-of-school/nursery visit or off site provision and medical conditions are considered during this process. This Federation considers: how all students/pupils/children 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 (See offsite educational visits policy).
- b. This Federation understands that there may be additional medication, equipment or other factors to consider when planning residential visits or off site activities. This Federation considers additional medication and facilities that are normally available at each school/setting.
- c. This Federation carries out risk assessments before students at Aylsham High School start any work experience or off-site educational placement. It is this Federation's responsibility to ensure that the placement is suitable, including travel to and from the venue for the student. Permission is sought from the student and their parents/carers before any medical information is shared with an employer or other education provider.

## **8. This Federation is aware of the need to ensure staff act in a professional manner and to treat students/pupils/children with respect when intimate care is given.**

- a. This Federation is committed to ensuring that all staff responsible for intimate care of children and young people will undertake their duties in a professional manner at all times.
- b. This Federation takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care.
- c. The Governing Board recognises its duties and responsibilities in relation to the Equality Act 2010 which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against.
- d. This Federation recognises that there is a need for children and young people to be treated with respect when intimate care is given.
- e. No child shall be attended to in a way that causes distress, embarrassment or pain.
- f. Staff will work in close partnership with parents/carers to share information and provide continuity of care.

Appendix 1 outlines the procedure for intimate care specifically for John Bear's Nursery and John of Gaunt Infant and Nursery School.

### **Definition:**

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do (this may be due to age). Disabled students/pupils/children may be unable to meet their own care needs for a variety of reasons and will require regular support.

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

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

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

- a. This Federation works in partnership with all interested and relevant parties including the Federation's Governing Board, Federation 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 Federation. 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 Federation activities (this includes all students/pupils/children). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips;
- ensure the Federation's health and safety policies and risk assessments are inclusive of the needs of students/pupils/children with medical conditions and reviewed annually;
- make sure the medical conditions policy is effectively implemented, monitored and evaluated and regularly updated;
- ensure that the Federation has robust systems for dealing with medical emergencies and critical incidents (see Norfolk's Critical Incidents Guidelines), at any time when students/pupils/children are on site or on out of school/nursery activities.

**The Executive Headteacher/ Head of School/Nursery Manager** has a responsibility to:

- ensure each school/setting 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 ensure 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 Federation 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 Federation's medical conditions policy;
- know which students/pupils/children in their care have a high risk complex health need and be familiar with the content of the student/pupil/child's IHP;
- know their schools/settings registered first aiders and where assistance can be sought in the event of a medical emergency;
- maintain effective communication with parents/carers including informing them if their child has been unwell at school;
- ensure students/pupils/children who need medication have it when they go on a school/nursery visit or out of the classroom (see offsite educational visits policy);
- be aware of students/pupils/children 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 students/pupils/children;
- ensure that all students/pupils/children with medical conditions are not excluded unnecessarily from activities they wish to take part in;
- ensure that students/pupils/children 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 students/pupils/children who present as unwell should be questioned about the nature of their illness, if anything in their medical history has contributed to their current feeling of being unwell, if they have felt unwell at any other point in the day, if they have an IHP and if they have any medication. The member of staff must remember that while they can involve the student/pupil/child 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 students/pupils who have been unwell have the opportunity to catch up on missed school work;
- be aware that medical conditions can affect a student/pupil/child's learning and provide extra help when students/pupils/children need it, in liaison with the SENCo and with reference to the student/pupil/child's EHCP if in place;
- liaise with parents/carers and special educational needs coordinator if a child is falling behind with their work because of their condition;
- use opportunities such as PSHE and other areas of the curriculum to raise student/pupil awareness about medical conditions.

**Designated professional** has a responsibility to:

- help provide regular updates for Federation staff in managing the most common medical conditions in each school/setting at the school's/setting's request;
- provide information about where each school/setting can access other specialist training;
- update the IHPs in liaison with appropriate school/setting staff and parents/carers.

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

- give immediate, appropriate help to casualties with injuries or illnesses;
- when necessary ensure that an ambulance is called;
- ensure they are trained in their role as first aider.

**Special educational needs coordinators** have the additional responsibility to:

- ensure teachers make the necessary arrangements if a student/pupil/child needs special consideration or access arrangements in exams/tests or coursework;
- ensure where a child is SEND but does not have a statement or EHCP, that their special educational needs are mentioned in their IHP;
- ensure where a child has special education needs identified in a statement or EHCP that the IHP is linked to or becomes part of their statement or EHCP.

**Students/pupils/children** (where relevant) have a responsibility to:

- treat other students/pupils/children 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 student/pupil/child is feeling unwell;
- treat all medication with respect;
- know how to gain access to their medication (where relevant) in an emergency;
- ensure a member of staff is called in an emergency situation.

**Parents/Carers** have a responsibility to:

- tell the school/setting if their child has a medical condition or complex health need;
- ensure the school/setting has a complete and up-to-date IHP if their child has a complex health need;
- inform the school/setting about the medication their child requires during school/nursery hours;
- inform the school/setting of any medication their child requires while taking part in visits, outings or field trips and other out-of-school/nursery activities;
- tell the school/setting about any changes to their child's medication, what they take, when, and how much;
- inform the school/setting 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/setting has full emergency contact details for them;
- provide the school/setting 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/nursery;
- 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 IHP for school/nursery 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 IHP if appropriate.

## **11. The medical conditions policy is regularly reviewed evaluated and updated.**

- a. This Federation's medical conditions policy is reviewed, evaluated and updated in line with the Federation's policy review timeline – annually, or earlier if necessary.
- b. The views of students/pupils/children with various medical conditions may be sought and considered central to the evaluation process.

## **ASSOCIATED POLICIES AND OTHER DOCUMENTATION**

- Behaviour for learning policy
- Health and safety policy
- Anti-bullying policy
- Educational off-site visits policy
- Safeguarding including child protection policy
- First aid compliance code policy
- Norfolk critical incidents guidelines
- Department for Education guidance on supporting students/pupils at school with medical conditions

## **Appendix 1**

### **John of Gaunt Infant and Nursery School**

#### **Intimate Care Procedure**

##### **INTRODUCTION**

Staff who work with young children or young people will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence management as well as more ordinary tasks such as help with washing.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at John of Gaunt Infant and Nursery School work in partnership with parents/carers to provide continuity of care to children wherever possible.

Staff deliver a full personal safety curriculum, as part of personal, social and health education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

John of Gaunt Infant and Nursery School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. John of Gaunt Infant and Nursery School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.



## **OUR APPROACH TO BEST PRACTICE**

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including child protection and health and safety training in moving and handling when appropriate) and are fully aware of best practice. Equipment will be provided to assist with children who need special arrangements following assessment from physiotherapist/occupational therapist as required.

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the staff and health.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many staff might need to be present when a child needs help with intimate care.

Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be named staff members known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different staff.

Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan/intimate care record book. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

Each child/young person will have an assigned member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

## **THE PROTECTION OF CHILDREN**

Education Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.

Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. he/she will immediately report concerns to the Designated Safeguarding Lead. A clear record of the concern will be completed and referred to Children's Services if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm - see safeguarding procedures.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed - see safeguarding procedures