

Supporting Pupils with Medical Conditions Policy January 2019

Reviewed By: Sarah Fox & Nicola Conlin

Reviewed: January 2019

Next review: January 2020

Related Policies: First Aid Policy, Health & Safety Policy, School Trip Policy, SEND Policy, Absence Request Policy, Admissions Policy

Endorsement

Full endorsement is given to this policy by:

Name: Joel Chalfen

Position: Cambridge Steiner School Trustee

Signed:



Date: January 2019

References & Guidance

“Supporting pupils with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England”, Department for Education, December 2015:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf

“Health protection in schools and other childcare facilities”, Public Health England, December 2017:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities> (updated January 2018)

1. Introduction

- 1.1. Cambridge Steiner School (the School) is committed to giving all its pupils and potential pupils opportunities to access the programme of teaching and learning (curriculum). Every effort will be made to ensure that pupils with medical needs experience the best possible care whilst at the School. This policy provides a sound basis for ensuring that children with medical needs receive proper care and support at school.
- 1.2. The School has adopted the guidance published by the Department for Education and Public Health England (see references above).
- 1.3. All medical information received by the School will be treated confidentially. Only information needed to ensure the safety and care of individual pupils will be disclosed as appropriate to staff of the School. Such procedures will be discussed with the parents, and pupils where appropriate, for their agreement prior to the disclosure.
- 1.4. Throughout this policy, the term ‘parent(s)’ means all those having parental responsibility for a child.

2. Illness in the School

- 2.1. If a pupil becomes ill in a lesson and the Teacher feels that medical treatment is required, then the pupil should be cared for and treated appropriately, as described in the First Aid Policy.
- 2.2. If the Teacher feels that the pupil is too ill or injured to be moved, then a designated First Aider should be called. First Aid should be administered, as appropriate. If it is thought that follow-up treatment is required, the parent will be contacted and/or a letter sent home with the pupil.
- 2.3. An 'Accident/Incident/Illness Form' should always be completed by the Teacher/First Aider.
- 2.4. In more serious cases, where hospital attention is deemed necessary, the School will contact parents, who will be expected to take their child to hospital.
- 2.5. In an emergency, an ambulance will be called and the parent contacted by the School. In the absence of a parent, a member of staff must accompany the pupil to the hospital and remain there until the parent arrives.
- 2.6. If a parent cannot be contacted, staff will always aim to act and respond to accidents and illness based on what is reasonable under the circumstances and will always act in good faith while having the best interests of the child in mind. This may include giving consent for emergency medical treatment.
- 2.7. The School has a strict policy that no medication will be given orally or externally unless permission has been given by a parent. Parents will be contacted depending upon the nature of the medical problem and should complete the necessary forms.

3. Infectious Diseases

- 3.1. The School has a duty to ensure that pupils' health is not put at unnecessary risk from infectious diseases.
- 3.2. Parents should inform the School immediately if their child is diagnosed with or suspected of having an infectious disease. The School may decide to inform some or all parents of children in the School; usually via email.
- 3.3. Please refer to Appendix A for a list of infectious diseases and the recommended exclusion time from school.
- 3.4. The School does not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

4. Pupils with long-term medical needs

- 4.1. Pupils with medical needs entering the School will be identified through the admissions procedure and through discussions with their parents, to ensure appropriate records are kept and appropriate provision can be made.
- 4.2. Parents are requested to approach the School with any information that they feel the School will need to care for individual pupils. The parents will be required to complete the required medical forms to identify any medical needs.

- 4.3. Parents are responsible for informing the School of medical issues that arise during the pupil's time in the School.
- 4.4. The School may wish to consult with healthcare professionals, e.g. the pupil's GP, in order to help make decisions about the support required. Permission will be sought from parents before contact is made.
- 4.5. The child's Teacher is responsible for informing other staff about medical conditions as appropriate eg. assistants, subject teachers and supply/cover staff. For children who travel on the school bus to/from school, consideration will be given as to whether the bus driver needs to be informed about the child's condition.

5. Individual Healthcare Plans

- 5.1. Individual Healthcare Plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex.
- 5.2. Individual Healthcare Plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child.
- 5.3. Please refer to Appendix B for a flowchart for identifying and agreeing the support a child needs and developing an individual healthcare plan.

6. Medicines in the School

- 6.1. Medicines should only be administered in School when it would be detrimental to a child's health or school attendance not to do so.
- 6.2. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- 6.3. In the event of any form of administration of medication being required during school hours, parents must contact the Teacher and/or the School Manager in advance so that an assessment can be made as to if and how that can be managed and the required medical forms can be completed.
- 6.4. Parents should inform the Teacher and/or the School Manager of any medication being brought into the School at any time. Parents should not rely on electronic communication for this purpose, but rather should ensure that they communicate this information face-to-face or by telephone.
- 6.5. Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- 6.6. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training, and no child should be given prescription or non-prescription medicines without their parent's written consent.

- 6.7. Only prescribed medicines in date, labelled, provided in the original container as dispensed by a pharmacist and including instructions for administration, dosage and storage can be administered.
- 6.8. All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.
- 6.9. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.

7. Record Keeping

A record must be kept of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. It is the responsibility of the person administering the medication to ensure that this information is recorded and stored securely.

8. Training

- 8.1. All new staff will receive a copy of this policy during their induction period.
- 8.2. School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility of supporting children with medical conditions.
- 8.3. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required.
- 8.4. Staff who provide support to pupils with medical conditions should normally be included in meetings where this is discussed.
- 8.5. Where an Individual Healthcare Plan is developed, the relevant healthcare professional will normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained.
- 8.6. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

9. School off-premises visits

The School believes that all pupils are entitled to participate fully in activities associated with the School and will attempt at all times to accommodate pupils with medical needs. However, consideration must be given to the level of responsibility that staff can be expected to accept. Discussion will take place between School staff, parents and pupils where appropriate in deciding the extent to which pupils can participate in activities away from the school premises.

10. Unacceptable Practice

Although staff should use their discretion and judge each case on its merits with reference to the child's Individual Healthcare Plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, unless this is specified in their Individual Healthcare Plans;
- if a child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips.

11. Complaints and Concerns

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with their child's Teacher or the Department Coordinator. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the School's Complaints and Concerns Policy.

12. Monitoring, Evaluation and Review

The Board of Trustees will review this policy at least every two years and assess its implementation and effectiveness. The School Coordination Team has day-to-day responsibility for ensuring that this policy is promoted and implemented throughout the School.

Appendix A - Recommended exclusion periods for medical conditions (from “Health protection in schools and other childcare facilities”)

Exclusion table

Infection	Exclusion period	Comments
Athlete’s foot	None	Athlete’s foot is not a serious condition. Treatment is recommended.
Chickenpox	Five days from onset of rash	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed

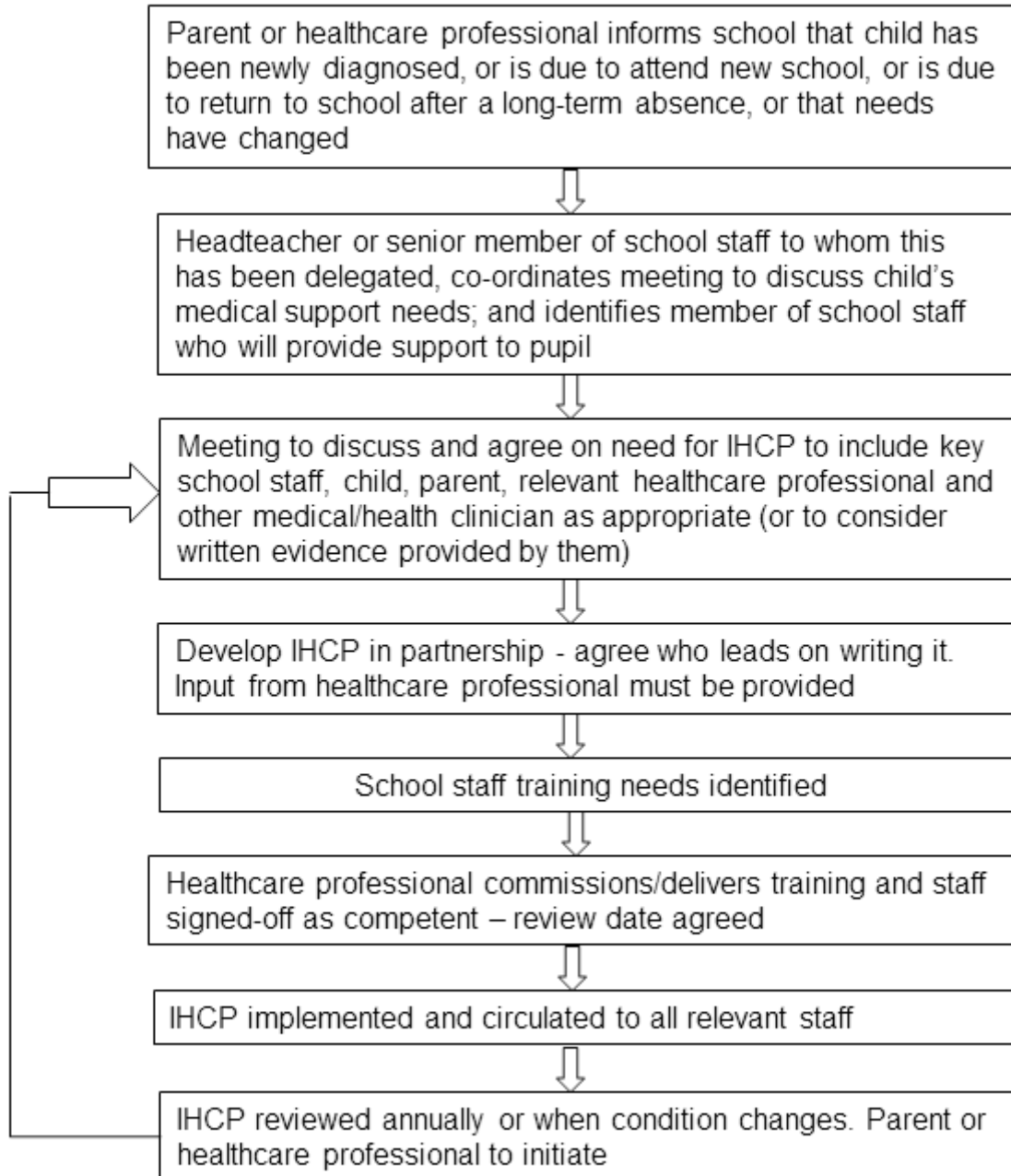
Infection	Exclusion period	Comments
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Four days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health protection
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child & household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, noninfectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

***denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).**

Appendix B – Diarrhoea and vomiting outbreak schools, nurseries and other childcare settings action checklist (from “Health protection in schools and other childcare facilities”)

Date Completed:			
Checklist Completed By (Print Name):			
Name & Tel No of Institution:			
Name of Head Teacher/Manager:			
	Yes	No	Comments:
Deploy 48 hour exclusion rule for ill children and staff			
Liquid soap and paper hand towels available			
Staff to check/encourage/supervise hand washing in children			
Check that deep cleaning, ie twice daily (min) cleaning and follow through with bleach/Milton/ appropriate disinfectant is being carried out, (especially toilets, frequently touched surfaces eg handles and taps and including any special equipment and play areas). Ensure that all staff/contractors involved in cleaning are aware of, and are following, the guidance			
Disposable protective clothing available (ie nonpowdered latex/synthetic vinyl gloves & aprons)			
Appropriate waste disposal systems in place for infectious waste			
Advice given on cleaning of vomit (including steam cleaning carpets/furniture or machine hot washing of soft furnishings)			
Clean and disinfect hard toys daily (with detergent and water followed by bleach/Milton). Limit and stock rotate toys			
Suspend use of soft toys plus water/sand play and cookery activities during outbreak			
Segregate infected linen (and use dissolvable laundry bags where possible)			
Visitors restricted. Essential visitors informed of outbreak and advised on hand washing			
New children joining institution suspended			
Keep staff working in dedicated areas (restrict food handling if possible). Inform HPT of any affected food handlers.			
Check if staff work elsewhere (restrict) and that all staff are well (including agency). Exclude if unwell (see above re 48 hour rule)			
HPT informed of any planned events at the institution			
Inform School Nurse and discuss about informing OFSTED, if applicable.			

Appendix C – Flowchart for identifying and agreeing the support a child needs and developing an individual healthcare plan



Individual Healthcare Plan

Name of school/setting	Cambridge Steiner School
Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
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Individual Healthcare Plan (page 2) for: _____

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

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Parental Agreement for School to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school/setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school	Cambridge Steiner School
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Relationship to child	
Daytime telephone no.	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

Signature(s) _____

Date _____

Record of Medicine Administered to an Individual Child

Name of school	Cambridge Steiner School
Name of child	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

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

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

Record of medicine administered to an individual child (continued)

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

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

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

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

Staff Training Record – Administration of Medicines

Name of school	Cambridge Steiner School
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [please state how often].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____