



Southerly Point  
Co-operative  
Multi-Academy Trust

## Southernly Point Co-operative Multi-Academy Trust

# MANAGING MEDICAL CONDITIONS POLICY

### Equality Impact Assessment

The EIA has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken.*	✓
The EIA has not identified any conflict with the Trust's co-operative values and the Church Schools' values.	✓
Adjust the policy to remove barriers identified by the EIA or better promote equality.	✓

\*Inclusive of protected characteristics

Provenance	Date
Working Party	Jan 2018
HR checks	
Union Consultation	Feb 2018
Trustees' Ratification	May 2020
Implementation	June 2020

Review Date
April 2022

<b>To be read in conjunction with:</b>	<b>Health and Safety Policy</b> <b>Safeguarding and Child Protection Policy</b> <b>SEND Policy</b>
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Self Help   Self Responsibility   Equity   Equality   Democracy   Solidarity  
 Social Responsibility   Honesty   Openness   Caring for Others

# **Southerly Point Co-operative Multi-Academy Trust**

## **MANAGING MEDICAL CONDITIONS POLICY**

### **Supporting Pupils with Medical Conditions**

The named member of staff responsible for this medical conditions policy and its implementation is:

NAME: Mr D Lewis

ROLE: Assistant Headteacher

#### **DfE guidance**

Those in governance should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

Those in governance should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Details should include:

- who is responsible for ensuring that sufficient staff are suitably trained
- a commitment that all relevant staff will be made aware of the child's condition
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available
- briefing for supply teachers
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable
- monitoring of individual healthcare plans

#### **1. This school is an inclusive community that supports and welcomes pupils with medical conditions.**

- The school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- The school will listen to the views of pupils and parents/carers.
- Pupils and parents/carers feel confident in the care they receive from this school and the level of that care meets their needs.
- Staff understand the medical conditions of pupils at the school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence.
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school and local health community understand and support the medical conditions policy.
- The school understands that all children with the same medical condition will not have the same needs and will focus on the needs of each individual child.
- The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (Other related legislation is referenced in DfE guidance p21). Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act. Some may also have

special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP), which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice.

## **2. All staff understand and are aware of what to do in an emergency for children with medical conditions at the school.**

- All school staff, including temporary or supply staff, are aware of the arrangements for medical conditions at this school and understand their duty of care to pupils in an emergency.
- Staff receive guidance in what to do in an emergency.
- All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at the school have an individual healthcare plan (IHP)<sup>1</sup>, which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.
- The school makes sure that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence and the school keeps an up-to-date record of all training undertaken and by whom.
- This School has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler, and for whom parental consent for its use has been obtained (see appendix 4 for further information).
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance.

## **3. The school has clear guidance on providing care and support and administering medication at school.**

- The school understands the importance of medication being taken and care received as detailed in the pupil's IHP.
- Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so.
- The school will make sure that there are sufficient members of staff who have been trained / are willing to administer the medication and meet the care needs of an individual child. The school will ensure that there are sufficient numbers of staff trained / willing to cover any absences, staff turnover and other contingencies. The Trust has made sure that there is the appropriate level of insurance and liability cover in place.
- Only designated medical staff can administer medication other than emergency intervention.
- The school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent, except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.
- When administering medication, for example pain relief, the school will check the maximum dosage and when the previous dose was given. Parents/carers will be informed.

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<sup>1</sup> An example template for an IHP has been produced by Dfe - see template A.

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

- The school will make sure that an appropriate member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- Parents/carers at the school understand that they should let the school know immediately if their child's needs change.
- If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the school's disciplinary procedures are followed.

#### **4. This school has clear guidance on the storage of medication and equipment at school.**

- The school makes sure that all staff understand what constitutes an emergency for an individual child, and makes sure that emergency medication/equipment eg asthma inhalers, epi-pens etc are readily available wherever the child is in the school and on off-site activities, and are not locked away.
- Those pupils deemed competent by parents and designated medical staff to carry their own medication/equipment with them will be identified and recorded through the pupil's IHP, in agreement with parents/carers.
- Otherwise the school will store controlled drugs securely in a non-portable container, with only named staff having access. Staff at the school can administer a controlled drug to a pupil once they have had specialist training.
- The school will make sure that all medication is stored safely and that pupils with medical conditions know where they are at all times / have access to them without delay. Under no circumstances will medication be stored in first aid boxes.
- The school will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. The exception to this is insulin which, though it must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents/carers are asked to provide new and in-date medication when appropriate.
- The school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school, and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

#### **5. This school has clear guidance about record keeping.**

- As part of the school's admissions process and annual data collection exercise, parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between other schools and colleges.
- The school uses an Individual Health Care Plan (IHCP) to record the support an individual pupil needs around their medical condition. The IHCP is developed with the pupil (where appropriate), parent/carer, member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has DSEN but does not have a statement or EHC plan, their special educational needs are mentioned in their IHCP. This will be cross-referenced with the pupil's Learning Passport / Provision Map.
- Appendix 2 is used to identify and agree the support a child needs and the development of an IHCP.
- The school has a centralised register of IHCPs and an identified member of staff has the responsibility for this register.
- IHCPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate), parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHCP. Other school staff are made aware of and have access to the IHCP for the pupils in their care.

- The school makes sure that the pupil's confidentiality is protected.
- The school seeks permission from parents/carers before sharing any medical information with any other party.
- The school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

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

- The school is committed to providing a physical environment accessible to pupils with medical conditions, and pupils are consulted to ensure this accessibility. The school is also committed to an accessible physical environment for out-of-school activities.
- The school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All staff use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- The school understands the importance of all pupils taking part in off-site visits and physical activity, and that all relevant staff make reasonable and appropriate adjustments to such activities in order that they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.
- The school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

**7. This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity and offsite visits.**

- The school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum, and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- All school staff understand that frequent absences, or symptoms such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- The school will not penalise pupils for their attendance if their absences relate to their ongoing medical condition.
- The school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO, who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.
- The school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements (where applicable). The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

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

- The school is committed to identifying and reducing triggers both at school and on out-of-school visits.
- School staff have been given guidance and written information on medical conditions, which includes avoiding/reducing exposure to common triggers.
- The IHP details an individual pupil's triggers, and details how to make sure the pupil remains safe throughout the whole school day, and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- The school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

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

- The school works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, those in governance, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

## **Appendix 1**

### **Protocols for Common Medical Conditions**

The school adopts the guidelines in the School Nurse Manual for the care of pupils with some common medical conditions as follows:

#### **High temperature**

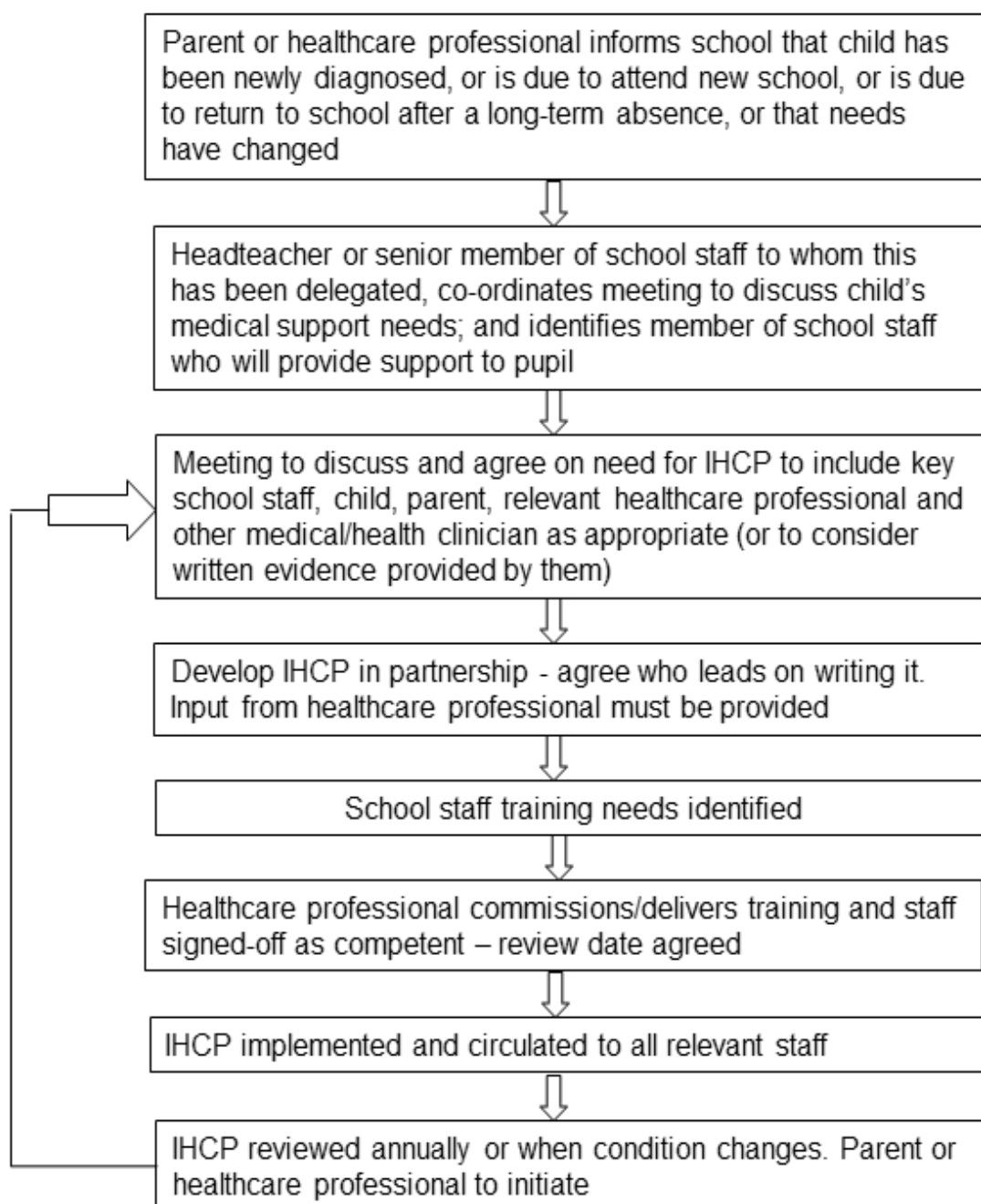
Please keep child/young person at home (or the school will send them home), for a pupil with a temperature of 37.5 or above. The child/young person can return to school when temperature remains below 37.5 for 24 hours without medication

#### **Vomiting and diarrhoea**

If your child has experienced vomiting or diarrhoea, please keep them at home until 48 hours after the last episode of vomiting or diarrhoea. We will send pupils home if they experience vomiting or diarrhoea in school. This does not apply if the child/young person has an underlying condition that causes vomiting or diarrhoea. In these circumstances, please supply a letter from a GP to explain a pre-existing condition.

## Appendix 2

### Model process for developing individual healthcare plans and template for IHCP



## **Individual Healthcare Plan**



Name of school/college/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

### **Family Contact Information**

Name

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

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

## **Appendix 3**

### **Roles and responsibilities**

**Assistant Headteacher** (Mr D Lewis) – should ensure that the school's policy is effectively implemented. This includes ensuring that all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation.

**School Nurse** – has a key role in ensuring that the school is taking appropriate steps to support children with medical conditions by producing and monitoring the IHCP and sharing with appropriate staff. They will support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. The school nurse may liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

**Other healthcare professionals** - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

**Students** – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

**Parents/carers** – should provide the school with sufficient and up-to-date information about their child's medical needs. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

**College staff** – should take into account the needs of students with medical conditions that they teach by referring to the IHCP and making reasonable adjustments in line with the guidance included. They should receive sufficient and suitable training commensurate with their role and responsibilities. They should familiarise themselves with procedures detailing how to respond when they become aware that a student with a medical condition needs help

#### **Appendix 4**

The school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler, and for whom written parental consent for its use has been obtained.

The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

The use, storage, care and disposal of the inhaler and spacers will follow the school's policy on supporting pupils with medical conditions. Specific guidance on storage and care is provided in the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

The School holds a register of children prescribed an inhaler, and this list is kept with the emergency inhaler.

Written parental consent is sought for the use of the emergency inhaler. Where consent is received, the use of the emergency inhaler will be included in the pupils' IHCP.

Parents/carers will be informed if their child has used the emergency inhaler.

Appropriate support and training has been provided in line with the school's policy on supporting pupils with medical conditions.