

SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY

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1. Introduction

1.1 The Two Counties Trust wishes to ensure that students with medical needs receive proper care and support. Our intention is to ensure that all children with medical conditions, in terms of both physical and mental health, are supported in our schools and academies so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

1.2 Students with long-term and complex medical conditions may require on-going support, medicines, or care while in education to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences.

1.3 Through our schools and academies, we will provide effective support for a student's medical condition ensuring it is effectively managed and that appropriate support is put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

1.4 Our schools and academies will establish relationships with relevant local health services receive and fully consider advice from healthcare professionals and listen to and value the views of parents / carers and students.

1.5 Our schools and academies will ensure that staff are supported and trained and competent before they take on the responsibility of supporting students with medical conditions.

1.6 The Trust's insurance covers liability relating to the administration of medication and the provision of first aid treatment by a member of staff.

1.7 Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN and those medical conditions that require EHC plans, this policy should be read in conjunction with the Special Educational Needs and Disability (SEND) Code of Practice 0-25 years January 2015.

2. Policy Principals

2.1 The Trust has overall responsibility for the effective operation of this policy and for ensuring compliance with the relevant statutory framework. The Trust has delegated day-to-day responsibility for operating the policy and ensuring its maintenance to Headteachers.

3. Organisation and Allocation of Responsibilities

3.1 School staff are responsible for ensuring that:

- Procedures are followed when notification is received that a student will be attending who has a medical condition including transitional arrangements between schools, re-integration or when students' needs change, arrangements for staff training or support and information is circulated and adhered to.
- Procedures are followed when a student moves to the school mid-term or when a student has a new diagnosis and information is circulated to appropriate staff and any necessary changes are put in place.
- Procedures are in place and circulated for the location and use of the defibrillator (if available).

3.2 Each school / academy will:

- Identify who has overall responsibility for supporting students with medical conditions.
- Identify who is responsible for ensuring that sufficient staff are suitably trained.
- Specify how training needs are assessed, commissioned, provided, reviewed/whole school awareness.
- Ensure that all relevant staff will be made aware of the students condition.
- Identify cover arrangements in case of staff absence or staff turnover to ensure someone is always available.
- Brief supply teachers when necessary and in line with GDPR considerations.
- Carry out risk assessments for educational visits, holidays, and other school activities outside of the normal timetable and monitoring individual healthcare plans. (IHCP) (what needs to be done, when and by whom) see Appendix 1.



- Establish procedures to be followed whenever a school / academy is notified that a student has a medical condition including any transitional arrangements between schools.
- Assume responsibility for reintegration for children starting at a new school.
- Put arrangements in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks where possible.
- Ensure COVID-19 procedures are followed at all times.

3.3 Schools / Academies will ensure arrangements to support students with medical conditions are implemented in order for all students to participate in the school curriculum.

3.4 Headteachers will ensure this policy is effectively implemented with all relevant agencies.

3.5 Employees will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support students with medical conditions.

3.6 Each school / academy will identify a staff member who is responsible for notifying key staff when a student has been identified as having a medical condition which will require support in the school and who will support staff on implementing a child's individual healthcare plan and provide advice and training.

3.7 Employees should not supply painkillers.

3.8 Other healthcare professionals, including GPs and paediatricians will aim to liaise with the school when a child has been identified as having a medical condition that will require support at the school and will provide advice on developing an IHCP.

3.9 Students with medical conditions will be encouraged to provide information and contribute to discussions about how their condition affects them.

3.10 Clinical commissioning groups commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to student needs and that health services are able to co-operate with schools supporting students with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004. Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice.

3.11 The Ofsted inspection framework places a clear emphasis on meeting the needs of disabled children and students with SEND and considering the quality of teaching and the progress made by these students.

4. Managing medicines on school premises

4.1 Each school / academy encourages students to take their medication themselves under supervision.

4.2 Each school / academy discourages students from carrying any medication on their person, as there is the risk of it being lost and becoming a danger to others. There are, however, certain medical conditions that need immediate management and with prior arrangement students can carry their own medication.

4.3 If a student has been prescribed a controlled drug it will be securely stored in a non portable container and only named staff will have access. Controlled drugs must be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in the school / academy.

4.4 Medicines will only be administered at the school / academy when it is detrimental to a child's health or school attendance not to do so.

4.5 A consent form (Appendix 3) enabling a member of school staff to administer medication to a student must be completed by a parent/carer in all cases. No medication will be given under any circumstances without this form being completed.

4.6 No child aged under 16 will be given prescription or non-prescription medicines without their parent's or carer's written consent except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents / carers.

4.7 Each school / academy will only accept prescribed medicines that are in-date, labelled, in the original container (with the exception of insulin, available in pen or pump) dispensed by a pharmacist, including instructions on dosage and storage.



4.8 Where medication is not given routinely the school / academy and parents/carers must establish a system where they keep all parties informed of the medication given and the time so that a student is not accidentally given a medication overdose.

4.9 Inhalers

- Reliever inhalers are to be carried by the student and self-administered.
- It is the parents / carers responsibility to ensure that their child attends school with their medication.
- It is the parents/carers responsibility to ensure that the medication is in date and to ensure that it is used appropriately.
- Inhalers should show the name of the user in case of loss.

4.10 EpiPen's

- An EpiPen should be carried by the student at all times and wherever possible another one should be kept in a safe but easily accessible, well labelled, drawer which will be identified by the school. Both must clearly display the name of the student and the expiry date.
- It is the parents / carers responsibility to ensure that their child attends school with their medication.
- It is the parents / carers responsibility to ensure that their child is responsible and competent in self-administering the medication.
- It is the parents /carers responsibility to provide the school with such medication and to ensure that it is replaced prior to its date of expiry.

4.11 Insulin Pens

- Insulin pens are to be carried by the named student and self-administered wherever possible.
- All insulin pens/cases must clearly display the student's name and expiry date
- It is the parents / carers responsibility to ensure that the named student is responsible and competent in self-administering the medication.
- It is the parents / carers responsibility to ensure their child has their medication, which is in date for the school day.
- Blood sugar testing can be carried out in an area identified in the school/ academy.

5. Safety management

5.1 Medicines may be harmful to anyone for whom they are not prescribed. Schools / academies must ensure that the risks to the health of others are properly controlled as set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH) and all the recommendations have been followed from the DFES Managing Medicines in School report (1448-2005).

6. Disposal of medicines

6.1 Parents / carers must collect medicine held in school at the end of each term. Parents / carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

6.2 If parents / carers do not collect medicines, they will be taken to a local pharmacy for safe disposal.

6.3 Sharps boxes will always be used for the disposal of needles and other sharps.

7. Defibrillator

7.1 Where a School has an Automated External Defibrillator on site this will be available for use by all staff. All that is required to use an AED is to recognise that someone who has collapsed may have a sudden cardiac arrest (SCA) and to attach the two adhesive pads (electrodes) that are used to connect the AED to the patient's bare chest. Through these pads the AED can both monitor the heart's electrical rhythm and deliver a shock when it is needed. The AED provides audible instructions and most models also provide visual prompts on a screen.

8. Refusing medicine



8.1 Where a student refuses medication, the staff member will make a record to this effect and follow the appropriate procedure. Under no circumstances will the student be forced to take medication. Parents / carers will be informed of the refusal on the same day. If a refusal to take medicine results in an emergency the school / academy will follow emergency procedures.

9. Staff administering medicine

9.1 There is no contractual duty on staff to administer medicine or supervise a student taking it. Staff may have specific duties to provide medical assistance as part of their role. Swift action must be taken by any member of staff to assist a child in an emergency.

9.2 Adrenalin EpiPen's will only be administered by trained adults.

10. Safe storage of medicines

10.1 Medicines will be stored in accordance to the product instructions and in the original container in which dispensed. Medicines will be stored in a secure location, which is not accessible by students with a named member of staff responsible for the key. This will be identified in the local school appendix.

10.2 The supplied container will be clearly labelled with the name of the student, the name and dose of the medicine and the frequency of administration.

10.3 Where a student needs two or more prescribed medicines each should be in a separate container.

10.4 Students should know where their own medicines are stored and who holds the key.

10.5 Medicines that need to be refrigerated will be kept in an airtight container and clearly labelled. Access to the refrigerator will be restricted to staff only.

10.6 Controlled drugs such as Ritalin, will be kept in a locked cupboard in a room which students do not have unsupervised access.

11. Procedure for managing prescription and bought medicines which need to be taken during the school day.

11.1 From November 2018, NHS Clinical Commissioning Groups (CCGs) and local GPs seek to support and encourage people to buy medicines/products and access advice from local pharmacies for the treatment of minor illnesses and ailments. This also applies to parents buying medicines for their children, including medicines which may need to be taken whilst their child is at school. When medication is bought there will be no requirement for GPs to provide an authorisation letter. Parents/carers should label the medication with the child's name and the school / academy will then follow the generic age-related instructions when administering to the child.

11.2 Schools will keep a clear record of all medications that are administered, in particular the time and dose administered to ensure that the recommended daily dose is not exceeded.

11.3 Medicines should always be provided in the original container as dispensed by a pharmacist displaying the dispensing label with the name of the student and includes the prescriber's instructions for administration.

11.4 Parents / carers are responsible for handing over to staff the medication which is to be administered.

11.5 No medicines will be administered until a consent form has been completed by the parent /carer.

11.6 There may be occasions when a student needs short term prescribed medication such as an antibiotic. Parents/carers should ask the prescriber if the medicine can be taken outside school hours.

11.7 Students with medical needs are encouraged to participate in educational visits. Staff supervising excursions should always be aware of any students' medical needs and relevant emergency procedures and be prepared to store and supervise the taking of medicines with prior parental/carers' written consent. Without parents / carers written or provision of medication consent students will not be allowed to participate in educational visits. This consent and provision of the medication is the responsibility of the parent / carer.

12. Record keeping

12.1 The school will keep a register of drugs for all medicines brought into the school / academy by a parent /carer for administration to a student during the school day. The register will be signed by the student when medication has been administered and in the case of controlled drugs, two staff signatures will be required. Any side effects of the medication administered will be noted



13. Emergency procedures

13.1 The Trust Health and Safety policy and Educational Visits policy detail emergency procedure including school trips within and outside the United Kingdom.

14. Day trips, residential visits and sporting activities

14.1 All students have the opportunity to participate in school trips, visits, sporting activities and so on. Staff must be aware of how a child's medical condition will impact on their participation. Flexibility for all children to participate in events according to their own abilities and with any reasonable adjustments to participate fully and safely will be incorporated into any proposals as required, unless evidence from a clinician, such as a GP, states that this is not possible.

14.2 Risk assessment will take place in consultation with parents / carers, students and advice from healthcare professionals. Planning arrangements incorporate steps needed to confirm that students with medical conditions can participate safely. Please also see Health and Safety Executive (HSE) guidance on school trips.

15. Individual Healthcare Plans

15.1 The aim of an Individual Healthcare Plan (IHCP) is to capture the steps which a school should take to help the student manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services.

15.2 The process that is followed is captured in a flowchart in Appendix 1.

15.3 When the school is notified of a medical condition, an IHCP will be completed, which can help to ensure that schools effectively support pupils with medical conditions. (Appendix 2).

15.4 IHCPs provide clarity about what needs to be done, when and by whom. They will often be essential, such as 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. However, not all students will require one.

15.5 The school, healthcare professional and parent will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will make the final decision.

15.6 The healthcare plan will be easily accessible to all who need to refer to them, while preserving confidentiality. The plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. Where a student has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their individual healthcare plan.

15.7 The Individual Health Care Plan (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 student. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the child. Students will also be involved whenever appropriate.

15.8 Where a student has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

15.9 Where a student is returning to the school/ academy following a period of hospital education or alternative provision (including home tuition), schools / academies will work with the local authority and healthcare professionals to ensure that the individual healthcare plan identifies the support the student will need to reintegrate effectively.

16. Role of the Student

16.1 Students with medical conditions will often be best placed to provide information about how their condition affects them. The student will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of and compliance with their Individual Health Care Plan.

17. Staff Training



17.1 Staff will receive regular and ongoing training as part of their development. Staff who have specific responsibilities of supporting students with medical conditions will receive the appropriate and relevant training.

17.2 No member of staff will be asked to administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility or administer drugs by injection unless they have received the appropriate training.

17.3 A record of training will be held on the employee file.

18. Avoiding Unacceptable Practice

18.1 School staff will use their discretion and judge each case on its merits with reference to the students' Individual Health Care Plan, however the Trust agrees that 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 students with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their Individual Health Care Plan.
- If the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise students 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/carers, or otherwise make them feel obliged, to attend school to provide medical support to their student, including assistance with toileting issues. No parent/carer should have to give up work because the school is failing to support their child's medical needs.
- Prevent children from participating or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the student.

19. Complaints

19.1 Should parents / carers or students be dissatisfied with the support provided they should discuss their concerns directly with the school / academy. If for whatever reason this does not resolve the issue, parents / carers should make a formal complaint via the complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

20. Limitations of this Policy

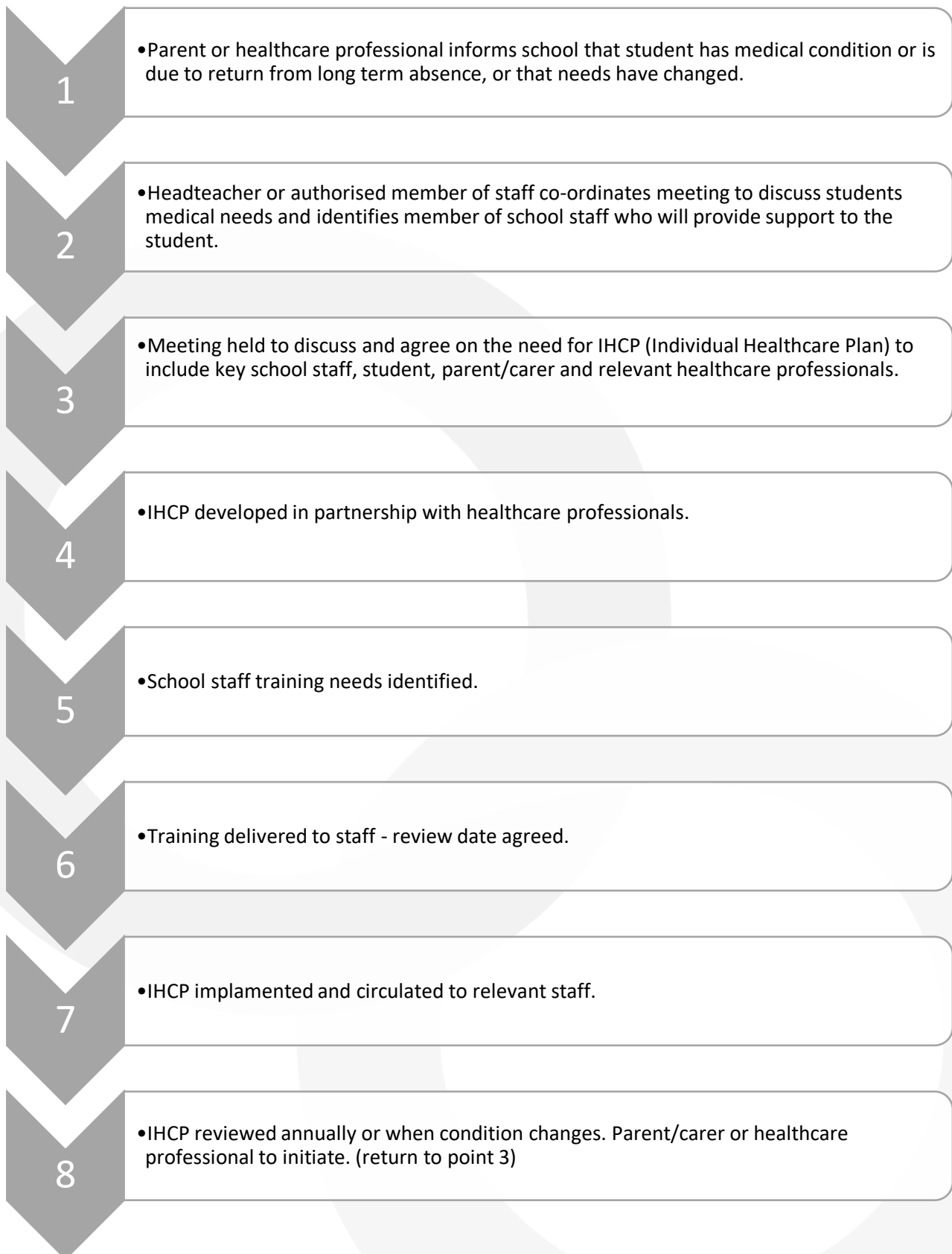
20.1 This policy cannot anticipate all eventualities therefore, professional judgement should be used to identify the appropriate course of action needed to protect those who are vulnerable and/or at risk. This judgement should derive from multi-disciplinary team discussion rather than any one individual where possible.

21. General Data Protection Regulation

21.1 All data within this policy will be processed in line with the requirements and protections set out in the General Data Protection Regulations.



Appendix 1: Procedure to be followed when a student has a medical condition



Appendix 2: Individual healthcare plan

Name of School	
Students Name	
Tutor Group	
Date of Birth	
Address	
Medical Diagnosis or Condition	
Date	
Review Date	

Family contact information

Name	
Relationship to Student	
Phone Number	
Home	
Work	
Mobile	

Name	
Relationship to Student	
Phone Number	
Home	
Work	
Mobile	

Name	
Relationship to Student	
Phone Number	
Home	
Work	
Mobile	

Clinic / hospital contact

Name	
Phone Number	

GP contact

Name	
Phone Number	



Person who is responsible for providing support in the 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, contraindications, administered by/self-administered with/without supervision.

Daily care requirements

Specific support for the student'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)

Staff training needed / undertaken - who, what, when

Plan developed with



Appendix 3: Parental / Carer agreement for school to administer medicine

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

Name of School	
Students Name	
Tutor Group	
Date of Birth	
Address	
Medical Diagnosis or Condition	
Date	
Review Date	

Medicine

Name/type of medicine (as described on container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration - Yes/No	
Procedures to take in an emergency	

Contact details

Name	
Daytime phone number	
Relationship to child	
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 the school staff administering medicine in accordance with the Trust policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s):

Date:

