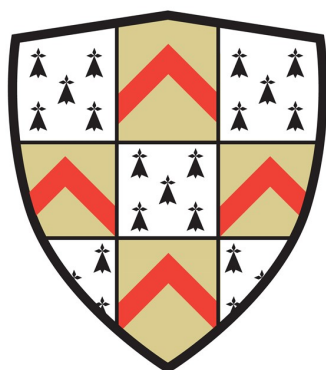


Supporting students with medical conditions policy

King Edward VI School, Lichfield



KING EDWARD VI SCHOOL LICHFIELD

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1. Aims

This policy aims to ensure that:

- Students, staff and parents understand how our school will support students with medical conditions
- Students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities

The governing body will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of student's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support students with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant students
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Catharine Forster (Deputy Headteacher)

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing bodies to make arrangements for supporting students at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

3. Roles and responsibilities

3.1 The governing body

The governing body has ultimate responsibility to make arrangements to support students with medical conditions. The governing body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- Take overall responsibility for the development of IHPs.
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way.
- Contact the school nursing service or the appropriate medical professional in the case of any student who has a medical condition that may require additional support at school.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

3.3 Staff

Supporting students with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to students with medical conditions, although they will not be obliged to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support students with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will consider the needs of students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help. Staff will be provided with information about students with medical conditions through the Individual Health Care plans, details of which will be shared via the first day folder, through new staff induction and through updates to the Individual Health Care Plans following review meetings, which will be shared via SIMs and GO4Schools and the briefing notes.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Be involved in the development and review of their child's IHP and may be involved in its drafting.
- Review the plan at least annually.
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

3.5 Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs. If students fail to comply with the IHP this will be addressed through the review.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school, with the consent of parents, when a student has been identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school nurses where possible and notify them of any students identified as having a medical condition.

4. Equal opportunities

Our school is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

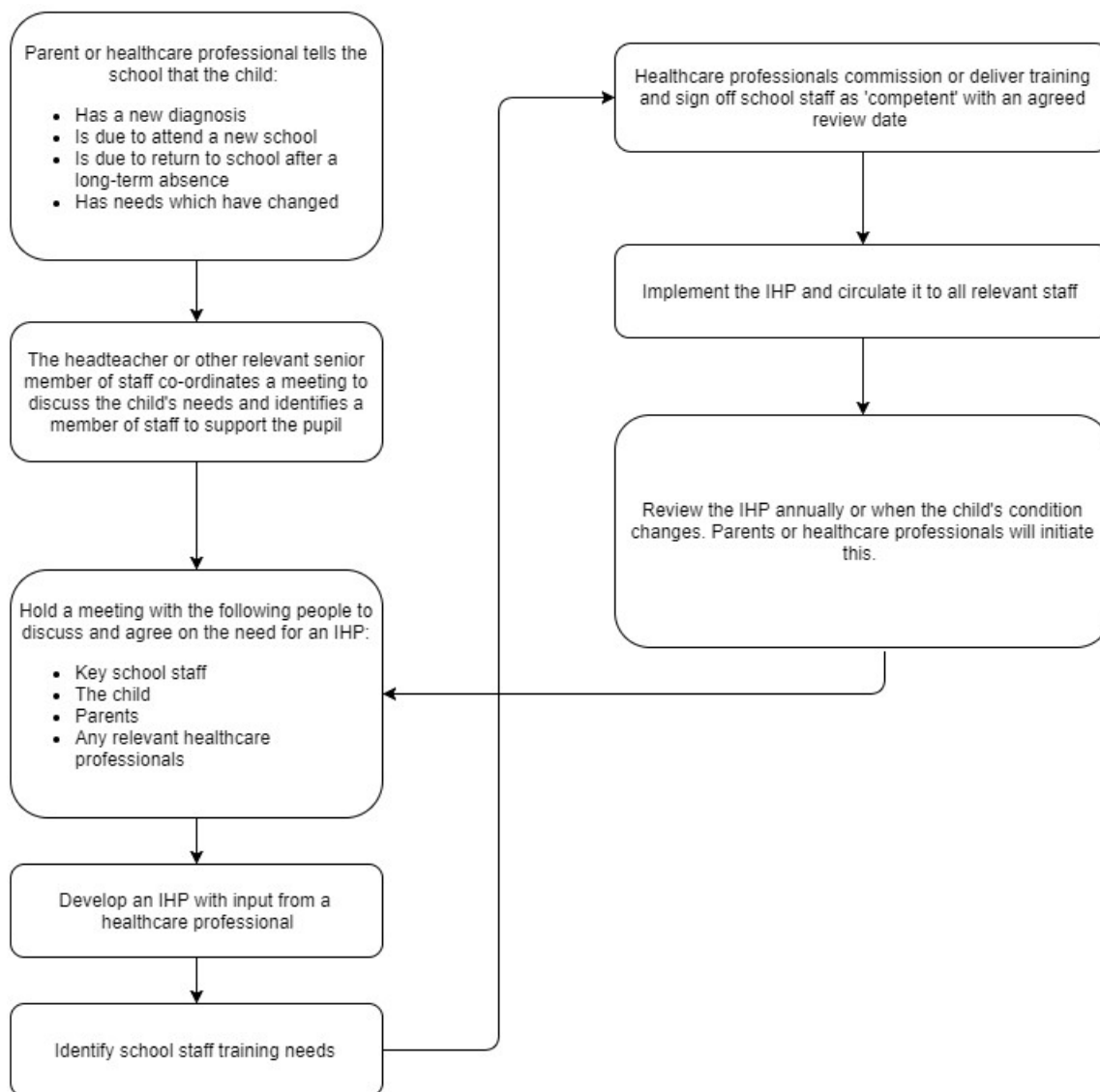
The school will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or before the start date for students who are new to our school.



6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to **Catharine Forster – Deputy Headteacher**.

Plans will be reviewed at least annually, or earlier if there is evidence that the student's needs have changed.

Plans will be developed with the student's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a student has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The following information and questions will be considered during meetings with parents and healthcare professionals when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The student's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the student's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the student's condition and the support required. Staff will be informed via updates at the start of the academic year, through briefing notes following a review and via SIMs and GO4Schools.
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the student during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g., risk assessments.
- Where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition.
- What to do in an emergency, including who to contact, and contingency arrangements
- Is there an educational visit pending?

All information will be recorded on the Individual Health care plans. Individual health care plans will be shared with staff via the first day back folder, induction and updates will be shared via briefing notes. Copies of Individual Healthcare Plans are kept on the shared area.

A copy of the care plan will also be linked to from SIMs. If an IHP is updated then the link to the new care plan will be shared with all staff via briefing notes.

7. Managing medicines

It should be the exception rather than the rule for medicines to be brought into school. Where possible, parents /carers should ensure that medicines prescribed in dose frequencies are administered outside school hours.

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the student's health or school attendance not to do so **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parents.

"Children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment."

<https://www.nhs.uk/conditions/consent-to-treatment/children/>

Students under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed when medication has been given.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is kept in its container, but it must be in date. It will be stored appropriately in the fridge.

All medicines will be stored safely. Students will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to students and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another student to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Students managing their own needs

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents, and it will be reflected in their IHPs where relevant.

Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Non-Prescribed Medicines

Generally, staff should not administer non-prescribed medicines. In some circumstances parents may wish the school to hold non-prescribed medication for a student to access. If so, they must:

- Inform the school in writing.
- Name the medication.
- Give the precise circumstances in which it may be taken.
- State the dose to be given.
- A record of any doses given will be kept and parents will be informed, on the same day, when medication has been given.
- If a child suffers from pain regularly, the parents / carers will be encouraged to seek medical advice.

7.4 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the student's IHP, but it is generally not acceptable to:

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment
- Ignore the views of the student or their parents.
- 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, including lunch, unless this is specified in their IHPs.
- 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 students 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 student, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask students to administer, medicine in school toilets.

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All students' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a student needs to be taken to hospital, staff will stay with the student until the parent arrives, they will liaise with the paramedics and parents about arrangements for transporting the student to hospital and supervision of the student.

Any member of staff with a safeguarding concern regarding medical conditions should refer these to the Designated Safeguarding Lead or one of the Deputy DSLs.

9. Training

Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training to do so. This will also ensure students are supported in the case of staff absence.

The training will be identified during the development or review of IHPs. Staff who provide support to students with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Deputy Headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the students.
- Fulfil the requirements in the IHPs.
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing body will ensure that written records are kept of all medicine administered to students. Parents will be informed if their student has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Defibrillators

The school has an automated external defibrillator (AED). The AED is stored at central location in an unlocked, alarmed cabinet. All members of staff who are first aiders are aware of the AED's location and what to do in an emergency. No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, members of staff who are first aiders are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

12. Emergency inhaler

King Edward VI School keeps a supply of salbutamol inhalers for use in emergencies when a student's own inhaler is not available. These are kept in 'emergency asthma kits'.

Emergency asthma kits contain the following:

- A salbutamol metered dose inhaler.
- Two plastic, compatible spacers
- Instructions on using the inhaler and spacer.
- Instructions on cleaning and storing the inhaler.
- Instructions for replacing inhalers and spacers.
- The manufacturer's information
- A checklist, identifying inhalers by their batch number and expiry date.
- A list of students with parental consent and/or individual healthcare plans permitting them to use the emergency inhaler.
- A record of administration showing when the inhaler has been used.

The emergency inhaler should only be used by students, for whom written parental consent has been received and who have been either diagnosed with asthma or prescribed an inhaler as reliever medication.

Parental consent for the use of an emergency inhaler should form part of any student with asthma's individual healthcare plan.

When not in use, emergency inhalers are stored in the school office in the temperate conditions specified in the manufacturer's instructions, out of reach and sight of students, but not locked away.

Spacers and inhalers must not be reused and may be given to the student for future home-use.

Students will be asked to bring a replacement inhaler in to school.

Whenever the emergency inhaler is used, the incident must be recorded in the corresponding record of administration.

Whenever the emergency inhaler is used, the incident must also be recorded on the school's records, indicating where the attack took place, how much medication was given, and by whom, and the student's parents will be informed in writing.

13. Emergency Anaphylaxis

King Edward VI School keeps a supply of Adrenaline Auto-injectors for use in emergencies when a student's own AAI is not available. These are kept in 'emergency anaphylaxis kits'.

Emergency anaphylaxis kits contain the following:

1 or more AAI(s).

- Instructions on how to use the device(s).
- Instructions on storage of the AAI device(s).
- Manufacturer's information.
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.
- A note of the arrangements for replacing the injectors.
- A list of students to whom the AAI can be administered.
- An administration record.

The anaphylaxis kit will be maintained and monitored by the student reception team, ensuring that:

- on a monthly basis the AAIs are present and in date.
- that replacement AAIs are obtained when expiry dates approach (this can be facilitated by signing up to the AAI expiry alerts through the relevant AAI manufacturer).

Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAIs can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council.

The spare AAI in the Emergency Kit should only be used in a student where both medical authorisation and written parental consent have been provided for the spare AAI to be used on them.

The use of any AAI device should be recorded. This should include:

- Where and when the REACTION took place (e.g., PE lesson, playground, classroom).
- How much medication was given, and by whom.
- Any person who has been given an AAI must be transferred to hospital for further monitoring. The student's parents should be contacted at the earliest opportunity. The hospital discharge documentation will be sent to the student's GP informing them of the reaction.

14. Liability and indemnity

The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The school is covered by the Risk Protection Arrangement for local authority schools which satisfies the requirements of the relevant law applicable in Great Britain, Northern Ireland, Isle of Man, Island of Jersey,

Island of Guernsey, Island of Alderney; or any offshore installations in territorial waters around Great Britain and its Continental Shelf.

In addition, it is St John Ambulance's charitable mission to teach as many people as possible essential first aid skills. We believe it also vitally important that people have the confidence to use these skills without hesitation wherever, and whenever, an accident occurs. In acknowledgement of this, St John Ambulance will provide all students who successfully pass their courses with Associate Membership Insurance cover for the duration of the validity of their training qualification. This insurance covers students against claims arising from first aid they may have delivered outside of their workplace responsibilities and when not covered by employer's (or any other) insurance*. We believe so strongly in the value of providing this re-assurance, and are so confident in the standards of our training delivery, that we will automatically provide all students who successfully pass one of our First aid at work, Emergency aid for appointed persons and AED courses with this Associate Membership Insurance at no extra charge.

[Associate Membership Insurance - Guidance | St John Ambulance \(sja.org.uk\)](#)

*A first aider acting on behalf of an association or club must do so under the insurance of that club or association. Associate Membership Insurance does not cover the first aider in such instances.

15. Complaints

Parents with a complaint about support for their child's medical condition should discuss these directly with the Deputy Headteacher in the first instance. If the Deputy Headteacher cannot resolve the matter, they will direct parents to the school's headteacher and the complaints procedure.

16. Monitoring arrangements

This policy will be reviewed and approved by the governing body every 3 years.

17. Links to other policies

This policy links to the following policies:

- Accessibility plan, including equality objectives
- Complaints
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy
- Educational Visits

Appendix 1 Template: individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information *(including checking priority contact information and that this matches with SIMs)*

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

Clinic/Hospital Contact *(all medical details to be added, including where a student is under the care of more than one health care professional)*

Name	
Phone no.	
Name	
Phone no.	

G.P.

Name

Phone no.

Who is responsible for providing support in school (*this should consider medical and emotional/social support, as well as staff to link with parents*)

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, including routines which take place out of school hours, this information is provided to raise staff awareness.

Specific support for the student's educational, social and emotional needs (*including any process for support following an absence, such as links with the form tutor, arranging for work to help the student catch up, notifying other teaching staff*)

Arrangements for school visits/trips etc. including those which take place out of school hours. (*Consideration should be given to treatment or processes which take place beyond the school day*)

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, including linked SLT *(clarify who will be an on-going point of contact)*

Staff training needed/undertaken – who, what, when

Form copied to:

This form will be placed in the shared area on the school's internal network. It will also be a linked document on SIMs and on Go4Schools. An overview will be shared with staff at the start of the academic year, any updates will be shared with staff via the briefing notes.

Copies of external health care plans will also be copied and shared with this document.

Appendix 2 Template: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting students at school with medical conditions for your information [and your child's current individual healthcare plan].

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each student needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, students, and the relevant healthcare professional, who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

We would like to invite you to a meeting to start/review the process of developing your child's individual health care plan; this has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]: Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or student support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Templates: model letters to accompany medication and review of medication

Dear Parent,

Please be aware that we have been reviewing the medication currently held in school. We have the following medication in school for your child: _____.

Following our review, we will be returning this medication to you because it is either out of date or it is not in its original packaging with the child's name on.

If you wish the school to hold medication for your child to access, please could you send in the medication in its original packaging, with the child's name clearly labelled on it. In addition, please complete the attached form providing details of the medication.

Kind regards,

This letter will be sent via email with a read receipt requested. A follow up version will be sent by post also. A review of medication will take place every six months, this will be in the summer term and at the end of the Autumn term.