



## Supporting students with medical conditions

### Rationale

- To share how Abbot's Lea School will support students with medical needs
- To ensure that the systems in place at school allow students with medical needs to access the same education as other students, including enrichment opportunities
- To outline the procedures for administering prescribed medicines to students.
- To ensure compliance with all relevant legislation connected to this policy.
- To work with other schools and the local authority to share good practice in order to improve this policy.

### Linked policies

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

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

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

### Role of the Governing Body

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

The Governing Body has:

- appointed a member of staff to be responsible for Health and Safety;
- delegated powers and responsibilities to the Headteacher to ensure all school personnel and stakeholders are aware of and comply with this policy;
- responsibility for ensuring that the school complies with all equalities legislation;
- nominated a designated Equalities governor to ensure that appropriate action will be taken to deal with all prejudice related incidents or incidents which are a breach of this policy;
- responsibility for ensuring funding is in place to support this policy;
- responsibility for ensuring this policy and all policies are maintained and updated regularly;
- responsibility for ensuring all policies are made available to families;
- nominated a link governor to:
  - visit the school regularly;
  - work closely with the Headteacher and the Designated Person/s;
  - ensure this policy and other linked policies are up to date;
  - ensure that everyone connected with the school is aware of this policy;
  - attend training related to this policy;
  - report to the Governing Body every term;
  - annually report to the Governing Body on the success and development of this policy.

### Role of the Headteacher

The Headteacher will:

- ensure all school personnel, students and families are aware of and comply with this policy;
- ensure designated persons undertake suitable and sufficient training;
- ensure there are systems in place to share information about students' needs effectively;
- ensure that external support from Health and other agencies is sourced and used where required;
- ensure the administration of prescribed medicines by putting into practice effective strategies and examples of good practice;
- work closely with the link governor and coordinator;
- provide leadership and vision in respect of equality;
- provide guidance, support and training to all staff;
- monitor the effectiveness of this policy by speaking with students, school personnel, families and governors;
- annually report to the Governing Body on the success and development of this policy.

### Role of the designated person/s

When the school is notified that a student has a medical condition, the designated person will liaise with the family and student to decide whether the student requires an Individual Health Care Plan.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for students who are new to our school.

Members of the school personnel who have volunteered to administer or supervise the taking of medication will:

- undertake appropriate training;
- be up to date with the Individual Health Care Plans for those students with specific medical needs or emergency medication such as asthma inhalers or epipens;
- be aware of Individual Health Care Plans and of symptoms which may require emergency action;
- read and check the Medical Consent Forms before administering or supervising the taking of medicines;
- ensure a copy of the Medical Consent Form has been uploaded onto Arbor
- check that the medication belongs to the named student;
- check that the medication is within the expiry date;
- inform the family if the medication has reached its expiry date;
- confirm the dosage/frequency on each occasion and consult the medicine record form to prevent double dosage;
- record on Arbor all relevant details of when medication was given (on the day that it was administered);
- return medications to the secure cabinet for storage;
- always take appropriate hygiene precautions;
- record when a child refuses to take medication;
- immediately inform the family of this refusal.
- ensure all medications are kept in a secure place and accessible only to the designated persons;
- ensure a designated person will attend all educational visits in order to administer medications;
- ensure students have immediate access to asthma inhalers during sporting activities in the school day and during extra-curricular clubs;
- provide training for all staff on induction and when the need arises;
- keep up to date with new developments and resources;

## Role of school personnel

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 required to do so. This includes the administration of medicines.

We acknowledge that under the standard terms and conditions for the employment of school staff there is no legal duty for them to administer or to supervise a child taking medication. Supporting students at school with medical conditions clearly states that 'Any member of school staff may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of students with medical conditions that they teach.'

Administration of medicines by any member of the school personnel is undertaken purely on a voluntary basis and individual decisions will be respected. However, volunteer personnel will be expected to undertake sufficient and suitable training and to achieve the necessary level of competency before they are able to administer medicines.

School personnel will:

- comply with all aspects of this policy;
- be aware that they have the right to decline administering medicines to students;

- implement the school's equalities policy and schemes;
- report and deal with all incidents of discrimination;
- attend appropriate training sessions on equality;
- report any concerns they have on any aspect of the school community.

## Role of students

Students will:

- where able, be aware of and comply with this policy;
- where able, be aware of the designated school personnel who can administer medications;
- where able, listen carefully to all instructions given by the teacher;
- where able, ask for further help if they do not understand;
- where able, support the school Code of Conduct and guidance necessary to ensure the smooth running of the school;
- where able, take part in questionnaires and surveys.

## Role of families

Families are expected to work with the designated person to reach an agreement on the school's role in supporting their child's medical needs, in accordance with this policy

It requires only one person with legal guardianship to agree or request that medicines are administered to a child. It is likely that this will be the family member with whom the school has day-to-day contact.

It is the family's responsibility to keep their child at home when they are acutely unwell.

If families have difficulty understanding or supporting their child's medical condition themselves, they should be encouraged to contact either the school nurse or the health visitor, as appropriate.

Where there are long-term medical needs for a student, including the administration of medicine for a period of 8 days or more, a Health Care Plan should be completed involving the family, the school and relevant health professionals (if appropriate). The school will agree with family how often they should jointly review the HCP. It is sensible to do this at least once a year. The school will judge each student's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. HCPs will also take into account a student's age and need/ability to take personal responsibility.

Families must provide:

- written permission by completing the required paperwork
- sufficient medical information on their child's medical condition;
- Where medication needs to be sent into school, the medication must be stored in its original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases this should include:
  - Name of student
  - Name of medicine

- Dose
  - Method of administration
  - Time/frequency of administration
  - Any side effects
  - Storage requirements
- monitor when further supplies of medication are needed in school. It is not the school's responsibility.

## Individual Healthcare Plans (IHPs)

The Headteacher has overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to the Deputy Headteacher, who in turn will ask the member of staff best placed to liaise with the family to create an IHP. This may, for example be the Safeguarding Team, The Multidisciplinary Team or Class-based staff.

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 family when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, family 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 may be linked to, or become part of, any education, health and care (EHC) plan.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. To inform this decision, the following will be considered:

- 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, therapeutic 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
- Who in the school needs to be aware of the student's condition and the support required

- Arrangements for written permission from families 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 visits 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 family/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

## Managing Medicines

Prescription medicines 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 families' written consent

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

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. Families will always be informed.

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 inside an insulin pen or pump rather than its original container, but it must be in date.

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 the family to arrange for safe disposal when no longer required.

## 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.

All other controlled drugs are kept in a secure medicine cabinet 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.

### 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 families and it will be reflected in their IHPs.

Students will be allowed to take control of storing their medication with support from their class team. They will also be encouraged to carry 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 the family so that an alternative option can be considered, if necessary.

### 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 students or their families
- 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 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 families, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their student, including with toileting issues. No family 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 families to accompany their child
- Administer, or ask students to administer, medicine in school toilets

### 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 family arrives, or accompany the student to hospital by ambulance.

## Training

Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training to do so.

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 Leadership Team. 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.

## Record keeping

The Governing board will ensure that written records are kept of all medicine administered to students for as long as these students are at the school. Families 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.

## Liability and indemnity

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

The details of the school's Public Liability insurance are available upon request.

## Complaints

Families with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the class team in the first instance. If the matter is not resolved, the family should follow the normal escalation procedure.

## Raising Awareness of this Policy

We will raise awareness of this policy via:

- the school website



- the staff induction process
- meetings with families such as introductory, transition, family-teacher consultations and periodic curriculum workshops
- school events
- meetings with school staff
- communications with home such as Head's Weekly Newsletters

## Equality Impact Assessment

Under the Equality Act 2010 we have a duty not to discriminate against people on the basis of their age, disability, gender, gender identity, pregnancy or maternity, race, religion or belief and sexual orientation.

This policy has been equality impact assessed and we believe that it is in line with the Equality Act 2010. As it is fair, it does not prioritise or disadvantage any student and it helps to promote equality at this school.

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 family and any relevant healthcare professionals will be consulted.

## Monitoring the effectiveness of the policy

### Review of Procedure

This policy will be reviewed and approved by the Governing Board annually.

### Management of policy

The Governors and Headteacher have overall responsibility for the maintenance and operation of this policy. They will maintain a record of concerns raised and the outcomes.

<b>Reviewed by:</b>	Deputy Headteacher	<b>Date:</b> 18.9.2023
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<b>Next review due by:</b>	July 2024	