



Policy for Supporting Pupils with Medical Conditions

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1. Background

- 1.1 In line with Section 100 of the Children and Families Act, which came into force on 1st September 2014, to support pupils at school with medical conditions we are committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported at Southern Academy Trust schools, so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- 1.2 No child with a medical condition will be denied admission or prevented from taking up a place in our schools because arrangements for their medical condition have not been made.
- 1.3 We will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases therefore we will not accept a child in school at times where it would be detrimental to the health of that child or others to do so.
- 1.4 This policy will be reviewed regularly and it is readily accessible to parents and school staff.

2. Policy implementation

- 2.1 The named person, who has overall responsibility for policy implementation, is the Principal /Head teacher or Head of Boarding.
- 2.2 They will
 - ensure that sufficient staff are suitably trained
 - ensure 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
 - brief supply teachers
 - carry out risk assessments for school visits, holidays, and other school activities outside the normal timetable
 - monitor individual healthcare plans

3. Procedure to be followed when notification is received that a pupil has a medical condition

- 3.1 When a Trust school is notified that a pupil has a medical condition we will:

- make arrangements for any staff training or support
- make every effort to ensure that arrangements are put in place within two weeks
- not wait for a formal diagnosis before providing support to pupils

4. Individual healthcare plans

4.1 Our school will send home a health questionnaire. Any parent reporting that their child has an on-going medical condition such as asthma, epilepsy, diabetes or more complex medical

condition, will be asked to complete an Individual Healthcare Plan (IHP). Individual healthcare plans will be completed in conjunction with the medical professionals involved in the child's care. It is a legal requirement that this is updated annually. At our schools we will ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. We will assess and manage risks to the child's education, health and social wellbeing, and minimise disruption.

4.2 Individual Healthcare Plans must have information about:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil'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 pupil'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 (NB If a child is self-managing their medication, this should 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 child'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 child's condition and the support required;
- arrangements for written permission from a parent/carer and the Head teacher/Principal for medication to be administered by a member of staff, or self-administered by the pupil during school hours.

- arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

5. Roles and responsibilities

5.1 At our schools those people involved in arrangements to support pupils at school with medical conditions include:

- Head teacher/Principal
- SENCo
- Trust Health and Wellbeing Manger
- NHS School Nurse
- Compliance and Administration Manager

6. Staff training and support

6.1 Staff are supported in carrying out their role to support pupils with medical conditions through appropriate training.

6.2 Any member of school staff providing support to a pupil with medical needs will have received suitable training.

6.3 No member of staff will give prescription medicines or undertake healthcare procedures without appropriate training or instruction (updated to reflect requirements within individual healthcare plans).

7. The child's role in managing their own medical needs

7.1 Where children are deemed competent to manage their own health needs and medicines by their parent(s) and medical professional they will be supported to do this.

8. Managing medicines on school premises

8.1 At our schools:

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

- No child will be given prescription or non-prescription medicines without written consent from a parent/carer.
- We will never give medicine containing aspirin unless prescribed by a doctor.
- Medication, e.g. for pain relief will never be administered without first checking maximum dosages and when the previous dose was taken.
- A parent/carer will be informed.
- Where clinically possible, we will expect that medicines will be prescribed in dose frequencies which enable them to be taken outside school hours.
- We will only accept prescribed medicines if they are:
 - re in-date
 - are labelled
 - are provided **in the original container as dispensed by a pharmacist**
 - **include instructions for administration, dosage and storage.** *(NB The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container)*
- All medicines will be stored safely
- Children will know where their medicines are at all times and will be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away, including when pupils are outside the school premises, e.g. on school trips.
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.
- Controlled drugs will be managed by school staff and should not remain with the child unless the IHP indicates this is essential.
- School staff will only administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. Administration will be detailed on specific controlled drugs records.
- We will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any

side effects of the medication to be administered at school will be noted in school

9. Non-prescribed medicines

9.1 At our schools we will administer non-prescription medicines where parental permission for these being given has been sought. In an emergency situation a member of staff may act in loco parentis, exercising the usual caution of a competent parent.

10. Record keeping

10.1 We recognise that records offer protection to staff and children and provide evidence that agreed procedures have been followed. A parent or carer will be informed if their child has been unwell at school.

10.2 We will ensure that written records are kept of all medicines administered to children.

11. Emergency procedures

11.1 We will call 999 and follow direction and seek to advise a parent/carers at the earliest opportunity. In the instance a pupil needs to attend hospital a member of staff will accompany a child.

12. Day trips, residential visits and sporting activities

12.1 We will always strive to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so unless specific medical conditions or the activity puts them at risk. Decisions will be made on a case by case basis.

12.2 We believe it to be unacceptable practice to

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- send a child to the school office or medical room unaccompanied or with someone unsuitable if they become ill;

- penalise children for their attendance record if their absences are related to their medical conditions, e.g. hospital appointments. (A doctors note should accompany the Health Care plan if a medical condition is likely to effect attendance)
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

13. Emergency Salbutamol Inhalers and Emergency AAI's

13.1 Since 1 October 2014 UK schools have been allowed to purchase a salbutamol inhaler without a prescription for use in emergencies when a child with asthma cannot access their own inhaler.

13.2 Additionally from 1 October 2017, schools in England are allowed to purchase adrenaline auto-injector (AAI) devices without a prescription, for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working.

13.3 As a Trust we have agreed to purchase and keep emergency inhalers and emergency AAI's. We will administer these in emergencies only where we have written permission from a parent/guardian to do so, where it is part of a pupil's individual healthcare plan, and will administer them in line with the relevant government guidance, links to which are below.

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

14. Emergency use of the school's spare AAI

14.1 The Trust Health and Wellbeing Manager will make arrangements for the supply, storage, care, and disposal of spare AAI(s) in each of the Trust's schools.

14.2 A register will be kept in each school of pupils who have been prescribed an AAI(s) (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis). This will be kept in an accessible location.

14.3 Written consent will be sought from the pupil's parent/legal guardian for use of the spare AAI(s), as part of a pupil's individual healthcare plan. The person responsible at each school will ensure that any spare AAI is used only for pupils where both medical authorisation and written parental consent have been provided. This information will be clearly displayed on the accessible register of pupils who have been prescribed AAIs.

14.4 Appropriate support and training will be given to staff in the use of the AAI.

14.5 A record of use of any AAI(s) will be kept and a parent or carer will be informed if their child has been administered an AAI and whether this was the school's spare AAI or the pupil's own device.

15. Emergency use of the school's spare Salbutamol Inhaler

15.1 The Southern Academy Trust Senior Healthcare Worker will make arrangements for the supply, storage, care, and disposal of the inhaler and spacers in each of the Trust's schools.

15.2 A register will be kept in each school of pupils who have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept in an accessible location.

15.3 Written consent will be sought from the pupil's parent/legal guardian for use of the emergency inhaler, as part of a child's individual healthcare plan. The person responsible at each school will ensure that any emergency inhaler is used only for pupils where both medical authorisation and written parental consent have been provided. This information will be clearly displayed on the accessible register of pupils who have been diagnosed with asthma/prescribed an inhaler.

15.4 Appropriate support and training for staff in the use of the emergency inhaler will be given.

15.5 A record of use of the emergency inhaler will be kept and a parent or carer will be informed if their child has used the emergency inhaler.