

Scholars' Education Trust

POLICY TITLE: SUPPORTING STUDENTS WITH MEDICAL CONDITIONS

STATUS Statutory

REVIEWED BY: Trust Board

DATE DUE: SUMMER 2021

DATE of APPROVAL: 12 July 2021

DATE of REVIEW: SUMMER 2025

LEAD RESPONSIBILITY: Chief Operations Officer

STATEMENT

The Trust is inclusive and aims to support and welcome students with medical conditions. It aims to provide all students with all medical conditions the same opportunities as others at school.

- The Trust ensures all staff understand the duty of care to children and young people in the event of an emergency.
- The Trust understands that certain medical conditions are serious and can be potentially life threatening.
- This Trust understands the importance of medication being taken as prescribed.
- The Trust is committed to ensuring that staff are suitably informed about students with medical conditions. Regular training will be provided about the most common conditions.
- Staff receive additional training, if necessary, about any children they may be working with who have complex health needs.
- The Trust will make all reasonable adjustments to ensure that all students with medical conditions can participate in as many aspects of school life as possible.
- The Trust aims to provide all children with medical conditions the same opportunities as others at school.
- The Trust understands that there are social and emotional consequences associated with medical conditions.

SUPPORT

The Trust recognises that there are a variety of medical conditions which may require different levels of response depending on the individual student and that the same diagnosis does not require the same treatment in different children. Conditions may be broadly recognised as follows:

1. Long-term conditions which can be life-threatening and for which emergency medication is required but which may be very well managed and present a low risk factor on a day to day basis (eg diabetes, anaphylaxis, epilepsy, asthma)
2. Long-term conditions which can be life-threatening but are currently unstable or not well-managed

3. Long-term conditions which are not immediately life-threatening but which may require periodic absence from school (eg Crohn's disease)
4. Short term conditions which may require a one-off extended period of absence from school (eg for an operation)
5. Other conditions which are not life-threatening but which may require regular medication (eg ADHD)
6. Acute or chronic conditions which are also considered to be a disability (e.g cerebral palsy, cancer)

COMMUNICATION AND MANAGEMENT

- Information about any medical conditions is sought at the point of entry. Where there is a more complex case or if a chronic medical condition arises at any other time whilst in education, parents are asked to complete a Health Care Plan (HCP) with relevant school staff. Parents are reminded annually to update this information as necessary.
- If a student has a short term medical condition a Parental Agreement for the Administration of Medicine at School form must be completed as appropriate.
- Disclosed medical information is recorded on SIMS. A HCP is required for all students with chronic medical conditions and/or if medication is administered on site, where the condition is unstable and requires careful monitoring or regular interventions within the school/academy day, where the medical condition is having a significant impact on the student's ability to learn effectively or access school, where the medical condition has meant that the student's attendance has dropped significantly. The HCP may be drawn up in consultation with health practitioners.
- Where the student has an acute/chronic condition which is considered to be a disability, the school will draw up a HCP unless an Educational Health Care Plan is already in place because the student has a statement of SEN.
- Those drawing up the HCP should consider notifying the school nurse to seek support for the student with the medical need.
- HCPs will be used to:
 - a) Identify the medical condition, its triggers, signs, symptoms and treatments
 - b) Identify how the health condition presents a barrier to learning and what strategies are needed to support the student
 - c) Identify who will provide the support and any medical training needs
 - d) Clarify arrangements for the administration of medication, emergency procedures and any special arrangements needed
- Staff are made aware of this Medical policy. Parents are made aware via the school/academy websites.
- Staff within the Trust and supply teachers are made aware of the students with chronic/serious medical conditions. Staff understand they have a duty of care to students both during, and at either side of the school day in the event of an emergency. In an emergency situation, staff are required under common law duty of care to act like any reasonably prudent parent/carer. This may include administering medication.
- Staff have training/information updates at least once a year. Additional training is prioritised for key staff members who work with children who have specific medical conditions supported by HCPs, if required.
- Staff receive updates of 'medical needs' and know how to act in an emergency.
- If a student needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives with the permission of the Headteacher.

GUIDANCE ON ADMINISTRATION OF MEDICINES

- In the vast majority of cases, students will be able to administer their own medication during the school day. Medicines will only be administered by the school/academy when it is detrimental to the child's health or school attendance not to do so; ie anaphylaxis.
- Staff will only administer medication to a student, whether prescription or non-prescription, with a parent's written consent.

- It may be appropriate in some cases for students to be supervised when taking medication and if so this will be noted on their HCP.
- All requests for medication or first aid assistance, held in school/academy, will be logged.
- All emergency medication, which is not controlled, is held at the Medical Room and is readily available. Students are aware of where their medication is held so that they can access it at any time.
- If the emergency medication is controlled it will be stored securely and the keys are readily available to nominated staff.
- All non-emergency medication is stored securely and the keys are readily available to nominated staff
- Students are reminded to carry their emergency medication with them.
- The Trust understands the importance of medication being taken as prescribed.
- Parents/carers understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school/academy immediately. HCPs should be updated accordingly
- If a student refuses their medication, staff will record this. Parents/carers will be informed as soon as possible.
- All staff attending off-site visits are aware of any students on the visit who have medical conditions. They will receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed. Where the visit includes an overnight stay, any prescription medication should be given to members of staff for safe-keeping, in liaison with parents. If a trained member(s) of staff, who is usually responsible for administering medication, is not available the school/academy will make alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.
- If a student misuses their medication for a chronic illness, their parents/carers will be informed as soon as possible. If necessary, the school/academy will seek medical advice by ringing the Emergency Services/A&E, if this situation arises.
- The Trust has identified member(s) of staff/designated person(s) who ensure(s) the correct storage of medication at school. Staff will check the expiry dates for all medication stored at the school/academy at least once a year along with clear labelling. This should include the student's name, name of medication, route of administration, dose and frequency. All medication should be supplied and stored in its original containers according to manufacturer's instructions.
- Some medication for students may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are inaccessible to unsupervised students.
- It is the parents/carer's responsibility to ensure adequate supplies of new and/or in date medication comes into school/academy with the appropriate instructions. A completed Parental Agreement for the Administration of Medicine at School form must be held at all times.
- Parents/carers are asked to collect any out of date medication for safe disposal.
- A sharps box will be provided for the disposal of needles

USE OF NON-PRESCRIPTION MEDICINES

- Staff will not administer any non-prescribed or over the counter medication during the course of the normal school day unless written parental consent is held.
- Staff may consent to supervise the administration of non-prescription medicine on residential school visits if the student is unable to do so on their own. There must be written parental consent to administer the medication and clear guidance given to staff for recurring 'over the counter' medications e.g. piriton for hayfever via the school consent form (Appendix 1).

EMERGENCY PROCEDURES

- Copies of all HCPs are held in the Medical Room together with any medication

- In the event of an emergency, staff will follow procedures specified for each school/academy and in accordance with each student's HCP.

Emergency Salbutamol Inhaler

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

The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools (March 2015).
<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

The school/Academy hold a register of children prescribed an inhaler and this list is kept with the emergency inhaler.

Written parental consent is sought for the use of the emergency inhaler. Where consent is received the use of the emergency inhaler will be included in the pupil's HCP.

A record of use for the emergency inhaler will be kept and Parents/carers will be informed if their child has used the emergency inhaler.

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

The emergency inhaler is stored in a suitable location and is clearly labelled to avoid confusion with a child's inhaler.

Emergency Adrenaline Auto-injector (AAI)

The school/Academy has chosen to hold a "spare" AAI device for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working.

These AAI(s) held by the school are not a replacement for a pupil's own AAI(s).

The protocol for the use of this is detailed below, following the Department of Health and Social Care AAI's in schools (September 2017).

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

The school hold a register of children prescribed an AAI or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis.

Written parental consent is sought for the use of the spare AAI as part of the pupil's HCP.

The spare AAI will only be used in pupils where both parental consent and medical authorisation has been provided.

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

Appropriate support and training has been provided to staff in the use of AAI(s) in line with the school's policy on supporting pupils with medical conditions.

All AAI devices including the spare AAI(s) are kept in a suitable location. AAIs are not locked away and remain accessible and available for use and not more than 5 minutes from where they may be needed.

The spare AAI is clearly labelled to avoid confusion with that prescribed to a named pupil.

AAI(s) are checked on a monthly basis to ensure that they are present and in date and that replacement AAI(s) are obtained when expiry dates approach.

INCLUSION

Physical Environment

- The Trust is committed to providing a physical environment that is as accessible as possible to students with medical conditions. This includes out-of-school visits.
- The Trust ensures the needs of students with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.
- The Trust ensures the needs of students with medical conditions are adequately considered to ensure they have access to extended school activities such as school/academy discos, breakfast club, school productions, after school clubs and residential visits.
- Staff at school/academy are aware of the potential social problems that students with medical conditions may experience. Staff use this knowledge to prevent and deal with problems in accordance with the Trust's Behaviour Management policy.
- Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions and to help create a positive social environment.

Education and Learning

- The Trust ensures that students with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.
- Teachers within the Trust are aware of the potential for students with medical conditions to have special educational needs (SEN).

RISK ASSESSMENTS

- Risk assessments are carried out by the Trust prior to any out-of-school visit or off site provision and medical conditions are considered during this process. The Trust considers: how all students will be able to access the activities proposed; how routine and emergency medication will be stored and administered, where help can be obtained in an emergency, and any other relevant matters.
- The Trust understands that there may be additional medication, equipment or other factors to consider when planning residential visits or off site activities. The Trust considers additional medication and facilities that are normally available at school.
- The Trust carries out risk assessments before students start any work experience or off-site educational placements. It is the Trust's responsibility to ensure that the placement is suitable, including travel to and from the venue for the student. Permission is sought from the student and their parents/carers before any medical information is shared with an employer or other education provider. Copies of HCPs may be sent to off-site placements with parental consent.

The Trust works in partnership with all interested and relevant parties including the Governing Bodies, staff, and community healthcare professionals and any relevant emergency practitioners.

Equalities impact assessment considered

Appendix 1 – Health Care Plan

Health Care Plan for: Date of Birth: Year Group: Date: Review Date:	
Parent's contact details	
GP Details	Name: Telephone Number: NHS Number:
Hospital Details	Consultant: Telephone Number: Hospital Number:
Medical conditions	
Who is responsible for providing support in school/academy	1. 2.

Strategies or information for support

Medical Needs (triggers, symptoms, signs, treatments, facilities, equipment or devices, environmental issues etc.):

Triggers	Symptoms/information	Action required

Administration of the medication:

Time of the day/Symptoms	Name of medication	Dosage/administration

Arrangements for school/academy visits / trips / extra-curricular activities

Describe what constitutes an emergency and the action to take if this occurs

Plan Developed with (to include parents):

Name	Role	Signature

Staff Training Requirements:

Name	Requirement	Date delivered by whom	Date of review

This care plan has been designed in collaboration with the school / academy, parents/ carers and the appropriate external agencies. The purpose of this plan is to minimise the possible risks. However, it is important to notice that it will not eliminate risks. Where possible the school / academy will strive to meet the needs and content of this plan.

Appendix 2 – Roles & Responsibilities

Health Care Plan Roles and Responsibilities		
Role	Staff Member Responsible	Staff Member Job Title
Contact parents to arrange meeting		
Develop health care plan in conjunction with relevant professional bodies and parents		
Obtain written consent for the use of emergency medication, salbutamol / AAI held by the school / academy if relevant and record on health care plan		
Identify school staff training needs		
Book training for school staff		
Record training on health care plan		
Implement health care plan and circulate to relevant staff		
Arrange annual review of health care plan with parents		
Contact for parents should medical needs change requiring the health care plan to be updated prior to the annual review		