



MEDICAL CONDITIONS POLICY

**Presented to
Students and Safeguarding Committee
6 June 2017**

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Date of next review: ³	

¹ This is the date the policy was approved by the meeting

² This is the date the policy was reviewed prior to its approval above

³ This is the date as set by the policy review clause or the date approved plus two years

Footnote:

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MEDICAL CONDITIONS POLICY

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1.0 POLICY STATEMENT

This school provides all students with any medical condition the same opportunities as others at school.

- 1.1 We will help to ensure they can:
 - be healthy
 - stay safe
 - enjoy and achieve
 - make a positive contribution
 - achieve wellbeing once they leave school.
- 1.2 The school makes sure all staff understand their duty of care to students in the event of an emergency.
- 1.3 The school will ensure that all staff feel confident in knowing what to do in an emergency.
- 1.4 The school understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood.
- 1.5 The school understands the importance of medication and care being taken as directed by healthcare professionals and parent/carer.
- 1.6 All staff understand the medical conditions that affect students at this school. Staff receive annual training on the impact medical conditions can have on students.
- 1.7 This policy describes the essential criteria for how the school meets the needs of students with long-term medical conditions.
- 1.8 The named member of school staff responsible for this medical conditions policy and its implementation is: The Headteacher.

2.0 INTRODUCTION

The school is an inclusive community that supports students with medical conditions.

- 2.1 The school does not discriminate against students with medical conditions and offers the same opportunities and access to activities (both school based and out-of-school) as other students. Reasonable adjustments will be explored to ensure no child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been explored.
- 2.2 The school will listen to the views of students and parent/carers.
- 2.3 It is the aim of the school that students and parent/carers feel confident in the care students receive from the school and that the level of care meets their needs.
- 2.4 Staff understand the medical conditions of students at the school and that they may be serious, adversely affect a student's quality of life and impact on their ability to learn.
- 2.5 The whole school, including the Senior Management Team (SMT), First Aid Staff, Governors, Trustees and Healthcare Professionals understand and support the medical conditions policy.

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- 2.6 The school understands that students with the same medical condition may not have the same needs.
- 2.7 The school recognises that duties in the Children and Families Act (England only) and the Equality Act (England, Wales and Scotland) relate to students with disability or medical conditions and are anticipatory. All medical information will be treated as confidential and protected in line with the Data Protection Act 1998.

3.0 STAKEHOLDERS

- 3.1 The school's medical conditions policy is drawn up in consultation with SMT, First Aid Staff, Governors, Trustees and Healthcare Professionals.

4.0 COMMUNICATION PLAN

- 4.1 The medical conditions policy is readily available under the policies section of the school website. Parent/carers are informed of the policy as their child joins the school.

5.0 INDIVIDUAL HEALTHCARE PLAN / MEDICATION PLAN

All students with a serious medical condition should have an Individual Healthcare Plan (IHP). Students with minor medical conditions which require regular medication should have a Medication Plan.

- 5.1 An IHP details exactly what care a student needs in school, when they need it, who is going to give it and authorisation by the parent/carer.
- 5.2 It should also include information on the impact any health condition may have on a student's learning, behaviour or classroom performance.
- 5.3 This should be drawn up with input from the student (if appropriate) their parent/carer, relevant school staff and healthcare professionals, ideally a specialist if the student has one. Appendix 1 gives details of the contents of the IHP and appendix 2 contains a template.
- 5.4 A Medication Plan details why the student requires medication, symptoms, name and strength of medication and dosage. Medication Plans are authorised by the parent/carer. See appendix 4.

6.0 STAFF RESPONSIBILITIES

All staff are trained what to do in a general medical emergency. All staff are provided with a copy of the Medical Conditions Policy annually, it is also available on the school intranet.

- 6.1 All school staff, including temporary staff, are aware of the medical conditions at this school and understand their duty of care to students in an emergency.
- 6.2 All staff receive training annually in what to do in an emergency.
- 6.3 A student's IHP should explain what help they need in an emergency. The IHP will be offered to Healthcare Professionals should a student need to attend hospital with a member of staff. Parent/carer permission will be sought and recorded in the IHP for sharing the IHP within emergency care organisations.

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7.0 EMERGENCY PROCEDURES

All staff understand and are trained in the school's general emergency procedures.

- 7.1 All staff, including temporary staff, know what action to take in an emergency and receive updates annually.
- 7.2 If a student needs to attend hospital, a member of staff will stay with them until a parent/carer arrives, or accompany a student taken to hospital by ambulance.

8.0 ADMINISTERING MEDICATION

The school has clear guidance on providing care and support and administering medication at school.

- 8.1 The school understands the importance of medication being taken and care received as detailed in the student's IHP or Medication Plan.
- 8.2 The school will make sure that there is more than one member of staff who has been trained to administer the medication and meet the care needs of an individual student. The school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. The Trust Board has made sure that there is the appropriate level of insurance and liability cover in place.
- 8.3 The school will not give medication (prescription or non-prescription) to a student under 16 without a parent/carers written or verbal consent except in exceptional circumstances, and every effort will be made to encourage the student to involve their parent/carer, while respecting their confidentiality.
- 8.4 When administering medication, for example pain relief, the school will check the maximum dosage and when the previous dose was given. Parent/carers will be informed either before or after administering medication, dependent on prior consent or pre-diagnosed conditions. The school will not give a student under 16 aspirin unless prescribed by a doctor.
- 8.5 The school will make reasonable adjustments to ensure that a trained member of staff is available to accompany a student with a medical condition on an off-site visit (eg a school trip), including overnight stays when required.
- 8.6 Parent/carers understand that they should let the school know immediately if the student's needs change.
- 8.7 If a student misuses their medication, or anyone else's, SMT and the parent/carer will be informed as soon as possible.

9.0 STORAGE OF MEDICATION

The school has clear guidance on the storage of medication and equipment at school.

- 9.1 The school makes sure that all staff understand what constitutes an emergency for an individual student and makes sure that emergency medication/equipment is readily available wherever the student is in the school and on off-site activities. Students may carry their emergency medication with them if this is appropriate.
- 9.2 When agreed by the school students may carry their own medication/equipment, or they should know exactly where to access it.

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- 9.3 Students may be allowed to carry controlled drugs, if the school and parent/carers deem them competent as assessed by Health Professionals and noted in the IHP. Otherwise the school will keep controlled drugs stored securely, but accessible, with only trained First Aid at Work (FAW) or Emergency First Aid at Work (EFAW) staff having access. Staff at the school can administer a controlled drug to a pupil once they have had specialist training as applicable.
- 9.4 The school will make sure that all medication is stored safely, and that students with medical conditions know where they are at all times and have access to them immediately.
- 9.5 The school will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- 9.6 Parent/carers are responsible for providing medication and ensuring that their student's medication is not out of date. The school will ask parent/carers to collect out of date medication for disposal. The school will not administer out of date medication.
- 9.7 The school disposes of needles and other sharps in a sharps box which is kept securely at school. Students may make their own provision for disposal of sharps. When required sharps boxes can be provided for off-site visits. Sharps boxes are collected and disposed of by our licensed waste carrier.

10.0 RECORD KEEPING

The school has clear guidance about record keeping.

- 10.1 Parents/carers at the school are asked to complete a form regarding their child's medical conditions prior to joining the school.
- 10.2 The school uses an IHP to record the support a student needs around their medical condition. It is developed by the parent/carer, the student, school staff, a specialist nurse and other relevant healthcare services where appropriate.
- 10.3 The school has a centralised register of IHPs and Medication Plans.
- 10.4 IHPs and Medication Plans are regularly reviewed, at least every year or whenever the student's needs change.
- 10.5 Where appropriate the student, parent/carer, specialist nurse and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the students in their care as necessary.
- 10.6 The school makes sure that the student's confidentiality is protected.
- 10.7 The school seeks permission from parent/carers before sharing any medical information with any other party.
- 10.8 Where appropriate the school meets with the student, parent/carer, specialist nurse and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the student's IHP which accompanies them on the visit.
- 10.9 The school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff (see Appendix 3).

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10.10 The school makes sure that relevant staff have received suitable training by a qualified healthcare professional. The school keeps up to date records of all training undertaken.

11.0 WHOLE SCHOOL ENVIRONMENT

The school ensures that the whole school environment is inclusive and reasonable adjustments are made for students with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

11.1 The school is committed to providing a physical environment accessible to students with medical conditions including out of school activities.

11.2 The school makes sure the needs of students with medical conditions are considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

11.3 All staff are aware of the potential social problems that students with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and develop greater awareness of any problems. They use opportunities such as Personal, Health and Social Education (PSHE) and Science lessons to raise awareness of medical conditions to help promote a positive environment.

11.4 The school understands the importance of all students taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all students. This includes out-of-school clubs and team sports.

11.5 The school understands that all relevant staff are aware that students should not be made to take part in activities if they are unwell. They should also be aware of students who have been advised to avoid/take special precautions during activity, and the potential triggers for a student's medical condition when exercising, including how to minimise these.

11.6 The parent/carer, student or member of staff will make sure that the student has appropriate medication, equipment and/or food with them during physical activity.

11.7 The school makes sure that students with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other student. Reasonable adjustments and extra support are provided where possible.

11.8 All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a student's medical condition. The school will not discriminate against students for their attendance if their absences relate to their medical condition.

11.9 The school will refer students with medical conditions who are finding it difficult to keep up educationally to the Special Educational Needs Coordinator (SENCO) who will liaise with the student (where appropriate), parent/carer and the student's healthcare professional.

11.10 Students at this school are encouraged to learn what to do in an emergency.

11.11 The school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of students with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

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12.0 MEDICAL TRIGGERS

The school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency both at school and on out of school visits.

- 12.1 The IHP details an individual student's triggers and details how to make sure the student remains safe throughout the whole school day and on out of school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of students with medical needs.
- 12.2 All medical emergencies are recorded on an accident report. They are then considered by the Health and Safety Coordinator and investigated as appropriate.

13.0 RETURN TO SCHOOL FOLLOWING ALTERNATIVE EDUCATIONAL PROVISION

- 13.1 Where a student is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the education provider and parent/carer to ensure that the student receives the support they need to reintegrate effectively.

14.0 ROLES AND RESPONSIBILITIES

Each member of the school and healthcare professionals know their roles and responsibilities in maintaining and implementing an effective Medical Conditions policy.

- 14.1 The school works in partnership with all relevant parties including the student (where appropriate), parent/carer, Trust Board, Local Governing Body, all school staff, catering staff, and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
- 14.2 The school is committed to keeping in touch with a student when they are unable to attend school because of their condition.

15.0 REVIEW

- 15.1 The Trust Board (or responsible committee) will review this policy in line with the procedure for policy review.
- 15.2 Date for Review

If no other reason for review (see policy review procedure) this policy will be reviewed in May 2020.

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APPENDIX 1 – INDIVIDUAL HEALTHCARE PLAN

An Individual Healthcare Plan (IHP) details exactly what care a student needs in school, when they need it and who is going to give it. It should also include information on the impact any health condition may have on a student's learning, behaviour or classroom performance. This should be drawn up with input from the student (if appropriate) their parent/carer, relevant school staff and healthcare professionals, ideally a specialist if the student has one. The IHP can be thought of as a type of written agreement that's drawn up with the school, so it needs to be as detailed as possible. This document makes clear the things that should be in an IHP. Appendix 2 contains an IHP template.

The IHP should include the following:

- Written permission from the parent/carer for any medication to be administered by a member of staff, or self-administered by the student during school hours.
- Exactly what help the student needs, what they can do themselves and what they need from somebody else.
- Who is going to give that help and when.
- Details of any medication needed, the dose needed, when it's needed and the procedure for using any equipment.
- Details of any testing the student needs to do, the procedures involved and the action to be taken depending on the result.
- Description of the symptoms and possible triggers of any emergency situation which requires urgent attention (eg asthma attack, seizure, anaphylaxis, hypo) and what staff will do if any of these occur. It should also include when the parent/carer should be contacted and when an ambulance should be called.
- The things that need to be done before, during or after PE.
- What plans need to be put in place for exams (if appropriate).
- Details of where medication and other supplies will be stored and who will have access to them. It should also include what supplies will be needed, how often the supplies should be checked and by whom.
- What to do in an emergency, including who to contact.
- Any support needed around the student's educational, emotional and social needs, eg how absences will be managed, support for catching up with lessons or any counselling arrangements.
- A description of the training that has been given to whom.
- Any details of when the student needs to eat meals and snacks, what help they need around meal or snack time, e.g. whether they need to go to the front of the lunch queue or have any other special arrangement around meal/snack time.
- What plans need to be put in place for any school trips (including overnight) or other school activities outside of the normal timetable.
- Any other documents that are relevant to a student's care.

This is not an exhaustive list, and the IHP might also include other aspects of a student's care.

The help a student needs is likely to change as time goes on, and so their IHP will need to change to reflect this. At the very least it should be reviewed annually, but must also be reviewed when management of a medical condition changes or the level of care a student needs changes. So also included in the IHP should be:

- When it will be reviewed
- Who can alter the plan and which parts they can alter
- What is the process for reviewing the plan

When the IHP is finalised and agreed all appropriate parties will be asked to sign the IHP (ie student (if applicable), parent/carer, school representative, health care professional and specialist (if appropriate)).

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APPENDIX 2 – INDIVIDUAL HEALTHCARE PLAN TEMPLATE

1.0 STUDENT INFORMATION – TO BE COMPLETED BY PARENT/CARER

If you require assistance with completing this form please contact a First Aider at the school.

1.1 STUDENT DETAILS

Student's Full Name:	
Date of birth:	
Year group:	
Address:	
Town:	
Postcode:	
Medical condition(s): Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours.	
Allergies:	
Date:	
Document to be updated:	Annually

1.2 FAMILY CONTACT INFORMATION

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	

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1.3 ESSENTIAL INFORMATION CONCERNING THE STUDENT'S HEALTH NEEDS

	Name	Telephone/Email
School:		
Key School Worker (if applicable):		
General School Contacts:	First Aid	
	SENCO	
	Headteacher	
Specialist Nurse (if applicable):		
Consultant Paediatrician (if applicable):		
GP:		
Healthcare Professional:		
Person with overall responsibility for implementing plan:		
Any provider of alternate provision (if applicable):		

This student has the following medical condition requiring the following treatment.	
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Medical Condition	Drug	Dose	When	How is it Administered?

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Does treatment of the medical condition affect behaviour or concentration?	
Are there any side effects of the medication?	
Is there any ongoing treatment that is not being administered in school? What are the side effects?	
Medication storage requirements?	

2.0 ROUTINE MONITORING – TO BE COMPLETED BY PARENT/CARER

Some medical conditions will require monitoring to help manage the student's condition.

What monitoring is required?	
When does it need to be done?	
Does it need any equipment?	
How is it done?	
Is there a target? If so what is the target?	

3.0 EMERGENCY SITUATIONS – TO BE COMPLETED BY PARENT/CARER

An emergency situation occurs whenever a student needs urgent treatment to deal with their condition.

What is considered an emergency situation?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (eg tests or rest) that are required?	

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4.0 IMPACT ON STUDENT'S LEARNING – TO BE COMPLETED BY PARENT/CARER

How does the student's medical condition effect learning? ie memory, processing speed, coordination etc	
Does the student require any further assessment of their learning?	

5.0 IMPACT ON STUDENT'S LEARNING AND CARE AT MEAL TIMES – TO BE COMPLETED BY PARENT/CARER

	Time	Note
Arrive at school		
Morning break		
Lunch		
Afternoon break		
School finish		
After school club (if applicable)		
Other Information:		
What care is needed at meal times?		
When should this care be provided?		
How is it given?		
If it is medication, how much is needed?		
Any other special care required?		

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6.0 PHYSICAL ACTIVITY – TO BE COMPLETED BY PARENT/CARER

Are there any physical restrictions caused by the medical condition(s)?	
Is any extra care needed for physical activity?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

7.0 TRIPS AND ACTIVITIES AWAY FROM SCHOOL – TO BE COMPLETED BY PARENT/CARER

This section will be reviewed for each individual trip/visit in accordance with the school's Visits policy.

What care needs to take place?	
When does it need to take place?	
If needed, is there somewhere for care to take place?	
Who will look after medicine and equipment?	
Who outside of the school needs to be informed?	
Who will take overall responsibility for the student on the trip?	

8.0 EDUCATIONAL, SOCIAL AND EMOTIONAL NEEDS – TO BE COMPLETED BY PARENT/CARER

Students with medical conditions may have to attend clinic appointments to review their condition.

Is the student/young person likely to need time off because of their condition?	
What is the process for catching up on missed work caused by absences?	

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Does this student require extra time for keeping up with work?	
Does this student require any additional support in lessons? if so what?	
Is there a situation where the student will need to leave the classroom?	
Does this student require rest periods?	
Does this student require any emotional support?	
Does this student need a 'buddy' eg help carrying bags to and from lessons?	

9.0 SCHOOL ENVIRONMENT – TO BE COMPLETED BY SCHOOL

Can the school environment affect the student's medical condition?	
How does the school environment affect the student's medical condition?	
What changes can the school make to deal with these issues?	
Location of school First Aid room	

10.0 STAFF TRAINING – TO BE COMPLETED BY SCHOOL

The Headteacher is responsible for making sure staff have received appropriate training to look after a student. School staff should be released to attend any necessary training.

What training is required?	
Who needs to be trained?	
Has the training been completed? Please sign and date.	

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Please use this section for any additional information for this student.

In signing this document the parent/carer is in agreement to the contents of this IHP and gives consent for school staff to administer medicine in accordance with the instructions above.

	Name	Signatures	Date
Student			
Parent/Carer			
Healthcare professional			
Member of SMT			
First Aider			

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APPENDIX 3 – RECORD OF MEDICINE ADMINISTERED – TO BE COMPLETED BY SCHOOL

Name of School:

Date	Student's Name and Form	Time	Condition	Medicine or Treatment	Dose Given	Any Reactions	Name of Staff

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APPENDIX 4 – MEDICATION PLAN

MEDICATION PLAN

PARENTAL CONSENT FOR A STUDENT TO RECEIVE MEDICATION IN SCHOOL

Name of Student			
Date of Birth		Name of Parent/Carer	
Form Group		Emergency Contact Number	
Reason for child requiring medication (condition or illness):			
Signs and Symptoms that indicate the onset of the above condition:			
Name and Strength of medication:			
Instructions for Use (method, dose, quantity, frequency, timing, side effects):			

Please provide all medicines in the original container as dispensed by the pharmacy.

I give my consent for school staff to administer medicine in accordance with my instructions above. I will notify the school in writing of any changes to this medication and dosing instructions immediately.

Parent/Carer Signature		Date	
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FOR SCHOOL USE ONLY:

Name of medication and strength		Expiry date	
Signature of staff receiving medication			

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