



Supporting Students with Medical Conditions

Introduction

The Children and Families Act 2014 places a duty on schools to make arrangements to support students with medical conditions (during this policy all references to Medical Conditions also includes any allergies). We follow the statutory guidance Supporting Pupils in School with Medical Conditions (December 2015), and their recommendations.

The school recognises that students at school with medical conditions should be properly supported so that they have full access to education, including trips and physical education. Some children with medical conditions may be disabled and where this is the case the school will comply with its duties under the Equality Act 2010.

Some may also have special educational needs (SEND) or an Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision and the SEND Code of Practice (2015) is followed.

At Tor Bridge High we support students with medical conditions by disseminating their needs and advice on how to proceed, to all staff. First Aiders and other relevant staff update their training regularly and are located in strategic areas of the school. Medication is kept securely.

We follow individual healthcare plans to ensure the student's full support.

Policy implementation

At Tor Bridge High we ensure that:

- Sufficient staff are suitably trained, i.e. First Aid and Epi Pen;
- All relevant staff are made aware of the child's condition;
- Cover arrangements are in place in case of staff absence or staff turnover to ensure someone is always available;
- Supply teachers are properly briefed when they arrive on site, and appropriate details are in an information pack they are given;
- Risk assessments for school visits, holidays and other school activities outside of the normal timetable, are carried out;
- We monitor individual healthcare plans.

Procedure to be followed when notification is received that a student has a medical condition including allergies (Individual Health Care Plan)

As soon as the school is notified that a student has a medical condition, be it a change in needs, or new diagnosis, we make every effort to ensure appropriate arrangements are put into place within two weeks. Please refer to flow chart overleaf.

Staff are alerted via the school information management system (SIMS), email and in staff briefings. Photographs of relevant students with a brief description of their medical condition are displayed suitably and sensitively in the staff room as clear reminders.

The same procedures apply to cover any transitional arrangements between schools and upon reintegration or when students' needs change. Arrangements for any staff training or support are quickly sought and actioned.

It is not necessary to wait for a formal diagnosis before providing support to students.

In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Parent/Carer or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed



Headteacher or senior member of school staff to whom this has been delegated, coordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to student



Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)



Develop IHCP in partnership- agree who leads on writing it. Input from healthcare professional must be provided



School staff training needs identified



Healthcare professional commissions/delivers training and staff signed-off as competent- review date agreed



IHCP implemented and circulated to all relevant staff



IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate



The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed, since different children with the same health condition may require very different support. Where a child has SEN

or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Students should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

Managing medicines on school premises

Wherever possible, children should be allowed to carry their own medicines and relevant devices or they should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

- If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.
- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. At Tor Bridge High, self-administering of medicines is the preferred method.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. 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 should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips;
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school;
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should 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 should be noted;
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps;
- Emergency supply of inhalers: The Governing Body have reached agreement that the Academy will not hold an emergency supply of inhalers.

Record keeping

Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.

Emergency procedures

As part of general risk management processes, Tor Bridge High has arrangements in place for dealing with emergencies for all school activities wherever they take

place, including school trips within and outside the UK. This should be part of the Risk Assessment for the activity through Evolve under the relevant heading.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. School staff ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Defibrillator equipment is housed in the Sports Centre reception for ease of access both during the school day and beyond when the community may be using the facilities. Although no specific training is needed to operate the unit, the Academy have identified at least two members of staff who have undertaken such training. Sports Centre staff are custodians of the equipment and regular checks are carried out to ensure it is kept in full working order.

Day trips, residential visits and sporting activities.

Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools should make arrangements for the inclusion of students in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. A risk assessment should always be carried out, so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. This will require consultation with parents and students and advice from the relevant healthcare professional to ensure that students can participate safely. Please also see Health and Safety Executive (HSE) guidance on school trips.

Acceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not acceptable 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 or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes seriously ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children 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 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.

Insurance

The school's insurance policy provides cover to all employees and volunteers with regard to administering medication and supporting students with medical conditions. This insurance is valid on the condition that all necessary training relating to/ and associated with the contents of this policy have been undertaken. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Complaints

Should parents or students be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure, i.e., the Compliments, Comments and Complaints Policy, found on the school website. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement¹¹, or failed to comply with any other legal obligation placed on it. Ultimately, parents (and students) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Tor Bridge High is committed to ensuring the General Data Protection Regulation GDPR is adhered to at all times within the schools. We will ensure that all data we are given is processed in line with our organisations Data Protection Policies and in line with your rights under the Data Protection Act 2018 and the EU General Data Protection Regulations.

Owner(s): Head of Inclusion
 Date: 1st September 2020
 Review Date: September 2021

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Introduction

In response to requests from stakeholders during discussions about the development of the statutory guidance for supporting students with medical conditions, we have prepared the following templates. They are provided as an aid to schools and their use is entirely voluntary. Schools are free to adapt them as they wish to meet local needs, to design their own templates or to use templates from another source.

Template A: individual healthcare plan

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

Specific support for the student's educational, social and emotional needs

Arrangements for school visits/trips etc

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

Staff training needed/undertaken - who, what, when

Form copied to

--

Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration - y/n	
Procedures to take in an emergency	
NB: Medicines must be in the original container as dispensed by the pharmacy	

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the

time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Template C: record of medicine administered to an individual child

Name of school/setting

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature

Signature of parent _____

Date

Time given

Dose given

Name of member of
staff Staff initials

Date

Time given

Dose given

Name of member of
staff

Staff initials

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Template E: staff training record - administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer’s signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is - please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: 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.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the 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.

A meeting to start the process of developing your child's individual health care plan 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



Department
for Education

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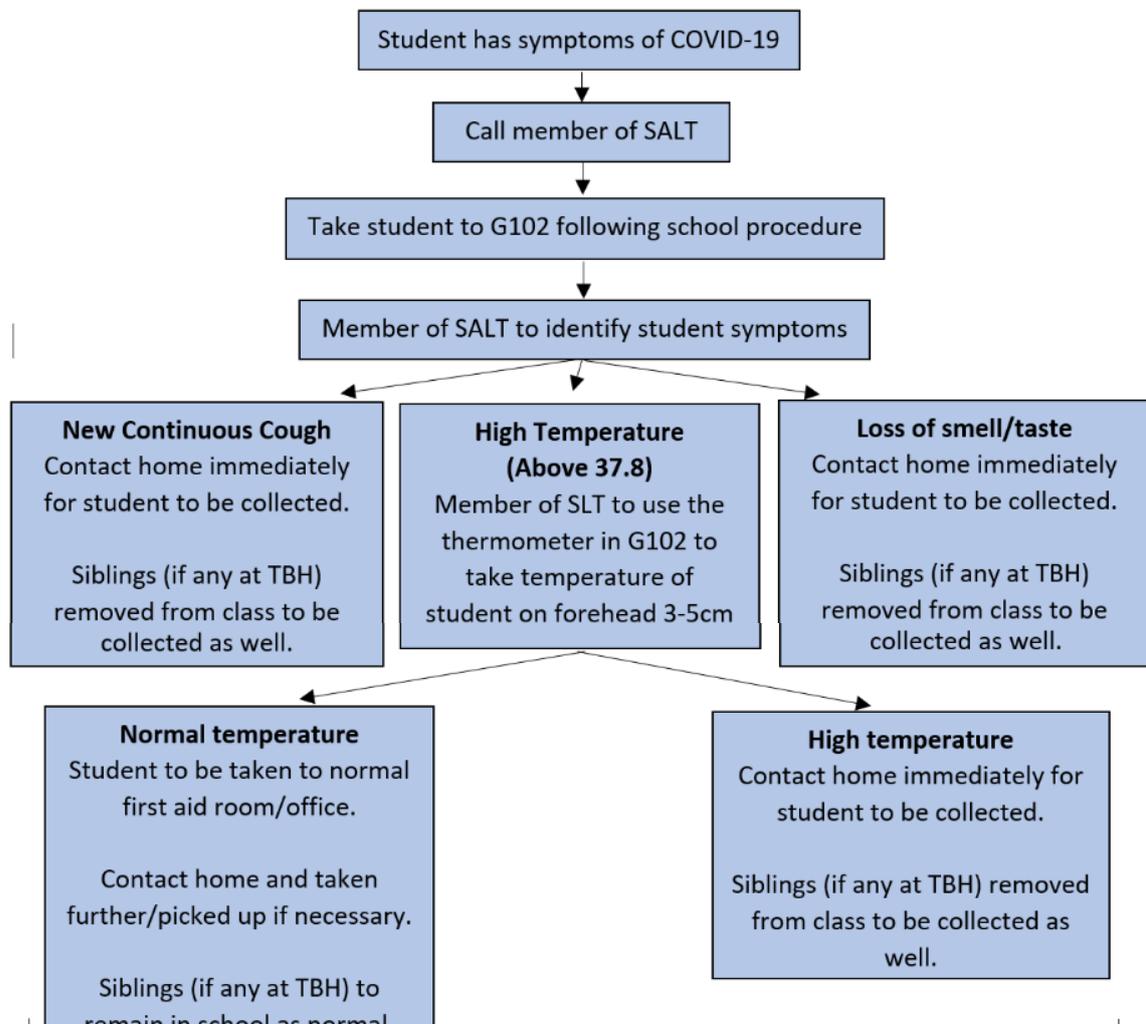


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Student within Tor Bridge High with COVID symptoms



Phone call from Parent/Carer of student with COVID symptoms

