



# **Supporting Students with Medical Conditions Policy**

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|-----------------------------------|-------------------------------------|
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#### 2 Introduction

Breckland School wishes to ensure that students with medical conditions receive appropriate care and support at school. This policy has been developed in line with DfE guidance 'Supporting students at school with medical conditions', which states:

- Students at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support students at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, students and families to ensure that the needs of children with medical conditions are properly understood and effectively supported.

## 3 Responsibilities

#### **Breckland School**

The governing body must ensure that arrangements are in place to support students with medical conditions. In doing so it should ensure that such children can access and enjoy the same opportunities at school as any other child.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

The governing body must ensure the school policy includes the following information:

- who is responsible for ensuring that sufficient staff are suitably trained
- a commitment that all relevant staff will be made aware of the child's condition
- risk assessments for school visits, holidays, and other school activities outside the normal timetable
- monitoring of individual healthcare plans

Governing bodies should ensure that students with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They should also ensure that any members of school staff who provide support to students with medical conditions are able to access information and other teaching support materials as needed.

Governing bodies should ensure that written records are kept of all medicines administered to children.

#### **Families**

Families should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. In the first instance, this will be via the documentation provided during the transition/admission process. Medical information will be included on the child's record on the school's management information system.

Information about changes to a child's medical needs must be provided in writing. Amendments will be made to the child's record on the school's management information system. The information will also be passed to the Assistant Headteacher to ensure appropriate arrangements are made in terms of staff training and the administering of medicine and healthcare procedures.

It is the family's responsibility to make the school aware if their child requires an individual healthcare plan. The Assistant Headteacher will be responsible for the development and dissemination of the EHCP in partnership with the families.

Families are key partners and should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g., provide medicines and equipment and ensure they or another nominated adult are always contactable.

#### **Students**

Students with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their education, health and care plan.

#### Staff

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 consider the needs of students with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

## 4 Training of staff

Any member of school staff providing support to a student with medical needs should have received suitable training. The Assistant Headteacher will ensure the training needs of students are met in accordance with the requirements of the students they are supporting.

Suitable training should have been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to students with medical conditions should be included in meetings where this is discussed.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support students with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).

## 5 Education, Health and Care Plans (EHCP)

Education, health and care plans can help to ensure that schools effectively support students with medical conditions. They provide clarity about what needs to be done, when and by whom.

They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one.

Further guidance for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in appendix 1.

When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- 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, counselling sessions
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. 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 parents and the Head of School 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 trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments
- where confidentiality issues are raised by the family/child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact, and contingency arrangements.

#### 6 Managing medicines and healthcare procedures on the school premises

Procedures to be followed for managing medicines:

- 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 families written consent

- 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.
- 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 if these 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
- when no longer required, medicines should be returned to the family to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

## **Good practice:**

- Remember that any member of school staff may be asked to provide support to students with medical conditions, but they are not obliged to do so
- Check the maximum dosage and when the previous dosage was taken before administering medicine
- Keep a record of all medicines administered. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it
- Inform families if their child has received medicine or been unwell at school
- Store medicine safely
- Ensure that the child knows where his or her medicine is kept, and can access it immediately

#### **Poor practice:**

- Give prescription medicines or undertake healthcare procedures without appropriate training
- Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions
- Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances
- Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor
- Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers
- Force a child to take their medicine. If the child refuses to take it, follow the procedure in the individual healthcare plan and inform their families

# 7 Managing medicines and healthcare procedures during off-site trips and visits

Governing bodies should ensure that their arrangements are clear and unambiguous about the need to support actively students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

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 consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included.

If a student requires prescription medicines or healthcare procedures while on a school trip or visit, a suitably trained member of staff must be identified prior to the trip and accompany the student. The designated member of staff will take responsibility for holding the medicines and administering the medicines and healthcare procedures in accordance with the written guidance provided by the parent prior to the trip or visit.

Families will be required to complete a medical issues and dietary needs form before their child is accepted on the trip (there may be cases where a risk assessment considers the trip to be potentially detrimental to the child's health). The form must include detailed instructions about how the medication and healthcare procedures are administered, whether or not the student may self-administer their medicine, and whether or not the student can take responsibility for looking after their medicine.

If the family has requested that the school takes responsibility for the administering and safekeeping of medicine, they must personally hand the medicine to the designated member of staff taking part on the trip.

All procedures which apply to the administering of medicines and healthcare procedures on the school premises will also apply during off-site trips and visits (i.e. recording details of medicines which have been administered).



# Appendix 1 - Parental agreement for a school to administer medicine

# Family agreement for school staff to administer medicine

| Name of child   |  |
|---|--|
| Date of birth   |  |
| Mentor group  |  |
| Medical condition or illness                                    |  |
| Medicine  |  |
| Name/type of medicine (as described on the container)           |  |
| Expiry date   |  |
| Dosage and method   |  |
| Timing  |  |
| Special precautions/other instructions                          |  |
| Are there any side effects that the school needs to know about? |  |
| Self-administration   | YES / NO (please delete as applicable) |
| Procedures to follow in an emergency (if applicable)            |  |

# NB: Medicines must be in the original container as dispensed by the pharmacy

| Contact Details   |   |
|---|---|
| Name  |   |
| Home telephone number   |   |
| Emergency contact number (if different to the above)  |   |
| Relationship to child   |   |
| Address   |   |
| I understand that I must deliver the medicine personally to one of the following named staff: | Amanda Donelan (Head of Year) Jen Roe (Head of Year) Naomi Brickett (Head of Year) Sarah Hawes (Head of Year) Nadine Taylor (Head of Year)  |
| school staff administering medicine in ac   | my knowledge, accurate at the time of writing and I give consent to cordance with the school policy. I will inform the school ange in dosage or frequency of the medication or if the er necessary. |
| Signature   | Date  |

Please note that Breckland School will not administer medicine on your behalf unless you complete and sign this form.

The management of information submitted on this form will comply with the school's information management policy.

# Appendix 2 – Individual healthcare plan template

| Dieckianu S   | chool Individual Health Care Plan  |
|---|--|
| Child's name  |  |
| Mentor group  |  |
| Date of birth                                       |  |
| Child's address                                     |  |
| Medical diagnosis or condition                      |  |
| Date  |  |
| Review date   |  |
| Family Contact Information                          |  |
| Name  |  |
| Phone no. (work)                                    |  |
| (home)  |  |
| (mobile)  |  |
| Name  |  |
| Relationship to child                               |  |
| Phone no. (work)                                    |  |
| (home)  |  |
| (mobile)  |  |
| Clinic/Hospital Contact                             |  |
| Name  |  |
| Phone no.   |  |
| G.P.  |  |
| Name  |  |
| Phone no.   |  |
|   |  |
| Who is responsible for providing support in school? |  |
|   | rails of child's symptoms, triggers, signs, treatments, facilities issues etc. |

| 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   |
|  |