



## **Thorpe St Andrew School and Sixth Form**

### **Supporting Students with Medical Conditions Policy**

**Under Review**

**Reviewed** - **December 2020**  
**Next Review** - **December 2021**

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## Statement of Intent

The Governing Board of Thorpe St Andrew School and Sixth Form has a duty to ensure arrangements are in place to support students with medical conditions. The aim of this policy is to ensure that all students with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

Thorpe St Andrew School and Sixth Form believes that parents/carers of students with medical conditions feel confident that the school provides effective support for their child's medical condition, and that students feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Students with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of students experiencing these difficulties.

Long-term absences as a result of medical conditions can effect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some students with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. the school has a duty to comply with the Act in all such cases.

In addition, some students with medical conditions may also have SEND and have an Education, Health and Care (EHC) Plan collating their health, social and SEND provision. For these students, compliance with the DfE's 'Special Educational Needs and Disability Code of Practice: 0 to 25 Years' and the school's Special Educational Needs and Disability Policy will ensure compliance with legal duties.

To ensure that the needs of our students with medical conditions are fully understood and effectively supported, we consult with Health and Social Care Professionals, students and their parents/carers.

## 1. Legal Framework

1.1 This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017

1.2 This policy has due regard to the following guidance:

- DfE (2015) 'Special Educational Needs and Disability code of Practice: 0-25 years'
- DfE (2015) 'Support Students at School with Medical Conditions'
- DfE (2000) 'Guidance on First Aid for Schools'
- Ofsted (2015) 'The Common Inspection Framework: Education, Skills and Early Years'
- Department of Health (2017) 'Guidance on the use of Adrenaline and Auto-Injectors in Schools'.

1.3 This policy has due regard to the following school policies:

- First Aid Policy
- SEND Policy
- Drug and Alcohol Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedure Policy (Trust).
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## 2. The Role of the Governing Board

2.1 The Governing Board:

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support students with medical conditions.
- Ensures that students with medical conditions can access and enjoy the same opportunities as any other student at the school.
- Works with the LA, health professionals, commissioners and support services to ensure that students with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, students with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each student and what support is required to support their individual needs.
- Instils confidence in parents/carers and students in the school's ability to provide effective support.

- Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensures that no prospective student is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures that students' health is not put at unnecessary risk. As a result, the board holds the right to not accept a student into school at times where it would be detrimental to the health of that student or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.

2.2 ..... Holds overall responsibility for implementation of this policy.

### **3. The Roles of the Principal**

3.1 The Principal:

- Ensures that this policy is effectively implemented with stakeholders.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring students with medical conditions are properly supported.
- Has overall responsibility for the development of IHPs.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.
- Contacts the Children's and Young Peoples Health Services on 0300 300 0123 where a student with a medical condition requires support that has not yet been identified.

### **4. The Role of Parents/Carers**

4.1 Parents/carers:

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHP.
- Carry out any agreed actions contained in the IHP.
- Ensure that they, or another nominated adult, are contactable at all times.

### **5. The Role of Students:**

5.1 Students:

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHP.
- Are sensitive to the needs of other students with medical conditions.

## **6. The Role of School Staff**

### 6.1 School staff:

- May be asked to provide support to students with medical conditions, including the administering of medicines, but are not required to do so.
- Take into account the needs of the students with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting students with medical conditions.
- Know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

## **7. The Role of the Student Welfare Officer**

### 7.1 The Student Welfare Officer:

- Supports staff to implement IHPs and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for students with medical conditions.

## **8. The Role of Clinical Commissioning Groups (CCGs)**

### 8.1 CCGs:

- Ensure that commissioning is responsive to students needs, and that health services are able to cooperate with schools supporting students with medical conditions.
- Make joint commissioning arrangements for education, health and care provision for students with SEND.
- Are responsive to LAs and schools looking to improve links between health services and schools.
- Provide clinical support for students who have long-term conditions and disabilities.
- Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable students.

## **9. The Role of other Healthcare Professionals**

### 9.1 Other healthcare professionals, including GPs and paediatricians:

- Provide advice on developing IHPs.
- May provide support in the school for children with particular conditions, for example asthma, diabetes and epilepsy.

## **10. The Role of Providers of Health Services**

10.1 Providers of health services co-operate with the school, including ensuring communication, liaising with the School Nurse, Student Welfare Officer and other healthcare professionals, and participating in local outreach training.

## **11. The Role of the LA**

### 11.1 The LA:

- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health and care provision for students with SEND.
- Provides support, advice and guidance, ensuring that IHPs can be effectively delivered.
- Works with the school to ensure that students with medical conditions can attend school full-time.

## **12. The Role of Ofsted**

12.1 Ofsted inspectors will consider how well the school meets the needs of the full range of students, including those with medical conditions.

12.2 Key judgements are informed by the progress and achievement of students with medical conditions, alongside students with SEND, and also by students' spiritual, moral, social and cultural development.

## **13. Admissions**

13.1 No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.

13.2 A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

## **14. Notification Procedure**

14.1 When the school is notified that a student has a medical condition that requires support in school, the Student Welfare Officer begins to arrange a meeting with parents/carers, healthcare professionals and the student, with a view to discussing the necessity of an IHP (outlined in detail in [Section 18](#)).

14.2 The school does not wait for a formal diagnosis before providing support to students. Where a student's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the Principal based on all available evidence (including medical evidence and consultation with parents/carers).

14.3 For a student starting at the school in a September intake, arrangements are in place prior to their introduction and informed by their previous institution.

14.4 Where a student joins the school mid-term or a new diagnosis is received, arrangements are put in place within two weeks.

## **15. Staff Training and Support**

- 15.1 An staff member providing support to a student with medical conditions receives suitable training.
- 15.2 Staff do not undertake healthcare procedures or administer medication without appropriate training.
- 15.3 Training needs are assessed by the Student Welfare Officer through the development and review of IHPs, on an annual basis for all school staff, and when a new staff member arrives.
- 15.4 Through training, staff have the requisite competency and confidence to support students with medical conditions and fulfil the requirements set out in IHPs. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.
- 15.5 A first-aid certificate does not constitute appropriate training for supporting students with medical conditions.
- 15.6 Whole-school awareness training is included in the induction of new staff members and via the Messenger (school's internal staff Newsletter) on a regular basis, at least once per term. This information is provided by the Student Welfare Officer.
- 15.7 Training is commissioned by the Facilities Manager and could be provided by the following bodies:
  - Commercial training providers
  - The School Nurse
  - Parents/carers of students with medical conditions.
- 15.8 Parents/carers of students with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.
- 15.9 The school office/HR will collate details of CPD opportunities for staff regarding supporting students with medical conditions.

## **16. Self-Management**

- 16.1 Following discussion with parents/carers, students who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHP.
- 16.2 Where possible, students are allowed to carry their own medicine and relevant devices.
- 16.3 Where it is not possible for students to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.
- 16.4 If a student refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the student's IHP is followed. Following such and event, parents/carers are informed so that alternative options can be considered.

16.5 If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action is taken in accordance with our **Drug and Alcohol** policy.

## **17. Supply Teachers**

17.1 Supply Teachers are:

- Provided with access to this policy.
- Informed of all relevant medical conditions of students in the class they are providing cover for. All IHPs are available for all staff on Bromcom.
- Covered under the school's insurance arrangements.

## **18. Individual Healthcare Plans (IHPs)**

18.1 The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a student, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Principal makes the final decision.

18.2 The school parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the student is also involved in the process.

18.3 IHPs include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The student's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the student's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the student's condition and the support required.
- Arrangements for obtaining written permission from parents/carers and Principal for medicine to be administered by school staff or self-administered by the student.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parent/carer(s) or student, the designated individual to be entrusted with information about the student's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

18.4 Where a student has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP.

18.5 IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

18.6 IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

- 18.7 Where a student has an EHC plan, the IHP is linked to it or becomes part of it.
- 18.8 Where a child has SEND but does not have a statement or EHC plan, their SEND will be highlighted on Bromcom.
- 18.9 Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHP identifies the support the child needs to reintegrate.

## 19. Managing Medicines

- 19.1 In accordance with the school's First Aid Policy, medicines are only administered at school when it would be detrimental to a student's health or school attendance not to do so.
- 19.2 Students under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent - except where the medicine has been prescribed to the student without the parent/carer's knowledge. In such cases, the school encourages the student to involve their parents/carers, while respecting their right to confidentiality.
- 19.3 Non-prescription medicines may be administered in the following situations:
- **When it would be detrimental to the student's health not to do so**
  - **When instructed by a medical professional.**
- 19.4 No student under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.
- 19.5 Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.
- 19.6 Parents/carers are informed any time medication is administered that is not agreed in an IHP.
- 19.7 The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.
- 19.8 All medicines are stored safely. Students know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, students are informed of who holds the key to the relevant storage facility.
- 19.9 When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- 19.10 Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.
- 19.11 The school holds asthma inhalers for emergency use. The inhalers are stored in the **medical room and front office** and their use is recorded. Inhalers are always used in line with the school's **Asthma Policy**.

- 19.12 Staff may administer a controlled drug to a student for who it has been prescribed. They must do so in accordance with the prescriber's instructions.
- 19.13 Records are kept of all medicines administered to individual students - stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

## 20. Adrenaline and Auto-Injectors (AAIs)

- 20.1 The administration of AAIs and the treatment of anaphylaxis will be carried out in accordance with the school's **Allergen and Anaphylaxis Policy**.
- 20.2 A **Register of AAIs** will be kept of all the students who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in the Student Welfare Officer's room and front office.
- 20.3 Where a student has been prescribed an AAI, this will be written into their IHP.
- 20.4 Students who have prescribed AAI devices are able to keep their device in their possession.
- 20.5 Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members. A record of these trained members of staff will be held in the front office/HR.
- 20.6 In the event of anaphylaxis, a designated staff member will be contacted via telephone.
- 20.7 Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.
- 20.8 If necessary, other staff members may assist the designated staff members with administering AAIs, such as where the student needs restraining.
- 20.9 The school will keep a spare AAI for use in the event of an emergency, which will be checked on an **annual** basis to ensure that it remains in date and will be replaced when the expiry date approaches.
- 20.10 The spare AAI will be stored in the front office, ensuring that it is protected from direct sunlight and extreme temperatures.
- 20.11 The spare AAI will only be administered to students at risk of anaphylaxis and where written parental consent has been gained.
- 20.12 Where a student's prescribed AAI cannot be administered correctly and without delay, the spare will be used.
- 20.13 Where a student who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.
- 20.14 Where a student appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

- 20.15 In the event that an AAI is used, the student's parents/carers will be notified that an AAI has been administered and they will be informed whether this was using the student's or the school's device.
- 20.16 Where any AAI is used, the following information will be recorded on the **AAI record**:
- Where and when the reaction took place
  - How much medication was given and by whom.
- 20.17 For children aged 12 and older, the dose of adrenaline will be visible on the package.
- 20.18 AAIs will not be reused and will be disposed of according to the manufacturer's guidelines following use.
- 20.19 In the event of a school trip, students at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

## **21. Record Keeping**

- 21.1. In accordance with paragraphs 19.10, 19.11, 19.12 and 19.13, written records are kept of all medicines administered to students, with the Student Welfare Officer.
- 21.2 Proper record keeping protects both staff and students, and provides evidence that agreed procedures have been followed.
- 21.3 Appropriate forms for record keeping can be found in **Appendix D** and **Appendix E** of this policy.

## **22. Emergency Procedures**

- 22.1 Medical emergencies are dealt with under the school's emergency procedures.
- 22.2 Where an IHP is in place, it should detail:
- What constitutes an emergency.
  - What to do in an emergency.
- 22.3 Students are informed in general terms of what to do in an emergency, such as telling a teacher.
- 22.4 If a student needs to be taken to hospital, a member of staff remains with the student until their parents/carers arrive.
- 22.5 When transporting students with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use navigation systems.

## 24. Unacceptable Practice

24.1 The school will never:

- Assume that students with the same condition require the same treatment.
- Prevent students from easily accessing their inhalers and medication.
- Ignore the view of the student and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send students home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Penalise students with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to students participating in school life, including school trips.
- Refuse to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

## 25. Liability and Indemnity

25.1 The Governing Board ensures that appropriate insurance is in place to cover staff providing support to students medical conditions.

25.2 The school has membership of the DfE's risk protection arrangements.

## 26. Complaints

26.1 Parents/carers or students wishing to make a complaint concerning the support provided to students with medical conditions are required to speak to the school in the first instance.

26.2 If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the **Complaints Procedure Policy**.

26.3 If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

26.4 Parents/carers and students are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

## 27. Home-to-School Contract

27.1 Arranging home-to-school transport for students with medical conditions is the responsibility of the LA.

27.2 Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for students with life-threatening conditions.

## 28. Defibrillators

- 28.1 The school has a Mediana HertOn A15 automated external defibrillator (AED).
- 28.2 The AED is stored in the medical room, Caretaker's Office and front office in an unlocked, alarmed cabinet.
- 28.3 All staff members and students are aware of the AED's location and what to do in an emergency.
- 28.4 A risk assessment regarding the storage and use of AEDs at the school has been carried out.
- 28.5 No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, first aid staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.
- 28.6 The emergency services will always be called where an AED is used, or requires using.
- 28.7 Maintenance checks will be undertaken on AEDs on a weekly basis by \_\_\_\_\_, with a record of all checks and maintenance work being kept up-to-date by the designated person.

## 29. Policy Review

- 29.1 This policy is reviewed on an annual basis by the named Governors, school nurse and the Principal.
- 29.2 The scheduled review date for this policy is January 2021.