Bishop Wilkinson
Catholic Education Trust
Through Christ, in Partnership

Supporting Pupils with Medical Conditions Policy

Signed by the Chair	
Date Approved by Trust	**May 23**
Statutory Policy	**Yes**
Required on Website	**No**
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INTRODUCTION

The Bishop Wilkinson Catholic Education Trust ('The Trust') recognises its responsibility to ensure the health, safety and welfare of its employees as far as is reasonably practicable. The Trust wishes to ensure that students with medical conditions receive appropriate care and support at school. All students have an entitlement to a full-time curriculum or as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 and updated in December 2015 – "Supporting students at school with medical conditions" under a statutory duty from Section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014.

The guidance also applies to activities taking place off-site as part of normal educational activities.

Early years settings should continue to apply the Statutory Framework for the Early Years Foundation Stage.

AIMS

- To ensure that students at school with medical conditions are supported so that they have full access to education, including school trips and physical education.
- To ensure that arrangements are in place in each of the Trust schools to support students at school with medical conditions.
- To ensure that school leaders consult health and social care professionals, students and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

ASSOCIATED LEGISLATION/CODE OF PRACTICE

- Children and Families Act 2014.
- Children Act 1989.
- Equality Act 2010.
- Health and Safety at Work Act 1974.
- Misuse of Drugs Act 1971.
- Medicines Act 1968.
- School Premises (England) Regulations 2012 (as amended)
- For children with SEN, this guidance should be read in conjunction with the Special educational needs and disability (SEND) code of practice

DEFINITIONS

- 'Parent(s)' is a wide reference not only to a student's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a student.
- 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the student or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes a chronic or short-term condition, a long-term health need or disability, an illness, injury or

recovery from treatment or surgery. Being 'unwell' and common childhood diseases are not covered.

- 'Medication' is defined as any prescribed or over the counter treatment.
- 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- A 'staff member' is defined as any member of staff employed at school.

KEY ROLES AND RESPONSIBILITIES

The Local Authority (LA) are responsible for:

- promoting co-operation between relevant partners regarding supporting students with medical conditions.
- Making joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).
- Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
- Working with schools to ensure students attend full-time or make alternative arrangements for the education of students who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

The Trust Board is responsible for:

- the overall implementation of the Supporting Students with Medical Conditions Policy and for ensuring that a relevant policy is in place that does not discriminate on any grounds including, but not limited to, ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Overseeing Trust-wide implementation of this policy.
- Satisfying itself that staff have the relevant training.

The Local Governing Committee of Trust schools are responsible for:

- Ensuring arrangements are in place to support students with medical conditions to enable the fullest participation possible in all aspects of school life.
- Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- Ensuring that the Supporting Students with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national origin, religion or belief, sex, gender, pregnancy/maternity, disability or sexual orientation.
- Ensuring the policy covers arrangements for students who are competent to manage their own health needs.
- Ensuring that all students with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips / sporting activities, remain healthy and achieve their academic potential.

- Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials as needed.
- Ensuring written records are kept of any and all, medicines administered to students.
- Ensuring the policy sets out procedures in place for emergency situations.
- Ensuring the level of insurance in place reflects the level of risk.
- Handling complaints regarding this policy as outlined in the Trust's Complaints Policy.
- Ensuring that 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. However, in line with their safeguarding duties, the Local Governing Committee will ensure that a students' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.
- Ensuring that the arrangements put in place are sufficient to meet their statutory responsibilities and that policies, plans, procedures and systems are properly and effectively implemented.

The Headteacher are responsible for ensuring that:

- the policy is developed effectively with partner agencies and then making staff aware of this policy.
- The day-to-day implementation and management of the Supporting Students with Medical Conditions Policy and procedures of the Trust.
- The relevant staff are appointed to liaise with healthcare professionals regarding the training required for staff.
- Staff are identified who need to be aware of a student's medical condition.
- The relevant staff are appointed to develop Individual Healthcare Plans (IHPs).
- A sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
- The correct level of insurance is in place for staff who support students in line with this policy.
- Continuous two-way liaison with school nurses and school in the case of any student who has or develops an identified medical condition.
- Confidentiality and data protection is maintained in line with Trust procedures.
- The appropriate accommodation for medical treatment/care is available.

- Schools, local authorities, health professionals, commissioners and other support services should work together to ensure that children with medical conditions receive a full education. In some cases, this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by

the local authority/school. Consideration will also be given to how children will be reintegrated back into school after periods of absence.

- Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

Staff members are responsible for:

- Ensuring that they read any documents or information sent to them regarding the medical condition of a student.
- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a student with a medical condition needs help.
- Familiarising themselves with the medical condition icons on Arbor ensuring that they are aware of any students with medical conditions in their class.
- Taking account of the needs of students with medical conditions in lessons.
- Undertaking training to achieve the necessary competency for supporting students with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.

SEND Lead/School nurses/First Aider are responsible for:

- collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
- Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.
- Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training.
- Updating the medical register and ensuring that the relevant staff have access to the information.

Parents and carers are responsible for:

- keeping the school informed about any new medical condition or changes to their child/children's health or medical needs.
- Participating in the development and regular reviews of their child's IHP.
- Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.
- Disposing of any medication no longer needed, which is held at the school.

Students are responsible for:

- providing information on how their medical condition affects them.
- Contributing to their IHP.
- Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents. After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or 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, relevant staff should help to administer medicines and manage procedures for them.

Other healthcare professionals are responsible for:

- notifying the school/school nurse when a child has been identified as having a medical condition that will require support at school.
- They may provide advice on developing IHP.
- Specialist local health teams may be able to provide support in schools for students with particular conditions e.g., asthma, diabetes, epilepsy).

TRAINING OF STAFF

- Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Students with Medical Conditions' Policy as part of their induction.
- The clinical lead for each training area/session will be named on each IHP.
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent. **A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.** (See Appendix F for record of staff training log).
- School will keep a record of medical conditions supported, training undertaken, and a list of teachers qualified to undertake responsibilities under this policy.
- Staff will have awareness training to ensure that they are aware of the school's policy for support students with medical conditions and their role in implementing the policy.
- Generic information to raise awareness relating to medical conditions e.g., asthma, anaphylaxis etc. are displayed in the staffroom.

MEDICAL CONDITIONS REGISTER /LIST

The school admission form should request information on pre-existing medical conditions. Parents must inform the school at any point in the school year if a medical condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.

A medical conditions list or register should be kept, updated and reviewed regularly by a nominated member of staff. Each class / form tutor should have an overview of the list for the students in their care, within easy access.

Supply staff and support staff should similarly have access on a need-to-know basis. Parents should be assured data protection and sharing principles are adhered to.

For students on the medical conditions list, key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

INDIVIDUAL HEALTHCARE PLANS (IHP)

Individual healthcare 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. The school, healthcare professional and parent(s) should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view.

A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Appendix A.

See Appendix B for the Individual Health Care Plan form.

IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors' /parent helpers etc. may enter. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage such as Intranet or locked file is more appropriate. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.
IHPs will be reviewed at least annually or when a student's medical circumstances change, whichever is sooner.

Where a student has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.

Where a student is returning to school following a period of hospital education or alternative provision (including home tuition), the school should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

TRANSPORT ARRANGEMENTS

Where a student with an IHP is allocated school transport, the school should invite a member of the Local Authority Transport team, who will arrange for the driver or escort to participate in the IHP meeting. A copy of the IHP will be copied to the Transport team and kept on the student record. The IHP must be passed to the current operator for use by the driver /escort and the Transport team will ensure that the information is supplied when a change of operator takes place.

For some medical conditions the driver/ escort will require adequate training. For students who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that student's transport.

When prescribed, controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc.

Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

EDUCATION HEALTH NEEDS (EHN) REFERRALS

All students of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such students.

In order to provide the most appropriate provision for the condition the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.

MEDICINES

Where possible, 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 (See Appendix C for Medical Consent form).

No student under 16 years of age will be given medication containing aspirin without a doctor's prescription. 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.

Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with administration, dosage and storage instructions. Medicines which do not meet these criteria will not be administered.

A maximum of four weeks' supply of the medication may be provided to the school at one time.

A student 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 student for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a student securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency.

School staff may administer a controlled drug to the student 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 students, stating what, how and how much was administered, when and by whom (See Appendix E). Any side effects of the medication to be administered at school should be noted in school.

Once medication has been given, the record of medicine administered form must be completed (See Appendix D). This must be signed by the member of staff administrating the medication. If a controlled drug is to be administered, two members of staff must sign the form to confirm that the correct medication has been given.

Medications will be stored in a locked medical cabinet in the main office. Students will 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 students.

Any medications left over at the end of the course will be returned to the student's parents to arrange for safe disposal.

Sharps boxes should always be used for the disposal of needles and other sharps, located in the staff room.

Written records must be kept of any medication administered to children.

Students will never be prevented from accessing their medication.

General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the school.

The Trust or school cannot be held responsible for side effects that occur when medication is taken correctly.

Staff will not force a student, if the student refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.

EMERGENCIES

Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff, so they are aware of signs and symptoms.

Where a student has an IHP, 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 student needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

Staff must submit a finalised list of students participating in an educational visit at least two weeks before the trip is due to take place to the Headteacher/First Aider/EVC so that any medical conditions can be discussed.

Teachers should be aware of how a student's medical condition will impact on their participation, but unambiguous arrangements should be made and be flexible enough to ensure students with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.

To comply with best practice risk assessments should be undertaken, in line with H&S Executive guidance on school trips, in order to plan for including students with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.

AUTOMATED EXTERNAL DEFIBRILLATORS (AED)

An AED is a machine used to give an electric shock when a person is in cardiac arrest, i.e., when the heart stops beating normally. Cardiac arrest can affect people of any age and without warning. If this happens, swift action in the form of early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person's life.

Schools will receive an AED from the DfE, if they do not already have one, which can be used as part of their Frist Aid provision.

The AED is located in the main office on the bench on the left.

Please read the AED Policy in conjunction with this policy for further information.

ASTHMA INHALERS

For those students who have a medical need to use inhalers for asthma or other medical conditions, the school holds their salbutamol inhalers. Which can only be given with signed consent from parents or guardians.

Please read the Asthma Policy in conjunction with this policy for further information.

AVOIDING UNACCEPTABLE PRACTICE

The following behaviour is unacceptable:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that students with the same condition require the same treatment.
- Ignoring the views of the student and/or their parents or ignoring medical evidence or opinion.
- Sending students home frequently or preventing them from taking part in activities at school.
- Sending the student to the medical room or school office alone or with an unsuitable escort if they become ill.
- Penalising students with medical conditions for their attendance record where the absences relate to their condition.

- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, inclu
- Refusing to allow students to eat, drink or use the toilet whe their condition.

INSURANCE

Staff who undertake responsibilities within this policy will be assured by the Trust that they are covered by the Trust's insurance.

Full written insurance policy documents are available to be viewed by members of staff who are providing support to students with medical conditions. Those who wish to see the documents should contact the Executive Headteacher/Headteacher.

COMPLAINTS

All complaints should be raised with the school in the first instance.

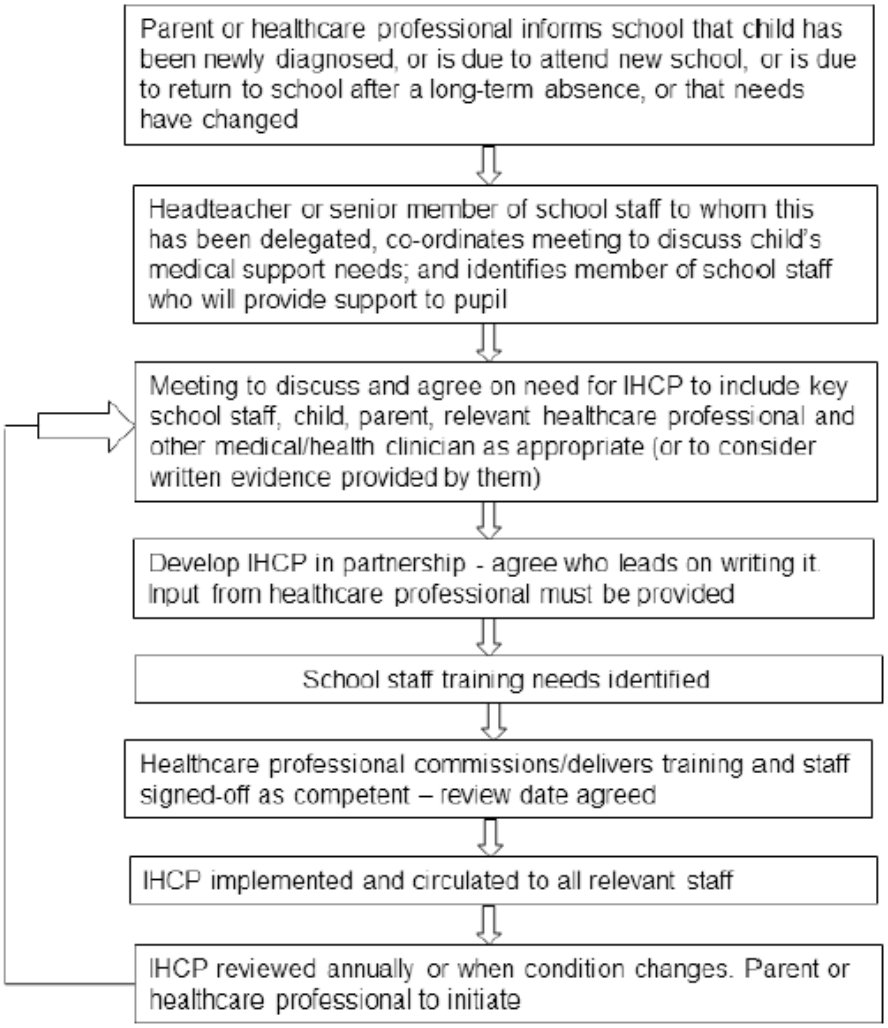
The details of how to make a formal complaint can be found in the Trust's Complaints Policy.

MONITORING AND REVIEW

This policy will be reviewed every three years or sooner if there are any changes in legislation.

APPENDIX A

Process for developing individual healthcare plans.



APPENDIX B

Individual healthcare plan

Name of school	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family Contact Information	
Name – Contact 1	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Name – Contact 2	
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	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc:

Name of medication, dose, method of administration, wh
contra-indications, administered by/self-administered with/witho

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Daily care requirements:

Specific support for the pupil'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:

Appendix C

Administration of Medication Consent

The school will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of school	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Medicine	
Name/type of medicine *(as described on the container)*	
Start date	
End/Expiry date	
Dosage and method of administering	
Time(s) to be taken	
Special precautions/other instructions	
Are there any side effects that the school 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]

Please read the following carefully before signing:

I understand that the medicines must be delivered personally by me to the school and that this is a service which is subject to the agreement with St Cuthbert's Catholic Primary. The above information is accurate at the time of writing and I give consent to qualified school staff administering medicine in accordance with the Trust policy. I acknowledge that school staff are not medical professionals and so

can only follow the instructions which I have provided on this doc
immediately, in writing, if there is any change in dosage or frequency

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- Medication will not be administered by the school unless this authorisation is completed and signed the parent/carer of the student.
- The Local Governing Committee, Executive Headteacher/Headteacher reserve the right to withdraw this service at any time.
- This agreement must be reviewed once the agreed end date is reached.
- All medication must be delivered to the school in their original containers.

Signature of parent/carer: _____ Date: _____

Signature of school representative: _____ Date: _____

APPENDIX D

Record of medicine administered to a child

Name of school	
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 _____

Staff signature _____ (if a controlled drug is administered – two staff are to sign the form)

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									

Date									
Time given									
Dose given									
Name of member of staff									
Staff initials									

Appendix E

Medication Log

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Name of School	

Date	Student name	D.O.B	Time	Name of medication	Dose given	Amount remaining in school	Signature of staff	Print name

APPENDIX F

Staff training record – administration of medicines.

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Name of school	
Name of staff member	
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: _____

APPENDIX G

Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent/Carer,

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 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 (insert date). 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 [insert the relevant 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. Please do not hesitate to contact me if you would like to discuss this further.

Yours sincerely,