

Athena Learning Trust
Model school
Procedure for supporting students with
medical conditions
xx school

Review

Reviewed on: 26 May 2023

Reviewed by: Board

Review Period: 3 years



Statement of Intent

Section 100 of the **Children and Families Act 2014** places a **duty on** colleges and schools to make arrangement for supporting students with medical conditions within College/School settings.

This policy has been developed from guidance in “Supporting Students at College with Medical Conditions – December 2017”.

The Athena Learning Trust will strive to achieve the highest standards of health, safety and welfare consistent with their responsibilities.

Aim

The **xx school** aim to ensure that all students with medical conditions, in terms of both physical and mental health, are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

At **xx school** we will ensure that:

- Students at **xx school** with medical conditions will be supported so that they have full access to education, including College trips and physical education.
- We will consult health and social care professionals, students and parents to ensure that the needs of students with medical conditions are effectively supported according to the advice they provide.
- We will make reasonable adjustments to enable the above conditions to thrive and to provide the optimum learning environment for all students.
- For students with SEND, their needs will be managed according to the Special Educational Needs Code of Practice 0-25 September 2015 (DFE).
- No student with a medical condition will be denied admission or prevented from taking up a place in **xx school** because arrangements for their medical condition have not been made.
- Students’ health is not put at unnecessary risk from, for example infectious diseases. We will therefore not accept a student in **xx school** at times where it would be detrimental to the health of that student or others to do so.

The named persons responsible for policy implementation will always include:

The Principal, a designated senior leader and the first aider on duty.

Procedures:

In consultation with the Public Health Service and other training providers, arrangements will be made to ensure that:

- sufficient staff are suitably trained in First Aid, use of the advisory defibrillator, and administration of medicines relating to specific medical conditions and refresher courses will be undertaken at appropriate intervals as required to keep competencies up to date
- all relevant staff will be made aware of a student's condition
- risk assessments are undertaken for visits, holidays, and other **xx school** activities outside of the normal timetable. These will be monitored and reviewed
- individual healthcare plans will be developed and then reviewed at least annually in consultation with parents, child, the designated first aider.
- advice relating to Individual Healthcare Plans will be followed when appropriate (see Appendix A)

Roles and responsibilities:

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between College staff, health care professionals (and where appropriate, social care professionals), local authorities, and parents and students will be critical (DfE December 2015).

The Principal will endeavour to:

- ensure that all staff are aware of this policy and how they can contribute to its implementation
- ensure that all staff who need to know are aware of a child's condition
- ensure that staff are appropriately insured to support students
- ensure that sufficient staff have received suitable training and are competent to deliver against all healthcare plans drawn up in consultation with the College nurse and First aider.
- ensure that whole College/School awareness training will be updated yearly for administration of epi-pens and advice regarding asthma, diabetes and epilepsy

All **xx school** staff will endeavour to:

- provide support to students with medical conditions, although they cannot be required to administer medicines
- take account of medical conditions of any students that they teach
- follow specific identified First Aid procedures for students with medical conditions

The Parent's role in helping **xx school** to meet their child's needs:

We ask that parents communicate with the Designated First Aider/ nurse so that we have up to date information about their child's medical needs. Where an Individual Healthcare Plan is needed parents will be asked to contribute. It is important that parents make us aware of any changes to their child's condition or treatment. Where a child requires medication to be held in school, parents should provide us with the appropriate in date medication.

The Student's role in managing their own medical needs:

After discussion with parents, College students who are deemed to be competent will be encouraged to take responsibility for managing their own medicines and procedures which may be reflected within an Individual Healthcare Plan. This will relate to conditions specified as: asthma, diabetes, epilepsy, cystic fibrosis and anaphylaxis.

At **xx school / College** students will be allowed to carry antihistamine tablets, Creon capsules (Cystic Fibrosis), travel sickness tablets, asthma inhalers, epipens, emergency epilepsy and diabetic medication and relevant devices and therefore will be able to access their medicines for self-medication quickly and easily. All other medicines will be stored locked in the first aid room.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

Managing medicines on school premises:

Medicines will only be administered at school when it would be detrimental to a child's health or attendance not to do so.

It is preferable for medication to be prescribed in a regime that allows the student to take them outside of school hours for example a three dose or less antibiotic treatment will not be accepted as this can be managed at home outside of school hours. If this is not possible, prior to staff members administering any medication, the parents/carers must complete and sign a Parent/Carer agreement for the school to Administer Medicine form (see Appendix D). Verbal consent can also be accepted for simple painkillers and antihistamine, this will be sought every time without a signed consent form. The only exception to this is if the student is at college and is of age and understanding to give their own informed consent.

Only medications that are in-date, labelled, provided in the original container and include instructions for administration, dosage and storage accompanied by a signed parental consent to medicines form will be accepted. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.

All medicines will be stored safely by the Lead First Aider in the first aid room. Students will know where their medicines are at all times and be able to access them immediately.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to students and not locked away particularly when outside of College/School premises e.g. on trips. Paracetamol will only be given with parental consent either written or with a phone call; there are medical consent forms available for students if parents wish to complete one.

Controlled drugs that have been prescribed for a student will be securely stored in a locked, non-portable container and only named staff will have access. A record will be kept of any doses used and the amount of the controlled drug held in College. The first aider will administer a controlled drug to the student for whom it has been prescribed in accordance with the prescriber's instructions. A record will be kept of all controlled drugs administered to individual students, stating what, how and how much was administered, when and by whom and signed by first aider and the student. Any side effects of the medication to be administered will be noted, first aid procedures followed and the parent informed.

When no longer required, medicines will be returned to the parent to arrange for safe disposal, if it is not possible to return the medication we will dispose of it safely. Any needle tips or other sharps to be taken home by the student for disposal.

Record keeping

The first aider will ensure that written records are kept of all medicines administered to children. These records need to include the name of the student, the medication and dosage administered, and be signed and dated by the first aider. Records offer protection to staff and student and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at College/School.

An up-to -date database / register will be kept of all the students' medical conditions and health needs will be kept in a confidential manner that is accessible to designated staff.

Emergency procedures

- Where a student 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.
- Immediate first aid procedures should be followed and the parent /carer notified.
- Other students in the College/School should know what to do, in general terms, if a fellow student becomes unwell such as informing a teacher immediately if they think help is needed.

If a student needs to be taken to hospital, staff will stay with the student until the parent arrives, or accompany a student taken to hospital by ambulance if parents cannot be contacted. The member of staff will stay at the hospital until an appropriate family member can provide appropriate care.



Insurance and indemnity

Athena Learning Trust staff are permitted to undertake first aid and basic medical procedures and, as long as they have been adequately trained, will be covered under the Athena Learning Trust public liability insurance policy accordingly.

Training

At **xx school**, once the first aider or senior leader has been informed by the parent of a specific medical condition which may need either a healthcare plan or specific actions relating to care, the College nurse/Designated First Aider will advise on further training needs for Staff. This may be provided by partner Health Care Services such as the Community School Nursing Service or Specialist Pediatric Nursing services or First aid training teams.

Complaints

Should parents or students be dissatisfied with the support provided they should discuss their concerns directly with the College/School, that is, with the Lead First Aider/College nurse in the first instance, or the senior leader designated to oversee medical conditions. If for whatever reason this does not resolve the issue, they may make a formal complaint via the College/School's complaints procedure displayed on the College website.

Appendix A

Advice on Individual Healthcare Plans forms:

Supporting Pupils at **College/School** with Medical Conditions - Statutory Guidance for Governing Bodies of Maintained Colleges and proprietors of Academies in England” DfE December 2015

Individual Healthcare Plans can help to ensure that **xx school** effectively supports 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 students will require one. **xx school**, healthcare professional, parent and student should agree, based on evidence, when a healthcare plan would be appropriate or not. [See Appendix B](#) - A flow chart for identifying and agreeing the support a student needs and developing an Individual Healthcare Plan.

The format of Individual Healthcare Plans may vary to enable **xx school** to choose whichever is the most effective for the specific needs of each student. [See Appendix C](#). They should be easily accessible to all who need to refer to them, whilst preserving confidentiality. Plans should capture the key information and actions that are required to support the student effectively. The level of detail within plans will depend on the complexity of the student’s condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a student has SEND but does not have a statement 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, by a member of staff or a healthcare professional involved in providing care to the student. Plans should be drawn up in partnership between the Designated First Aider/College nurse, parents, student and any relevant healthcare professional involved in the student’s care, e.g. Community School Nurse, Consultant or Pediatric Specialist Nurse.

The aim should be to capture the steps which **xx school** should take to help the student to 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 **xx school**

Plans are reviewed at least annually or earlier if evidence is presented that the child’s needs have changed. They should be developed with the child’s best interests in mind and ensure that **xx school** assesses and manages risks to the student’s education, health and social well-being and minimises disruption. Where the student 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.



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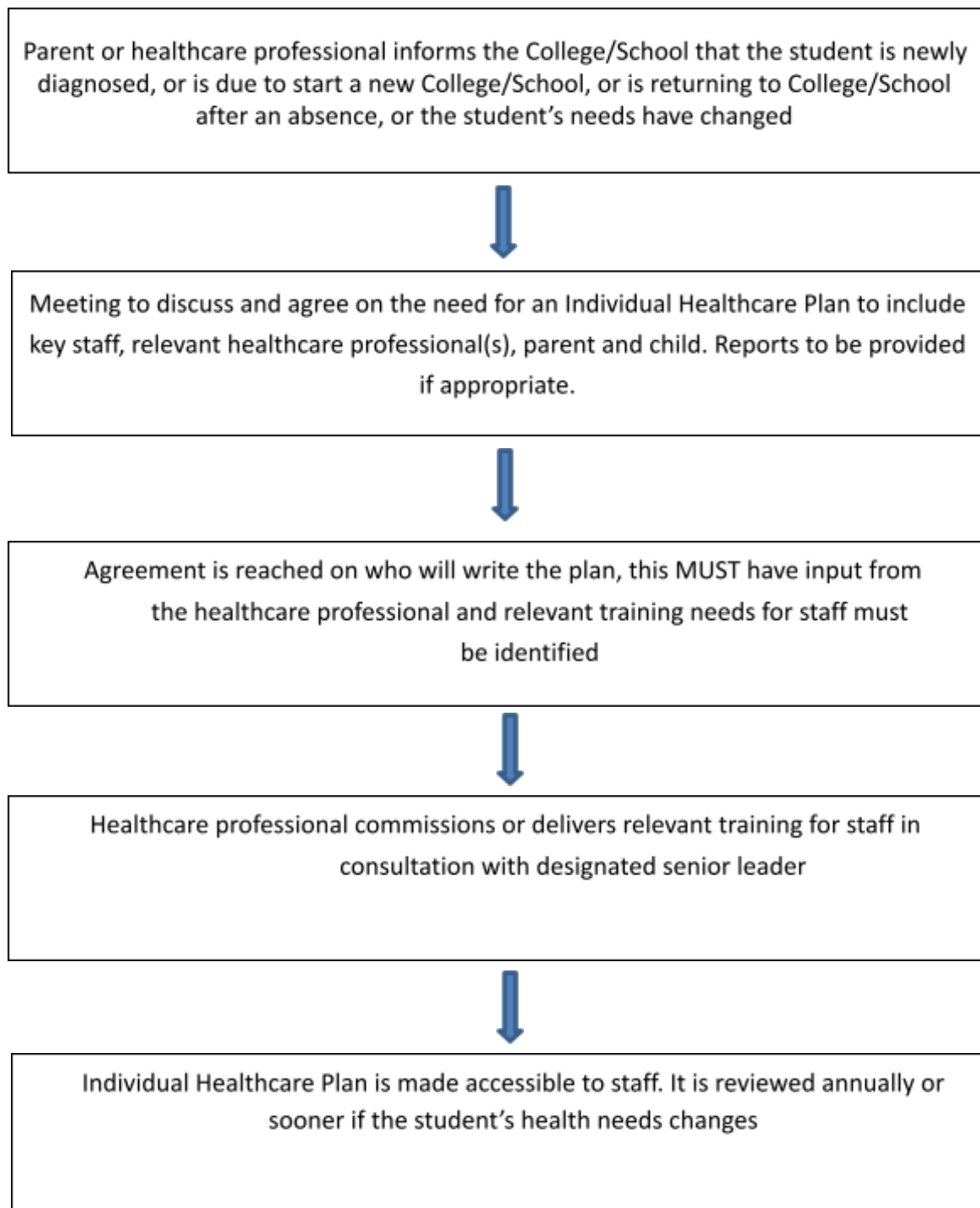
Where a student is returning to **xx school** following a period of hospital education or alternative provision (including home tuition), College/School should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the student will need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

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, guidance from Health Care Professionals e.g. Physiotherapist;
- the level of support needed, (some students will be able to take responsibility for their own health needs), including in emergencies. If a student 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 student's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the College/School needs to be aware of the student's condition and the support required;
- arrangements for written permission from parents and the Principal for medication to be administered by a member of staff, or self-administered by the student during College/School hours;
- Risk assessments should be undertaken to plan for separate arrangements or procedures required for trips or other activities outside of the normal timetable that will ensure the student can participate
- Confidentiality should be respected as for all students. Designated staff entrusted with information about the student's condition will follow College/School procedures and policy.
- what to do in an emergency, including whom to contact, and contingency arrangements. Some students may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan. Parents will share this information with **xx school**
- A date should be set to review the plan annually or sooner if the student's health needs change.

Appendix B

The following flowchart will act as a basic model to follow by the named responsible professionals.





Appendix C

Individual Care Plan

Students Name	
Form/Tutor Group	
Date of Birth	
Students address	
Medical diagnosis or condition	
Date of plan	
Review date	

Name	
Phone number (work)	
Phone number (home)	
Mobile number	
Name	
Phone number (work)	
Phone number (home)	
Mobile Number	

Clinic/Hospital Contact

Name	
Phone Number	

GP

Name	
Phone Number	



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Describe medical needs and give student's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues, etc.

Daily care requirements (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for the student, and the action to take if this occurs

Follow up care

Form copied to

Notes



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Appendix D

Parental consent to administer medicines

Students Name	
Date of birth	
Group/class/form	
Medical condition or illness	

Prescribed Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Mobile number	
Timing	
Special precautions/other instructions	
Self administration – yes/no	
Procedures to take in emergency	

Non prescribed medicine (over the counter OTC medicine)

Name/type of medicine <i>(as described on the container)</i>	
Reason for medicine	
Timing	
Special precautions/other instructions	
Are there any known side effects that the school/setting need to know about?	
Self administration – yes/no	



(Continued)

Non-Prescribed Medicine (Over-the-Counter OTC Medicine)

I confirm my child has taken this over-the-counter medicine before without ill effect.

I confirm this over-the-counter medicine does not interact with the other medicines my child is taking and is not contraindicated with my child's medical condition.

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

I give permission for my child to carry their own asthma inhalers	Yes / No / Not applicable (delete as required)
I give permission for my child to carry their own asthma inhalers and manage its use	Yes / No / Not applicable (delete as required)
I give permission for my teenage child to carry their adrenaline auto injector for anaphylaxis (Epipen)	Yes / No / Not applicable (delete as required)
I give permission for my child to carry and administer their own medication in accordance with the agreement of the College and medical staff	Yes / No / Not applicable (delete as required)

Contact Details

Name	
Telephone number (daytime)	
Relationship to pupil	
Address	
I understand that I must deliver the medicine to	[agreed my 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: _____