



SUPPORTING PUPILS WITH MEDICAL
CONDITIONS POLICY & PROCEDURE



2015-2016

SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY & PROCEDURE

Note: This policy should be read in conjunction with the School's First Aid & Sickness Policy & Procedure.

1. Background & Aims:

1.1

The policy aims to ensure that:

- i. Great Barr School (henceforth 'the School') is an inclusive community which welcomes and supports pupils with medical conditions, which keeps them safe and enables them to participate and succeed as fully as others in all school activities.
- ii. All relevant stakeholders are fully involved in planning appropriate programmes of support for children with medical conditions and all stakeholders understand their particular responsibilities.
- iii. Pupils with medical conditions are supported in learning to take control of managing their condition as independently as possible.
- iv. There is a co-ordinated, effective approach to the safe management primarily of pupil welfare in the event of injury or ill-health, but also of staff welfare, where all staff know what to do in an emergency and are trained in how to respond to emergencies resulting from the most common serious medical conditions.
- v. There are clear processes in place for the safe storage of medication and for safely administering it in school.
- vi. There are clear processes in place for recording the receipt of medication to be stored in school, its use and disposal.
- vii. Parents* of pupils with medical conditions feel secure in the care their children receive at school.

* Throughout this policy, the term 'parent' includes any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

1.2

The School has consulted on the development of this policy with a wide-range of stakeholders including:

- i. Pupils with medical conditions

- ii. Parents
- iii. The School Nurse service
- iv. The Medicines in Schools service
- v. Headteacher
- vi. Special Educational Needs Coordinator
- vii. Assistant Head with responsibility for admissions
- viii. The Head of Inclusion
- ix. Pastoral staff
- x. The School's First Aid team
- xi. Teachers' representatives
- xii. The Governing Body

1.3

This policy will be made openly available to parents via the School's website. Paper copies can be provided to parents on request or during discussions to plan a programme of support for their child.



2. Roles & Responsibilities:

2.1

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body to ensure that:

- i. Arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.
- ii. These arrangements include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

- iii. Account is taken when making these arrangements that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
 - iv. These arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, with a focus on increasing their confidence and promoting self-care. They should ensure that staff are properly trained to provide the support that pupils need.
 - v. These arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in educational visits, or in sporting activities, and not prevent them from doing so.
 - vi. These arrangements are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.
 - vii. Policies, procedures and practices are in place to protect the health and safety of employees, pupils and anyone else on the premises or taking part in school activities, on or off-site.
 - viii. This policy sets out the procedures to be followed whenever the School is notified that a pupil has a medical condition.
 - ix. This policy covers the role of individual Healthcare Plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
 - x. 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 the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.
 - xi. This policy sets out clearly how staff will be supported and trained to carry out their role to support pupils with medical needs, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual Healthcare Plans).
 - xii. This policy covers arrangements for children who are competent to manage their own health needs and medicines.
 - xiii. This policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.
 - xiv. This policy is clear about the procedures to be followed for managing medicines and for maintaining written records of all medicines administered to children.
 - xv. Indemnity is provided for staff who volunteer to administer medication to pupils with medical conditions and that the appropriate level of insurance is in place to cover the level of risk.
 - xvi. This policy sets out what should happen in an emergency situation.
 - xvii. This policy is explicit about what practice is not acceptable.
 - xviii. This policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.
 - xix. This policy is reviewed regularly and is readily accessible to parents and school staff.
- 2.2**
The Headteacher has a responsibility to ensure that:
- i. This policy is implemented in full.

SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY & PROCEDURE

vi. A senior member of staff is appointed to take responsibility for the day to day implementation of this policy and regular reviews of its effectiveness.

vii. A member of staff is appointed to take responsibility for receipt, storage, administration, disposal and recording of all medications in school and to maintain a register of pupils with medical conditions.

2.3

The Assistant Head Teacher in charge of admissions has a responsibility to:

- i. Ensure that parents are aware of the need to and have the means to inform the School of their child's medical conditions.
- ii. To notify the School Nurse of all children with severe allergies which might require emergency treatment, and all children with epilepsy, diabetes, poorly controlled asthma or asthma requiring emergency medication to be kept in school other than the blue and brown inhalers or any other less common condition in order that the School Nurse can meet the child and/or parents and ensure that an appropriate package of support is put in place to keep them safe at school and ensure that they are able to participate and succeed as fully as others in all school activities.
- iii. Ensure that, where medical conditions come to light during the year, the same process is followed for those children as for children arriving at the School with a medical condition at the start of the year or mid-term.

2.4

The Special Educational Needs Coordinator has a responsibility to:

- i. Know which pupils have a medical condition and have special educational needs as a result of that condition.
- ii. Contribute to the development of Care Plans in conjunction with external agencies as necessary.
- iii. Ensure that the appropriate level of additional support is provided to assist the child in making

good progress, applying for external funding where possible.

iv. Ensure that the child's teachers understand their specific needs, know how to meet them and are meeting them in practice.

v. Ensure that the necessary arrangements are made if a pupil needs special consideration or access arrangements in exams or coursework.

2.5

The Pastoral team (including Directors of Year and ISU) have a responsibility to:

- i. To ensure that they are aware of any package of support recommended by the School Nurse for a child with a medical condition.
- ii. Monitor the progress of children with medical conditions in school and ensure that their progress is not being inhibited by their medical condition.
- iii. Respond promptly and effectively if a child with a medical condition is being bullied as a result of their condition, liaising with parents as necessary.
- iv. Provide advice and guidance to staff teaching a child with a medical condition as required to ensure that the child's needs are met and that they are not excluded unnecessarily from activities they wish to take part in.
- v. Work with external agencies if necessary to ensure that a particular child is receiving the full package of support they require.

2.6

All staff at the School have a responsibility to:

- i. Be aware of the potential triggers, signs and symptoms of common medical conditions and how they impact on a child's life at school, and know what to do in an emergency.
- ii. Know which pupils in their care have a medical condition and be familiar with the content of the pupil's Healthcare Plan.

SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY & PROCEDURE

- iii. In the event of an emergency, brief the First Aider on the nature of any known medical conditions.
- iv. Be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it.
- v. Ensure pupils who have been unwell catch up on missed school work.
- vi. Alert Learning Support or the pastoral staff promptly if a child is falling behind with their work because of their condition.
- vii. Allow all pupils to have immediate access to their emergency medication.
- viii. Ensure that parents are informed if their child has been unwell at school.
- ix. Ensure that, when organizing educational visits, consideration is given early in the planning stage to the arrangements for keeping safe any child on the visit who has a medical condition. This will include ensuring that:
 - a. One of the staff on the visit has been trained to administer emergency medication.
 - b. Arrangements have been made to ensure that pupils are carrying their medication and that back-up medication is available and stored safely.
 - c. A risk assessment has been carried out.
 - d. The Healthcare Plan has been thoroughly reviewed and discussed with the child and a parent.
- x. Be aware of pupils with medical conditions who may be experiencing bullying or need extra social support and raise this with pastoral staff.
- xi. Understand what practice is considered unacceptable (see later section).
- xii. Ensure that pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in and are not forced to take part when they are feeling unwell.
- xiii. Ensure that pupils with medical conditions are

allowed to eat, drink or take medication when they feel they need to as part of the management of their condition.



2.7

Parents of a child with a medical condition have a responsibility to:

- i. Tell the school promptly if their child has a medical condition.
- ii. Work closely with healthcare professionals to ensure that an appropriate regime is in place and that it is regularly reviewed.
- iii. Ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.
- iv. Ensure their child has emergency medication with them at all times, that they know how and when to take it and that they take it when required.
- v. Work with the School, healthcare professionals and/or the School Nurse Service or Medicines in Schools Service to maintain a complete and up-to-date Healthcare Plan for their child.
- vi. Inform the school about the medication their child requires during school hours, giving clear instructions as to the dosage and the times the medication must be taken.
- vii. Tell the school about any changes to their child's condition or medication.
- viii. Ensure their child's medication and medical devices are labelled with their child's full name.

SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY & PROCEDURE

- ix. Provide the school with appropriate spare medication labelled with their child's name and to provide replacements when medication is nearing its expiry date.
- x. Keep their child at home if they are not well enough to attend school and ensure they catch up on any school work they have missed.
- xi. Recognize that if the school is to keep a child safe, information which we would wish to keep confidential must be shared on a 'need-to-know' basis with those staff who are responsible for the child's welfare in school, and therefore not place unreasonable barriers in the way of such reasonable information sharing.

2.8

Pupils have a responsibility to:

- i. Treat other pupils with respect and sensitivity and not to treat those with a medical condition less favourably.
- ii. Tell their parents, a teacher or the nearest staff member when they are not feeling well or if another child is unwell.
- iii. (for those with medical conditions) to take responsibility for their own medication (if considered mature enough to do so), to ensure they have it with them at all times, that they know how and when to take it and that they take it when required. They should also know how to gain access to their back-up emergency medication.
- iv. Be honest about their fitness for school both with their parents and with school staff.

2.9

The School's Welfare Coordinator has a responsibility to:

- i. Provide administrative assistance to the School Nurse in the generation of Healthcare plans.
- ii. Ensure that all Healthcare plans are recorded on the School's MIS, that one copy is filed with the House Office and another with Reception so it can be provided to the emergency services in the event that they are required to attend an incident.
- iii. Email all teachers of children with Healthcare Plans at the start of each term to notify them of students they may be teaching and any details from the Healthcare Plan they may need to know to keep the child safe.
- iv. Maintain a register of pupils with medical conditions.
- v. Ensure that each child's emergency back-up medication is stored appropriately in the locked cupboard on Reception, that it is properly labelled and is in date. As medication approaches its expiry date, to contact parents to arrange for the old medication to be collected and replaced.
- vi. Ensure that First Aiders all know where to access emergency back-up medication.
- vii. Ensure that the parents of all children recorded as suffering from asthma have been provided with a consent form to allow the School, in an emergency, to administer/make available the School's emergency salbutamol inhaler, and to maintain a list of children for whom such consent has been given.
- viii. Ensure that the School's salbutamol inhaler is in date, is stored appropriately together with a list of pupils for whom consent to use it has been provided, and that a record is maintained each time it is used and that the parents of the relevant child are notified.
- ix. Where pupils are required to take medication during the school day, to ensure that the parents have provided clear written instructions for when the medication is to be taken, to lock the medication in the cupboard in the Work-Related Learning Office and to make arrangements to ensure the child can access their medication when required.
- x. To notify parents where children in vii above have not come to the Work-Related Learning Office to take their medication.
- xi. Maintain a log of all stored medication, noting when it was received, the expiry date when it was used and when it was returned to the parents/sent for disposal.

3. Identifying & Planning for Pupils with Medical Conditions:

3.1

For new admissions, parents are required to complete and return a Pupil Information Form on which they provide the details of the child's GP and any relevant medical conditions.

3.2

The forms are all checked by the Assistant Head Teacher with responsibility for admissions. Those with medical conditions which might be serious enough to require some additional intervention or planning are identified and a list of the names and known details is passed to the Welfare Coordinator to pass to the School Nurse.



3.3

The School has been informed by the Medicines in Schools team that the following processes are appropriate for each individual circumstance:

i. Severe allergies requiring an EpiPen:

- a. Where the allergy has been diagnosed by a consultant, the consultant is under an obligation to notify the Medicines in Schools team who will then generate a Healthcare plan for the child and provide it to the School. A copy of this Healthcare plan should be kept with their emergency medication.
- b. Where a GP has prescribed an EpiPen without a referral to an allergy consultant, the School is only likely to become aware of this when the parent sends in the medication. The Welfare Coordinator will immediately contact the Medicines in Schools team who will then liaise with the parents/GP as necessary

and generate a Healthcare plan which should be stored with the child's medication.

ii. Diabetes:

- a. Where the child is under the care of a specialist Diabetes Nurse of the Children's Hospital, they will generate a Healthcare plan which will be forwarded to the School. The Welfare Coordinator will forward a copy to the School Nurse for information.
- b. Where the child has well controlled diabetes and is therefore not under the care of a specialist Diabetes Nurse or the Children's Hospital, the child should be referred to the School Nurse who will generate a Healthcare plan if necessary.

iii. Epilepsy: children with epilepsy should be referred to the School Nurse who will prepare a Healthcare plan using the pre-prepared alert cards.

iv. Asthma:

- a. Where the child's asthma is poorly controlled or where there is a need for emergency medication other than the normal blue and brown inhalers to be kept in School, the child should be referred to the School Nurse who will generate a Healthcare plan or personal alert card.
- b. Where children have asthma which is controlled normally, this will be recorded on the School's MIS by the House Secretaries thus creating an 'asthma register' which can be accessed by the Welfare Coordinator as required.

c. The School has purchased an emergency salbutamol inhaler for use where a child with asthma does not have any medication with them. The Welfare Coordinator will seek consent from all parents of children on the 'asthma register' for this to be made available or administered to their child in an emergency. The Welfare Coordinator will compile a list of pupils for whom consent has been provided and ensure that this is stored with the emergency inhaler, and will ensure that there is a proper system in place for recording usage and notifying parents.

3.4

Information from the Pupil Information Form is

entered into the School's MIS by the relevant House Secretary. Where pupils have a Healthcare Plan or where additional adjustments are required, the Welfare Coordinator will:

- i. Enter 'Healthcare Plan – email L Hackett for details' on The School's MIS. This message can be viewed by all staff but this approach ensures that the detailed confidential information is only available to those who require it as part of their role in caring for the particular child.
- ii. Retain a copy of the Healthcare plan and place a copy on the child's file in the House Office and a further copy in a file on Reception so it can be provided to the emergency services in the event that they are required to attend an incident. All files containing Healthcare Plans are kept in locked drawers/cabinets.
- iii. Use the Healthcare Plan to create an alert card for each child which will include:
 - a. The nature of their condition.
 - b. Their photograph, date of birth and class.
 - c. Their emergency contact numbers.
 - d. Details of emergency treatment.
 - e. The location of emergency medicines.
 - f. Their doctor's details.
- iv. At the start of each new term, send each teacher a copy of the alert cards for pupils who appear on their new timetable. This ensures that the information is disseminated on a 'need to know' basis.
- v. Ensure that a copy of all of the alert cards is kept on Reception and in each of the House Offices.
- vi. Maintain a register of pupils with medical conditions, highlighting those with Healthcare Plans.
- vii. Prompt an annual review of Healthcare Plans and ensure that, where there have been significant changes, parents are invited to meet the Assistant Head Teacher or the Head of House to discuss any requirements for changes to the arrangements in school.

3.5

The Welfare Coordinator will be available for parents

to meet and discuss any issues at the Year 7 Induction Evening for new pupils held in June and at the Year 7 Review Meeting in the autumn term.



4. Administration and Storage of Medication in School:

4.1

Pupils with medical conditions are encouraged to take control of their condition and to carry and administer their own medication.

4.2

The School does not administer or provide children with non-prescription medicines except in an emergency and where the consent of parents has been obtained in advance (eg. epipens, the emergency salbutamol inhaler etc.).

4.3

Where any pupil is required to take medication during the school day and they either prefer not to carry it or are not yet deemed responsible to carry it:

- i. They should take it to the Welfare Coordinator with a letter from their parent giving clear instructions as to when and how much of the medication the child must take.
- ii. The Welfare Coordinator will check the name on the prescribing label against the child's record to ensure that the medication has indeed been prescribed for that child.
- iii. The medication will be stored in a locked cabinet in the Work Related Learning Office. The Work Related Learning Coordinator and the Welfare Coordinator both have keys to the cabinet.

vii. The medication will then be locked back in the cupboard until the next agreed appointment time.

viii. The Welfare Coordinator will undertake a termly check of medicines stored in the cabinet. Where medicines have passed their expiry date or are no longer required by the child, the Welfare Coordinator will contact parents to arrange for them to collect it. If the parent has not collected it after one month, the Welfare Coordinator will take the medication to a local pharmacy for disposal. A record will be made of the return or disposal of all medications.

4.4

Where pupils may require emergency medication and take responsibility for carrying their own medication, in order to provide further back-up in an emergency situation, their parents are asked to supply the school with back-up medication.

- i. This is stored in a locked cabinet on Reception. Both of the Receptionists have a key. One of the Receptionists is on duty at all times throughout the day. Each pupil's medication is stored in a clearly labelled box or plastic wallet.
- ii. This medication will be administered in an emergency only where the child has become too unwell to administer their own medication and where failure to administer medication would be detrimental to the child's health.
- iii. The Welfare Coordinator will undertake a termly check of these medications. Where a medication has passed or is approaching its expiry, the Welfare Coordinator will contact the parents and arrange for replacements to be supplied and for the expired medication to be collected or sent home with the child. This will include a check of the expiry date of the School's emergency salbutamol inhaler. Where it is approaching its expiry date, the Welfare Coordinator will arrange the purchase of a replacement and the safe disposal of the expired inhaler.
- iv. The Welfare Coordinator will ensure that an inventory of these medications is maintained including the date medications are received, their expiry date, the date and circumstances of any use of the medication

and the date of return or disposal. This inventory will be kept in the locked cupboard on Reception with the medications.

5. Educational visits:

5.1

Every effort should be made to allow pupils with medical conditions to participate in educational visits where they wish to do so. Only in circumstances where the nature of the planned activity would pose a significant risk which cannot be sufficiently mitigated through risk management would a child normally be refused permission to attend.

5.2

When a member of staff starts to plan an educational visit, they must first of all apply for a trip number from the Educational Visits Coordinator. At this point, the EVC will provide the trip leader with a list of pupils with Healthcare Plans and instructions that they should:

- i. Obtain a copy of the Healthcare Plan for any child signed up to go on the trip at the earliest opportunity.
- ii. Contact the parent and the child to discuss and plan for any particular issues or considerations and document any actions agreed with the parent/child to reduce risk in the trip risk assessment.
- iii. Ensure that they or one of the other trip leaders are trained to administer the relevant emergency medication.
- iv. Ensure that they have obtained the child's emergency back-up medication from Reception shortly before the trip departs and that they store this safely where it can be accessed quickly in an emergency.

5.3

If any parent indicates on the consent form that a pupil requires medication, trip leaders must ensure that either they or the pupil has this medication with them before the trip departs. If the trip leader is required to retain the medication for the child, they must obtain written instructions from the parent in advance as to the amount of the medication they should give the child access to and at what times. On the trip, they should record what medication has been given to the

6. Emergency Procedures:

Please refer to the First Aid & Sickness Procedure.



7. Training & Information for Staff:

7.1

All staff are trained to deal with a situation involving a medical emergency. The training will include:

- i. What action to take in the event of any medical emergency. This is set out in the First Aid & Sickness Policy & Procedure which is circulated to staff annually.
- ii. Building an awareness of the most common serious medical conditions at school, how to spot the common symptoms and the impact these conditions on a child's life.
- iii. What action to take in the event of an emergency involving any of these common serious conditions.
- iv. An explanation to staff that in an emergency situation they are required under common law duty of care to act like any reasonably prudent parent and that this may include administering medication.
- v. The School's procedures for storing emergency medication and how it may be accessed in an emergency.
- vi. How staff can find out more about a child's health through their Healthcare Plan and how they might access these.
- vii. How and when teaching staff will be informed of children's serious medical conditions and Healthcare Plan.

viii. What action to take when planning a school visit.

ix. A reminder that staff should not take pupils to hospital in their own car and certainly not without a second adult or member of staff being present.

7.2

The training will be refreshed for all staff at least once every 2 years.

7.3

Posters reminding staff of common medical conditions and what to do in emergencies are placed in strategic positions around the school.

7.4

At the beginning of each new term, the Welfare Coordinator will email to each teacher a copy of the alert cards for the children with Healthcare Plans who are on their new timetable.

8. Unacceptable Practice:

8.1

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual Healthcare Plan, it is not generally acceptable practice to:

- i. Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- ii. Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- iii. If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- iv. Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including educational visits.
- v. Assume that every child with the same condition requires the same treatment.

- vi. Ignore the views of the child or their parents, or ignore medical evidence or opinion, (although this may be challenged).
- vii. Penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments.
- viii. Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual Healthcare Plan.
- ix. Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues.

9. Complaints:

9.1

Where a parent is concerned that the School is not taking appropriate measures in accordance with this policy to meet the needs of their child in relation to their medical condition should firstly raise the matter directly with the Headteacher. The Headteacher will investigate the matter and will seek to resolve it promptly, confirming in writing the actions taken in response to the parent's complaint.

9.2

Where the parent believes that the action taken by the Headteacher in 9.1 has not addressed the situation satisfactorily, they should approach the Clerk to the Governing Body and make a complaint through the School's formal complaints mechanism.

Policy agreed by the Governing Body on 6 July 2015