Orion Education

Orion Ravensworth

Supporting Pupils with Medical Conditions

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Author: Head of Estates

Owner: Executive Principal

Type of Policy:

- ☐ Trust Policy
- ☒ Trust policy tailored by School
- ☐ School Policy

Approval:

- ☐ School
- ☐ LAB
- ☒ Board

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Orion Education

Our Four Critical Questions

Why do we exist?

To improve outcomes, transform lives and enable social mobility.

How do we behave?

Trust • Kindness • Endeavour

What do we do?

We create a strong network of schools which transform the lives of students by enabling them to achieve high educational and personal goals, regardless of their background.

How do we succeed?

Through a clear backbone, strong culture, academic rigour and smart systems.

Introduction

Since 1st September 2014 schools has been under a duty to make arrangements for supporting pupils with medical conditions. This policy sets out what those arrangements are. This policy follows the guidance published by the DfE in December 2015 'Supporting pupils at school with medical conditions'.

This policy is restricted to pupils with a long-term medical problem. Minor, short term or one-off medical problems are covered by the separate First Aid Policy.

The school will maintain a focus on each individual pupil with a medical condition and seeks to give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school.

The school will always aim to:

- have a good understanding of how medical conditions impact on a child's ability to learn
- increase the pupil's confidence
- promote self-care
- ensure that all pupils with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Some pupils with medical conditions may be considered to be disabled under the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have an Education Health and Care plan (EHCP). For pupils who have medical conditions that require EHCPs, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those pupils.

Procedures to be followed whenever the School is notified that a pupil has a medical condition:

When the school is notified that a pupil has a medical condition, the process outlined in Appendix 1 will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Obtaining information about medicines

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any medicine(s) their child needs. Where a pupil has a new diagnosis and/or a pupil has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year in a newsletter, as well as a form to complete, if their child requires certain medicine(s)

We ask that parents/carers proactively inform us by either phone call or email if their child's medical needs change during the school year.

Individual Healthcare Plans

Individual Healthcare Plans "IHPs" exist to document a pupil's medical needs and provision being made for those needs. They are a useful tool for the school to ensure that the healthcare needs of the pupil are met. They are written with input from all the relevant parties including, for example, the Schools First Aid lead, the pupil's healthcare team (e.g. if they have a dedicated diabetes nurse), welfare assistant and the pupil's parent and the pupil (depending upon their age and understanding). They may be written and overseen by the School's SLT.

IHPs will be developed with a child's best interests in mind and will ensure that the School assesses and manages risks to the child's education, health and social well-being and minimises disruption. IHPs will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

IHPs will be reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The following information will be recorded on IHPs:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil'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 pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some pupils will be able to take responsibility for their own health needs), including in emergencies. If a pupil 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 Pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the Pupils 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 pupil during school hours;

- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments.
- where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition; and
- what to do in an emergency, including who to contact, and contingency arrangements. Some pupil`s may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP.

Pupil`s role in managing own medical needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

No pupils will be allowed to carry their own medicines. This will remain the responsibility of designated staff at the school.

IHPs will include procedure for staff to follow if a pupil refuses to carry out a necessary procedure or take medicine.

Managing medicines on school premises

- Medicines should only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- No pupil under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the pupil without the knowledge of the parents. In such cases, every effort should be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- The circumstances in which the school will administer non-prescription medicines will be set out in the IHP or, where non-prescription medicines are not covered in the IHP, as set out in the school's first aid policy.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed, and this should be agreed in written i.e. email or Arbor before being administered.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but may be made available inside an insulin pen or a pump, rather than in its original container.
- All medicines should be stored safely. Pupils should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to pupils and not locked away. This is particularly important to consider when off school premises e.g. on school trips.

- A pupil 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 child for use is an offence. Monitoring arrangements may be necessary. The school will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs must be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.
- Appropriately trained school staff may administer a controlled drug to the pupil for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. After 7 days the school is permitted to safely disposal of the medicine if not collected by the parent or student. Sharps boxes should always be used for the disposal of needles and other sharps.

Defibrillators (AEDs)

In line with Department for Education (DfE) guidance, the Trust recognises the importance of having automated external defibrillators (AEDs) available across its schools to support pupils, staff, and visitors in the event of a cardiac emergency.

Each school within the Trust is encouraged to have at least one AED on site, located in an accessible and clearly signposted area. AED locations are identified in the school's First Aid policy and shared with staff.

Designated staff receive awareness training in cardiopulmonary resuscitation (CPR) and the use of defibrillators. AED units are checked weekly and record on the compliance portal to ensure they are operational and that pads and batteries are within expiry dates.

The Trust ensures that each school's arrangements for AEDs are consistent with the DfE guidance *"Automated External Defibrillators (AEDs) in Schools"* and *"Supporting Pupils with Medical Conditions at School"*.

Emergency Medication

To ensure pupils with medical conditions are supported safely and effectively, the school follows Department for Education (DfE) guidance on emergency medication and maintains appropriate arrangements for their safe storage, use, and monitoring. This includes emergency salbutamol inhalers for asthma and adrenaline auto-injectors (EpiPens) for pupils at risk of severe allergic reactions.

Emergency Salbutamol Inhalers

In line with DfE guidance *"Guidance on the Use of Emergency Salbutamol Inhalers in Schools"*, the school may hold a salbutamol inhaler for emergency use.

The emergency inhaler may be used by any pupil who:

- has been diagnosed with asthma, or prescribed a reliever inhaler; **and**
- has written parental consent for the use of the emergency inhaler held by the school.

Storage and Maintenance

- The inhaler and spacer are stored in the main school office, accessible to staff but secure from pupils.
- The inhaler is clearly labelled, regularly checked for expiry, and kept in good working order.
- A record of checks and any use is maintained, and parents are informed following any administration.

Adrenaline Auto-Injectors (EpiPens)

In line with DfE guidance on managing pupils with severe allergies, the school maintains adrenaline auto-injectors (EpiPens) for emergency use for pupils diagnosed at risk of anaphylaxis.

Administration

- EpiPens may only be administered by competent staff in accordance with the pupil's care plan and parental consent.
- They are used in the event of a severe allergic reaction where immediate administration is necessary.

Storage and Maintenance

- EpiPens are stored in the main school office, easily accessible in an emergency but secure from pupils.
- Devices are checked regularly for expiry and readiness, and records of checks and any use are maintained.

Record keeping

The school will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their child has been unwell at school.

IHPs are kept in a readily-accessible place that all staff are aware of.

Recording information about medicines

We will:

- Enter each pupil's medicine need in the school's system
- Update our records when parents/carers of pupils inform us of changes to their child's needs
- Keep a record of changes, labelling the most recent record for each child
- Make sure that all staff have access to records so that they are informed about pupils' medical needs
- Securely hold this information digitally in accordance with the UK GDPR
- Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018)

Procedures for emergency situations

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

Day trips, visits and sporting activities

Where possible the school will offer flexibility and make reasonable adjustments so that pupils with medical conditions can take part. All pupils with medical conditions will be actively supported to participate in school trips and visits, or in sporting activities, rather than being prevented from doing so.

The school will carry out risk assessments regarding the participation of pupils with medical needs.

The school may meet parents and advice from relevant healthcare professionals as part of preparing to meet the pupil's needs on a trip. Where possible the school will arrange adjustments to the programme, accommodation or food provision to meet a pupil's needs.

Unacceptable practice

The Department for Education has indicated that those things set out below will not be generally acceptable, but also emphasised that each case must be judged on its merits with reference to the pupil's IHP:

- prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every pupil with the same condition requires the same treatment;
- ignore the views of the pupil or their parents, or ignore medical evidence or opinion, (although this may be challenged);
- send pupils with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, *unless this is specified in their IHP*;
- if a pupil becomes ill, send them to the school office or medical room *unaccompanied or with someone unsuitable*;
- penalise *pupil* for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- 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. Generally, no parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent pupils from participating or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the pupils

Policy Implementation

- The Principal, Andy Bocchi has overall responsibility for the implementation of this policy.
- The school is committed to making sure that all relevant staff will be made aware of the pupils condition.
- The school has arrangements in place in case of staff absence or staff turnover to ensure someone is always available.

- The school will make sure risk assessments for school visits, holidays, and other school activities outside of the normal timetable include provision for pupils with medical conditions. Risk assessments for trips will be overseen by the school's Educational Visits Lead (EVC).
- The school will ensure that IHPs are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

The roles of those involved in providing support for pupils with medical conditions

Roles are given in brief here.

The Trust

- Has overall responsibility for ensuring the school meets its statutory duties for supporting pupils with medical conditions
- To review this policy every two years or sooner if required.

Local Advisory Board (LAB)

- Provide local oversight, monitor the implementation of the policy, and ensure compliance with statutory guidance.

They should also ensure that:

- sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions;
- staff have access to information and other teaching materials; and
- there are induction arrangements for new staff.

Principals should

- Ensure policy is developed and adequately implemented with partners;
- Make sure all staff are aware of the policy and understand their role in implementation;
- Ensure all staff who need to know are aware of a particular pupil's medical condition;
- Ensure sufficient staff are appropriately trained;
- Have overall responsibility for the development of IHPs;
- Make sure staff are adequately insured and made aware of cover; and
- Make sure school First Aid Lead is aware of pupils requiring support.

School staff

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- School staff should receive sufficient and suitable training and, if appropriate, delegated responsibility from a registered nurse to achieve the necessary level of competency before they take on responsibility to support children with medical conditions[1].

- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

First Aid Lead

- The school will either have an employed nurse or access to school nursing services
- They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school.
- They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's IHP and provide advice and liaison, for example, on training.
- Can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.
- Can provide confirmation of the proficiency of staff in providing medication.

Other healthcare professionals

- Should notify school nurse of pupils requiring support.
- May provide advice on developing IHPs.
- Can provide confirmation of the proficiency of staff in providing medication and/or of delegated responsibility.

Pupils

- Provide information about how their condition affects them.
- They should be fully involved in discussions and contribute to their IHP.

Parents/Cares

- Carry out the annual declaration sent to them via Arbor or email.
- Provide school with sufficient up-to-date information.
- Are involved in development and review of IHP.
- Should carry out any action they agree to as part of implementation of IHP.

Local Authorities

- Responsible for commissioning public health services for school-aged children including school nursing.
- Have a duty to promote co-operation between relevant partners.
- Should provide support, advice and guidance, including training for school staff, to ensure the support specified within IHPs can be delivered effectively.
- Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements to ensure that they receive other suitable[2] education.

Integrated Health Boards (IHBs)[3]

- While Local Authorities are responsible for commissioning **public health** services for school-aged children including school nursing, IHBs are responsible for commissioning other healthcare professionals such as specialist nurses for children whose needs fall outside the remit of school nurses (such as gastrostomy and tracheostomy care, or postural support).
- Should ensure that commissioning is adequate to provide the ongoing support essential to safety of vulnerable children whilst in school.

Ofsted

- The inspection framework places clear emphasis on meeting needs of disabled children and pupils with SEN. Inspectors are briefed to consider pupils with medical conditions alongside these groups and to report on how well their needs are being met.

Staff training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Principal/Head of School. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to support with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it – for example, with preventative and emergency measures so that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Insurance

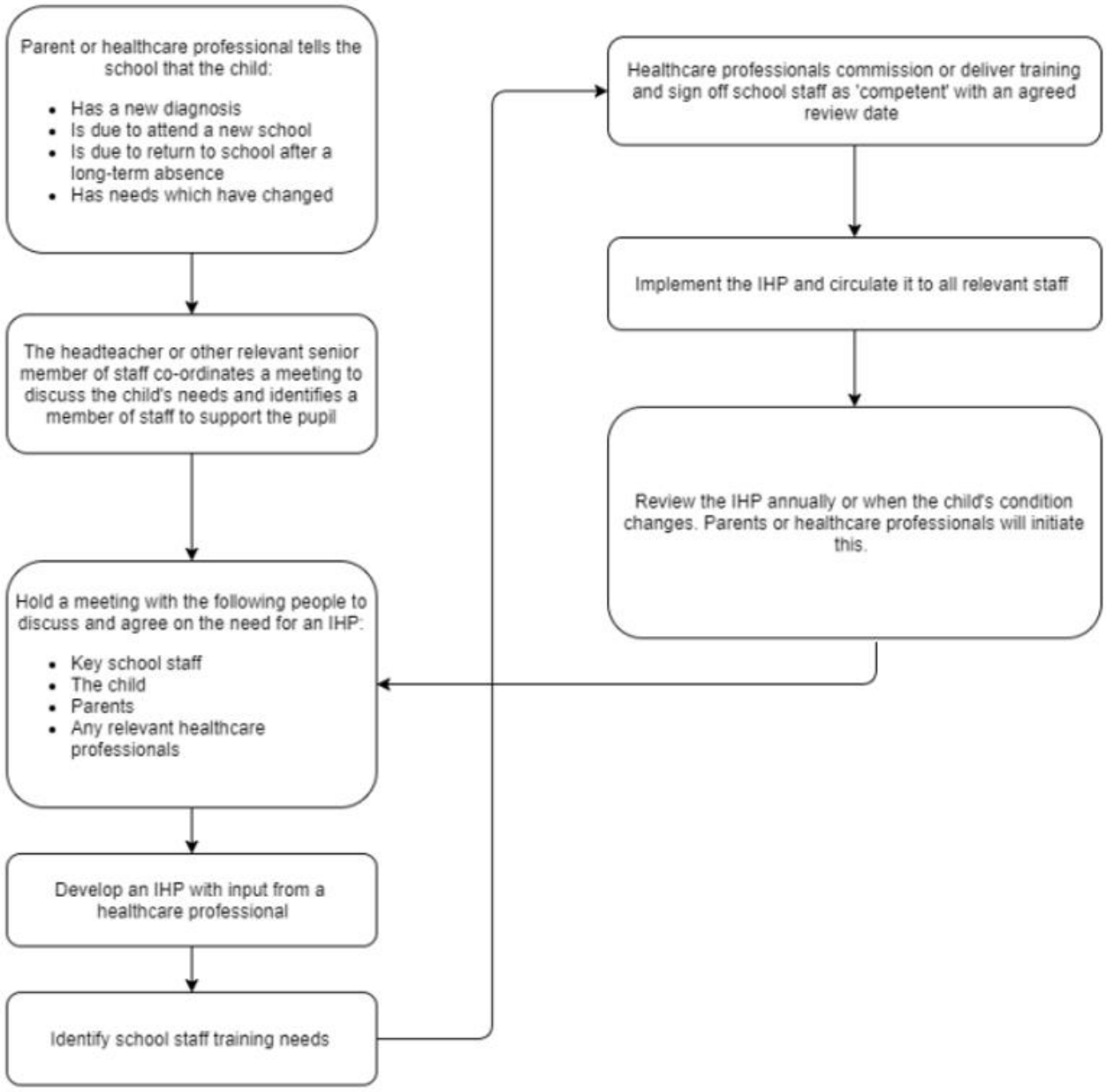
The Trust must ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

Complaints handling

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the Principal/Head of School in the first instance. If the

Principal/Head of School cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

Review frequency

This policy will be reviewed every two years.

Appendix 1 – Being notified a child has a medical condition