

Supporting Students with Medical Conditions Policy

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Aim

This policy aims to ensure that:

- Students, staff and parents/carers understand how our school will support students with medical conditions;
- Students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities.

The Governing Body will implement this policy by:

- Making sure sufficient staff are suitably trained;
- Making staff aware of students' conditions, where appropriate;
- Making sure there are cover arrangements to ensure someone is always available to support students with medical conditions if required to do so;
- Developing and monitoring Individual Health Care Plans (IHCPs).

Introduction

Most children at some time have a medical condition that could affect their participation in school activities. This may be a short-term situation or a long-term medical condition, which, if not properly managed, could limit their access to education. The Governors and staff of Jo Richardson Community School wish to ensure that children with medical needs receive care and support in our school. We firmly believe children should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school or other activities.

The school encourages children with medical conditions to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and students.

Equal opportunities

Our school is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents/carers and any relevant healthcare professionals will be consulted.

Being notified that a child has a medical condition

When the school is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHCP.

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

Roles and Responsibilities

The role of the Headteacher and Governing Body

The ultimate responsibility for the management of this policy lies with the Headteacher and Governing Body.

The role of the Student Services and Attendance Manager

The Student Services and Attendance Manager (SSAM) will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained. The SSAM will work with the Student Services team to ensure accurate and up to date records are kept for students with medical needs.

The role of staff

Supporting students with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to students with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support students with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

The role of parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHCP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHCP, eg, provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

The role of the student

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs. They are also expected to comply with their IHCPs.

Individual Health Care Plans (IHCPs)

When the school is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHCP. The school will make every effort to ensure that arrangements are put into place within two weeks, or by the beginning of the relevant term for students who are new to our school.

The Headteacher has overall responsibility for the development of IHCPs for students with medical conditions. This has been delegated to the SSAM with medical guidance from the School Nurse Team.

Plans will be reviewed at least annually, or earlier if there is evidence that the student's needs have changed.

Plans will be developed with the student's best interests in mind and will set out:

- What needs to be done;
- When;
- By whom.

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 student's specific needs. The student will be involved wherever appropriate.

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

IHCPs will be linked to, or become part of, any Education, Health and Care Plan (EHCP). If a student has SEN but does not have an EHCP, the SEN will be mentioned in the IHCP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The SSAM will consider the following when deciding what information to record on IHCPs:

- 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, eg, crowded corridors, travel time between lessons.

Students managing their own needs

Students 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 IHCPs.

Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHCP and inform parents/carers so that an alternative option can be considered, if necessary.

Non-school attendance caused by long-term illness or injury

If a student is unable to attend school due to a long-term illness, or injury, the school will:

- Ask parents/carers to provide documentary medical information that states that the student is unfit to attend school;
- Consider asking their School Nurse to provide further advice.

If it is agreed that the absence is going to be authorised by the school, then the school will devise a plan for the student to be educated while at home. If this is to be for a brief period, under 14 days, then the school would manage this through online education and/or work packs sent home.

Initially, the school will attempt to deliver suitable education for children with health needs who cannot attend school. Parents/carers should contact the Student Services Department in the first instance to inform them of the student's situation.

- The Student Services Department will initiate support through the relevant year team;
- If the absence is expected to be longer than 14 days, then the SSAM can make a referral to the borough's Home Tuition Service.

In line with Section 19 of the Education Act 1996, Local Authorities have a duty to provide education to children who are prevented from attending school due to illness or unavoidable cause. This policy is based on guidance provided by our Local Authority and the DfE: [Additional health needs guidance \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/612222/additional-health-needs-guidance.pdf).

In cases where the Local Authority decides to deliver home tuition, the school will:

- Work constructively with the Local Authority, providers, relevant agencies, and parents/carers to ensure the best outcomes for the student;
- Share information with the Local Authority and relevant health services as required;
- Help make sure that the provision offered to the student is as effective as possible and that the child can be reintegrated back into school successfully;

- When reintegration is anticipated, work with the Local Authority to:
 - Plan for consistent provision during and after the period of education outside the school, allowing the student to access the same curriculum and materials that they would have used in school as far as possible;
 - Enable the student to stay in touch with school life (eg, through newsletters, emails, invitations to school events or internet links to lessons from their school);
 - Create individually tailored reintegration plans for each child returning to school;
 - Consider whether any reasonable adjustments need to be made.

Long term hospital stays

Hospitals have specific staff allocated to liaise with school for work material and links to support a student with their education while in hospital. The SSAM is the initial point of contact.

Communicating students' medical needs to staff

The SSAM sends out medical alert emails at regular intervals throughout the year updating staff of students' needs together with any emergency action that may be required. An overview medical alert notice of children with IHCPs and a summary of their conditions can be found in staff SharePoint area.

First Aid

We have a number of school staff who are trained First Aiders. In the event of illness or accident during the school day, students will report to/be forwarded to the Student Services Department in the first instance; staff there will provide appropriate First Aid. In the event of a more serious accident, we will contact the parent/carer as soon as possible. If hospital treatment is required and a parent/carer is not available, a member of staff will take the student to hospital and stay with the student until the parent/carer arrives. If the student is required to travel in an ambulance, a member of staff will accompany the child in the ambulance if their parent/carer is unavailable. Parents/carers are expected to have adequate arrangements in place to collect their child from school if they are unwell during the school day and in case of emergency.

Details of accidents/incidents are recorded in the Accident Book together with any treatment provided. Major incidents/accidents are recorded on the Accident/Incident Report Form and circulated to the Borough's Health and Safety team.

Physical activity

We recognise that most children with medical needs can participate in physical activities and extra-curricular sport. Any restrictions on a student's ability to participate in PE or specific physical activities should be recorded in their IHCP. All staff should be aware of issues of privacy and dignity for students with particular needs.

School visits

When preparing risk assessments, staff will consider any reasonable adjustments they might make to enable a student with medical needs to participate fully and safely on visits. Sometimes additional safety measures may need to be taken for off site visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular student. Arrangements for taking any medicines will need to be planned as part of the risk assessment and visit planning process. Trip leaders are provided with relevant information regarding students with medical conditions.

Residential visits

Parents/carers of students participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. Administration of medicine forms need to be completed prior to the day of departure and all medication that needs to be administered during the course of the visit should be handed directly to the group leader before leaving the school at the start of the visit. Trip leaders are provided with relevant information regarding students with medical conditions.

Administration of medicines

The Headteacher will accept responsibility for members of appointed school staff giving or supervising children taking prescribed medication during the school day.

Controlled drugs

Controlled medications are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#). Prescribed medication is kept in a lockable cabinet or refrigerator (dependent on the storage instructions) within Student Services Department. Only appointed staff have access. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Parents/carers are requested to complete an Administration of Medicines Consent Form when handing in any medicine that may be required during the school day. Medication must be provided in its original pharmacy labelled container clearly displaying the following.

- Child's name;
- Child's date of birth;
- Name of medication;
- Dosage;
- Frequency of dosage;
- Date of dispensing;
- Storage requirements (if necessary);
- Expiry date.

Medication will not be accepted without a completed Administration of Medicines Consent Form with clear instructions as to administration, nor will it be accepted in an unlabelled container.

The SSAM will consider in each case the nature of the medication to be administered, any potential risks, and all other relevant information before deciding whether the medicine can be administered in school. Where there is concern about whether the school can meet a student's needs, the SSAM should seek advice from the School Nurse, the child's GP or other medical adviser.

At JRCS we encourage, where appropriate, students to self-administer medication, some under staff supervision. In deciding whether to permit this, the SSAM will take into account the nature of the medication, the age of the student and the safety of other students. Students are permitted to carry on their person only one dose of the required medication in school.

Staff who assist in the administration of medication must receive appropriate training/guidance identified by the SSAM in liaison with health professionals and parents/carers.

If students refuse to take medication, the staff should not force them to do so. The school should inform the student's parent/carer as a matter of urgency and should call the emergency services if deemed necessary.

Parent/carers are advised that it is their responsibility to notify the school of any changes to a child's medication. Parents/carers should also inform the school of any other circumstances that may affect the administration of medication or of the child's reaction to the medication.

Anaphylaxis, Asthma, Diabetes, Eczema, Epilepsy and Sickle Cell

The school recognises that these are common conditions affecting many children and young people and welcomes all children with these conditions.

The school believes that every child has a right to participate fully in the curriculum and life of the school, including all outdoor activities and residential trips. The school ensures that all staff in the school have a good understanding of these conditions through relevant training and do not discriminate against any child who is affected.

Anaphylaxis

Anaphylaxis can be triggered by foods (nuts, shellfish, dairy products) or non-foods (wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system and genitourinary system. In the event of an attack, it is important to administer an adrenaline auto injector as soon as possible and then call for an ambulance.

How will staff know which children might need an adrenaline auto injector?

Photographs of all children needing adrenaline auto injectors are circulated regularly by email and can be found in all staff bases. Individual Health Care Plans are kept on the student's main school file in the Office. Staff who come into contact with these students are encouraged to familiarise themselves with the plans.

How will staff know when and how to administer adrenaline auto injectors?

There will be annual training sessions for all staff.

Where are adrenaline auto injectors stored?

Adrenaline auto injectors are stored in the Student Services office. Each child has an emergency bag hanging on a peg containing two adrenaline auto injectors, a copy of their IHCP, any other relevant medication, a pencil, paper and a pair of gloves. Each bag is labelled with the student's name. It is a parent/carer's responsibility to ensure that the adrenaline auto injector is kept up to date.

Asthma**Asthma medicines**

Immediate access to reliever medicines is essential so students are encouraged to carry and administer their own inhalers at all times. It is the responsibility of parents/carers to ensure students have an up to date inhaler at all times, clearly labelled with the student's name.

An emergency asthma medication pack is kept in the school's Student Services Department and will only be administered to students in an emergency situation. Students with severe asthma have their photos circulated on the medical alert email following consultation with parents/carers. If a student is not carrying their required medication on school trips, they may not be able to take part.

Record keeping

If a student requires support with administering their asthma pump while suffering symptoms, parents/carers will be notified immediately.

PE, games and activities, including pre-school and after-school clubs

Taking part in sports, games, activities and clubs is an essential part of school life for all students. Staff are aware of those students who have asthma from the school's medical alert emails. Students with asthma are encouraged to participate fully in all PE lessons. Staff will remind students whose asthma is triggered by exercise, to take their reliever inhaler with them to the lesson and to thoroughly warm up and down before and after the lesson. Staff follow the same principles as described above for games, activities and clubs involving physical activity. Staff need to be aware of the potential triggers for children with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

The school environment

The school does all that it can to ensure the school environment is favourable to students with asthma. As far as possible, the school does not use chemicals in science and art lessons that are potential triggers for children with asthma. If, however, particular fumes do trigger their asthma, students are removed from the classroom by an adult and taken to sit in the Student Services Department, where they can be supervised until fully recovered.

Asthma attacks

In the event of a student having an asthma attack:

- If at all possible, take the child to Student Services;
- Stay calm and reassure the student;
- Encourage the student to breathe slowly;
- Ensure that any tight clothing is loosened;
- Help the student to take their reliever (blue) inhaler;
- Usually 2-4 puffs are enough to bring the symptoms of a mild attack under control. This medication is very safe; do not be afraid to give more if it is needed;
- Inform the Student Services team immediately.

Always call for an ambulance if any of the following occur:

- There is no significant improvement in 5 – 10 minutes;
- The student is distressed and gasping or struggling to breathe;
- The student has difficulty in speaking more than a few words at a time;
- The student is pale, sweaty and may be blue around the lips;
- The student is showing signs of fatigue or exhaustion;
- The student is exhibiting a reduced level of consciousness.

Whilst the ambulance is on its way:

- The student should continue to take puffs of their reliever (blue) inhaler until the symptoms improve;
- If the student has a spacer device and reliever (blue) inhaler available, give up to ten puffs, one puff every minute (shaking the inhaler between each puff);
- If the student's condition is not improving and the ambulance has not arrived, repeat the process in the previous bullet point;
- Contact the parents/carers once the emergency situation is under control and the ambulance has been called.

Please also see the separate Asthma Policy.

Diabetes

We recognise that diabetes should not be taken lightly because it is a very serious condition and could result in a hypoglycaemia attack (hypo) where blood sugar levels become too low, or a hyperglycaemia attack (hyper) where blood sugar levels become too high. Prompt medical attention will then be required to rectify the chemical and sugar imbalance in the blood. Students who are diabetic need supervision and careful monitoring so that staff are aware of any changes in the child and are able to take immediate action if they should need to. All students with diabetes have their own IHCP and their details are recorded on the student's file. Student Services also have an emergency box labelled with their name containing any relevant equipment required to control a hypo or hyper attack.

Eczema

We are aware that active (acute) eczema causes constant itching and can mean sleepless nights and daytime drowsiness. We recognise that children who suffer with eczema may need the support of school staff to help them deal with this condition and that they may need help to apply emollients.

Epilepsy seizures

In the event of a student having an epileptic seizure:

- Stay calm;
- Send for a member of the Student Services team;
- If the student is convulsing, then put something soft under their head;
- Protect the child from injury (remove harmful objects from nearby);
- NEVER try to put anything in their mouth or between their teeth;
- Try to time how long the seizure lasts – if it lasts longer than usual for that child or continues for more than five minutes, then call medical assistance;
- When the child finishes their seizure, stay with them and reassure them;
- Do not give them food or drink until they have fully recovered from the seizure;
- Contact the parents/carers once the emergency situation is under control.

Sickle Cell

There can be serious complications from sickle cell crisis for a sufferer. Please follow the next few points when dealing with students with sickle cell:

- Always take their word if they say they are breathless or seem lethargic;
- They know only to work to their ability;
- Send them to Student Services if they are asking to sit out or complaining of any symptoms;
- Clothes must be suitable for the exercise; indoor/outdoor cold has an impact on their ability;
- Call for Student Services or seek medical advice if there is any deterioration in the student's condition.

Students in school with injuries requiring casts/crutches

Students will be encouraged to attend school at all times. Only crutches issued by the hospital can be used in school. Students wearing a sling or using crutches will need to use the lift in school to avoid the crowds on the staircases. They will be issued with a lift pass and their form tutor will buddy them with a friend to support getting around the school. Students with casts on are not allowed to play in any of the ball courts at break times.

Head lice

Any case of head lice should be reported to the Student Services Department. Parents/carers will be advised on an appropriate course of action as advised by the local health authority.

Infectious Diseases

Information concerning the control of infectious diseases is available through the Local Authority and is produced in conjunction with the Health Protection Agency www.hpa.org.uk. A hard copy of the Control of Infections in Schools document can be found in the Student Services Department.

Staff training

The school is responsible for ensuring that staff have appropriate training to support students with medical needs. Specific training and staff awareness sessions are held for students with highly individual needs prior to the child joining the school. Arrangements are made with appropriate agencies to update staff training on a regular basis. Teaching and support staff are invited to attend adrenaline auto injector training annually.

Confidentiality

Staff must always treat medical information confidentially. With certain medical conditions, sharing of information is always recommended for the safety of the student. Agreement should be reached between parents/carers and the school about who else should have access to records and other information about a student and this will be detailed in their Individual Health Care Plan.

If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Other agencies

The School Nurse, paediatrician or other specialist bodies may be able to provide additional background information for school staff. Any requests or referral to these services will only be made with parental consent.

Supplementary information

This policy is supplemented by the Health and Safety Policy (including First Aid) and the Asthma Policy.

Monitoring and evaluation

Staff and Governors, on a three yearly basis, will review this policy unless circumstances demand an earlier review.