

Supporting Students with Medical Conditions

ISLE EDUCATION TRUST



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1 Introduction

Isle Education Trust is a fully inclusive multi-Academy trust and welcomes and support students with medical conditions. The Trust is fully committed to providing students with medical conditions, the same opportunities as others at the Academy in line with the statutory guidance 'Supporting pupils with medical conditions' December 2015 and 'Children and Families Act 2014'.

Every student with a medical condition who attends an Isle Education Trust or its individual academies will be supported to fully access education, educational trips and physical education enabling them to play a full and active role in Academy life and remain healthy.

The Academy listens to parents and students and this is reflected when considering organising structured and unstructured activities, extended Academy activities and residential trips to ensure everyone is involved and included. Should the medical condition lead to prolonged absence from the Academy, the Academy will work with the family and partnership agencies to arrange alternative provision to minimise the impact of the absence on the students' education.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing once they have left the Academy

We will ensure this by educating all staff about the medical conditions that affect pupils at the Academy and ensuring staff receive the appropriate training. Also, some students with medical conditions will have healthcare plans which will be devised with parents, students, healthcare professionals and the Inclusion Coordinator/ SEND officer or designated person for the Academy.

Under the Health & Safety at Work Act 1974 the employer is responsible for making sure that all Academies have a Health and Safety Policy. This should include procedures for supporting students with medical needs, including managing and administering prescribed medication.

The Control of Substances Hazardous to Health (COSHH) Regulations requires that no person is placed at risk from the use of any hazardous substances. A medicine is a hazardous substance to those administering the medication and to those who may inadvertently be exposed to it.

The Children's Act 1989 authorises people who have care of a child (other than parental responsibility), subject to the provisions of the Act, to do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare.

The Equality Act 2010 requires that the body responsible for an Academy must not discriminate against a disabled person. Any students with medical needs who are also disabled will be protected under this act.

Most students may need to take medication at some time whilst they are attending the Academy. This policy gives clear guidance and will be enhanced by an effective staff management system, which will support individual students with medical needs.

The Academy will ensure that this policy and procedures are in place, so that no person is placed at risk from the storage, administration and / or disposal of medication.

The Academy has a legal duty to make arrangements to ensure that students with medical needs are able to attend the Academy with as little disruption as possible.

A policy that has appropriate procedures will be better placed to enable students attending the Academy, who require medication to continue their education with as little disruption as possible.

Unless so directed by the terms of their employment contract, no member of staff should feel compelled to be responsible for the management and administration of prescribed medication, to a student.

2 Policy Implementation

The overall responsibility for the successful administering and implementation of this policy lies with the Principals. This responsibility includes ensuring that the policy is implemented within each academy and that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.

The Principals of each Academy are also responsible for ensuring that supply teachers are briefed, risk assessments for school visits (and other school activities outside of the normal timetable) and for the monitoring of individual healthcare plans. All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this Policy.

3 Definitions of Medical Conditions

Student medical needs may be broadly summarised as being of two types:

- Short-term affecting their participation in school activities because they are on a course of medication.
- Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

4 The Role of Staff

A teacher or other member of staff in the Academy, who look after students in place of the parent (in loco parentis), must treat and take care of the student as a " careful parent " would. If a request is made in relation to a student's medical needs, then consideration should be given to whether or not the request is what would be expected of a reasonable parent in the same circumstances.

Each request should be considered on individual merit and Academy staff have the right to refuse to be involved. It is important that Academy staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise. Regular training relating to emergency medication and relevant medical conditions should be undertaken.

A member of staff who has a student with medical needs in his/her class should understand the nature of the condition and when and where that student may require additional attention. For

students with unique or unusual conditions training with be in small groups of staff who are there regularly to support that individual.

The training logs are kept for both insurance and audit purposes.

5 The Role of Parents & Carers

The prime responsibility for a student's health rests with the parent/carer; they are responsible for making sure their child is well enough to attend the Academy.

Parents/carers are asked to complete a student medical form when a student's starts at the Academy. This form identifies any medical needs that a student currently has, or health needs they have previously had that may affect them. With current medical conditions a parent/carer should provide the Academy with sufficient information about the student's medical needs. This should be undertaken in conjunction with the child's GP or paediatrician, as appropriate. Medical documentation/letters should be copied and sent into the Academy to support the process. Any medical appointments during Academy time should be followed with an appointment card or letter so the Academy can provide the correct response to support the young person.

Where a student has acquired an injury outside of Academy hours, this must be dealt with by parents/carers. The Academy are not in a position to diagnose or have the equipment to be able to make decisions on breaks, fractures or any internally diagnosed complaints/injuries.

If a student suffers a break or is incapacitated in any way (requires a sling or crutches) parent/carers must bring their child into Academy so that a risk assessment can be performed to assess if they are fit and able to attend the Academy with a full timetable or whether an adjustment needs to be made.

If a student is dealing with any social, emotional or mental health issues, the Academy are to be kept up to date with treatment so that they can act accordingly and support other health professionals.

If a student becomes unwell within the Academy they should be collected as soon as possible. It is vital to have the relevant home and emergency contact telephone numbers held on file; it is the parent/carers responsibility to provide the Academy with updated information as necessary.

6 The Student's Role in managing their own Medical Needs

Students are encouraged to take responsibility for their own medicine from an early age. A good example of this is children keeping their own asthma reliever. The ages that students are able to take control of their medicines varies enormously. It should however be considered that in some circumstances a young person might not ever mature enough to take medical responsibility for themselves whilst in the Academy.

If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

As young people grow, develop and mature they should be encouraged to participate in decisions about their medications and to take responsibility. Where students are prescribed controlled drugs staff will need to be aware that these are to be kept in safe custody. Students should be able to access these for self-medication, if it is agreed that it is appropriate. Self-medication does not mean that a student carries their medication with them. Self-medication means that a student can take the medication without adult support (given via spoon or injected) furthermore the medication will continue to be taken in the presence of an adult/first aider.

7 Procedures to be followed when Notification is received that a Student has a Medical Condition

For students starting at one of our academies, arrangements will be in place in time for the of the relevant school term. In other cases, such as a new diagnosis or students moving to one of our academies mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, the Academy will take into account that many of the medical conditions that require support at school will affect quality of life and may be life threatening. These procedures will also cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change and there is a requirement for any staff training or support.

The Academy will ensure that arrangements give Parents/Carers and students confidence in the ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that students need.

The Academy will ensure that arrangements are clear and unambiguous about the need to support actively students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The Academy will make arrangements for the inclusion of students in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. The Academy will make sure that no child with a medical condition is denied admission or prevented from attending because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that students' health is not put at unnecessary risk from, for example infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Where a child has an Individual Health Care 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. Other students should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance.

8 Individual Health Care Plans

The Principal of each Academy has responsibility for ensuring that Individual Health Care Plans are written and reviewed by but it will be the responsibility of all members of staff supporting the individual students to ensure that the Plan is followed. Individual Healthcare Plans will help to ensure that the Academy effectively supports students with medical conditions. They will 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. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all students will require one.

The Academy/Trust, health care professional and Parents/Carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. A flow chart for identifying and agreeing the support a student's needs and developing an individual healthcare plan is provided in

Appendix A.

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will 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 students with the same health condition may require very different support. Where a student has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their Individual Health Care Plan.

Appendix B shows a template for the Individual Health Care Plan and the information needed to be included. Individual Health Care Plans, (and their Review), may be initiated, in consultation with the Parent/Carer, by a member of school staff or a healthcare professional involved in providing care to the child. The Individual Health Care Plan must be completed by the Lead Professional (usually the SENCO) with support from Parents/Carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the student. Students should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the Academy. The Academy will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the student's needs have changed.

They will be developed and reviewed with the student's best interests in mind and ensure that the Academy assesses and manages risks to the student's education, health and social wellbeing and minimises disruption. Where the student has a SEN identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan.

Appendix B provides a template for the Individual Health Care Plan, but it is a necessity that each one includes;

- 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/noisy conditions, 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 tests, use of rest periods or additional support in catching up with lessons, counselling sessions
- 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 school needs to be aware of the student’s condition and the support required;
- arrangements for written permission from Parents/Carers for medication to be administered by a member of staff, or self-administered by the student 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 student can participate, e.g. risk assessments;
- where confidentiality issues are raised by the Parents/Carers or student, the designated individuals to be entrusted with information about the student’s condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the Academy’s responsibility to write or review.

9 Managing Medicines on Isle Education Trust Sites

RPA Insurance Cover - undertaking medical procedures and provision of prescribed medicines subject to adherence with the statutory guidance on supporting pupils at school with medical conditions, December 2015 or similar amending statutory guidance

The following are the procedures to be followed for managing medicines:

- Medicines should only be administered when it would be detrimental to a student’s health or school attendance not to do so.
- No student under 16 should be given prescription or non-prescription medicines without their Parents/Carers written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- 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
- We will not administer non-prescription medicines to a student, if a Parent/Carer wishes a student to have the non-prescription medicine administered during the school day, they will need to come to site to administer it to their child or allow the student to self-manage medication.

- The Academies 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 will generally be available inside an insulin pen or a pump, rather than in its original container.
- All medicines will be stored safely in Student Reception/Main Office/Admin Office. Students should 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 should be always readily available to students and not locked away. If a student requires an asthma inhaler it is crucial that there is an inhaler at site at all times.
- During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all medical devices and medicines required.
- Staff administering medicines should do so in accordance with the prescriber's instructions. The Academy will keep a record of all medicines administered to individual students, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the Academy should be noted. Appendix C and Appendix D outline these procedures. Written records are kept of all medicines administered to students. These records offer protection to staff and students and provide evidence that agreed procedures have been followed.
- When no longer required, medicines should be returned to the Parent/Carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- When Controlled Drugs (primarily "Ritalin" prescribed for Attention Deficit Syndrome) are kept on Academy premises, a written stock record is also required, this should detail the quantities kept and administered, taken and returned on any educational visit, and returned to the parent/carer, e.g. at the end of term. These drugs should be kept in a locked cabinet within a room with restricted access.
- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school.
- When a child refuses their medication, the parent/carer should be informed the same day and appropriate records made on the register. Staff cannot force a child to take any medication.

10 Student Privacy

Where invasive or intimate treatments are required then the person carrying out such a treatment should be of the same gender as the student receiving the treatment, unless agreed otherwise and with parental consent. One additional adult should be present whilst the treatment is carried out unless intimate care procedures indicate otherwise.

Those persons who volunteer to provide intimate or invasive treatments must be suitably trained. Where invasive or intimate treatments are required but no member of staff volunteers to provide it, the Principal and parents/carers must respect the staff's wishes not to do so.

11 Academy Trips and Sporting Activities

Students with medical needs should be encouraged to participate in Academy extracurricular activities and trips as long as the safety of the student, other students and/or staff is not placed at significant risk. An Academy may take additional measures for outside visits for students with medical needs. This may include:

- additional staff supervision;
- adaptations for bus or coach seats and entrances;
- provision of secure cool-bags to store medicine;
- provision of properly labelled single dose sets;
- copies of the student Healthcare plans in the event of an emergency referral;
- enhanced risk assessments based on the needs of the student

When planning trips and extracurricular activities which will include a student with medical needs, all staff supervising the trip should be made aware of any additional requirements that the student may need and any emergency procedures that may be required (unless the parent/carer does not give their prior consent to do this).

This is to be covered in the event Evolve Risk Assessment and can also be in a person specific Risk Assessment where necessary. The location to be visited should be made aware that student(s) with medical needs are included in the party, if this is practicable and if the parents have consented. If a student's medical condition could be aggravated by the location being visited, they should not be permitted to go.

If there is any doubt regarding the activity the Academy should discuss the activity with the parent/carer and also, if necessary, seek medical advice.

Some students will need to take precautionary measures prior to and/or during exercise and may need immediate access to medication afterwards. Any members of staff supervising students involved in physical education and sporting activities must be aware of the relevant medical conditions and emergency procedures for any student with a medical condition who is participating in the lesson or activity. For extracurricular activity or after hour physical education lessons, where a student with a medical need is participating, the level of supervision should be assessed, and it may need to be increased.

It is important to note that it is the parent/carers responsibility to ensure that their child has the relevant medication for a trip. If a student does not have the correct medication, they will be refused to attend.

12 Exams

Asthma inhalers can be taken into an exam, but they must have no writing on them - any labels need to be checked by an exam invigilator on entry to the exam. For students with diabetes, they should take a blood testing kit with them, a bottle of water, insulin and either dextrose tablets or

Lucozade etc. All should have their labels removed and be placed on the desk they are working on (some students prefer to it to be left on the front desk). Students should be allowed toilet breaks (under exam conditions). Medication can have a label on but needs to be checked by an exam invigilator on entry to the exam.

Epipens© should be taken into the exam by the student and left on the desk. Any labels are to be checked by the exam invigilator on entry to the exam.

13 Automated External Defibrillators (AEDs)

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

14 Unacceptable Practice

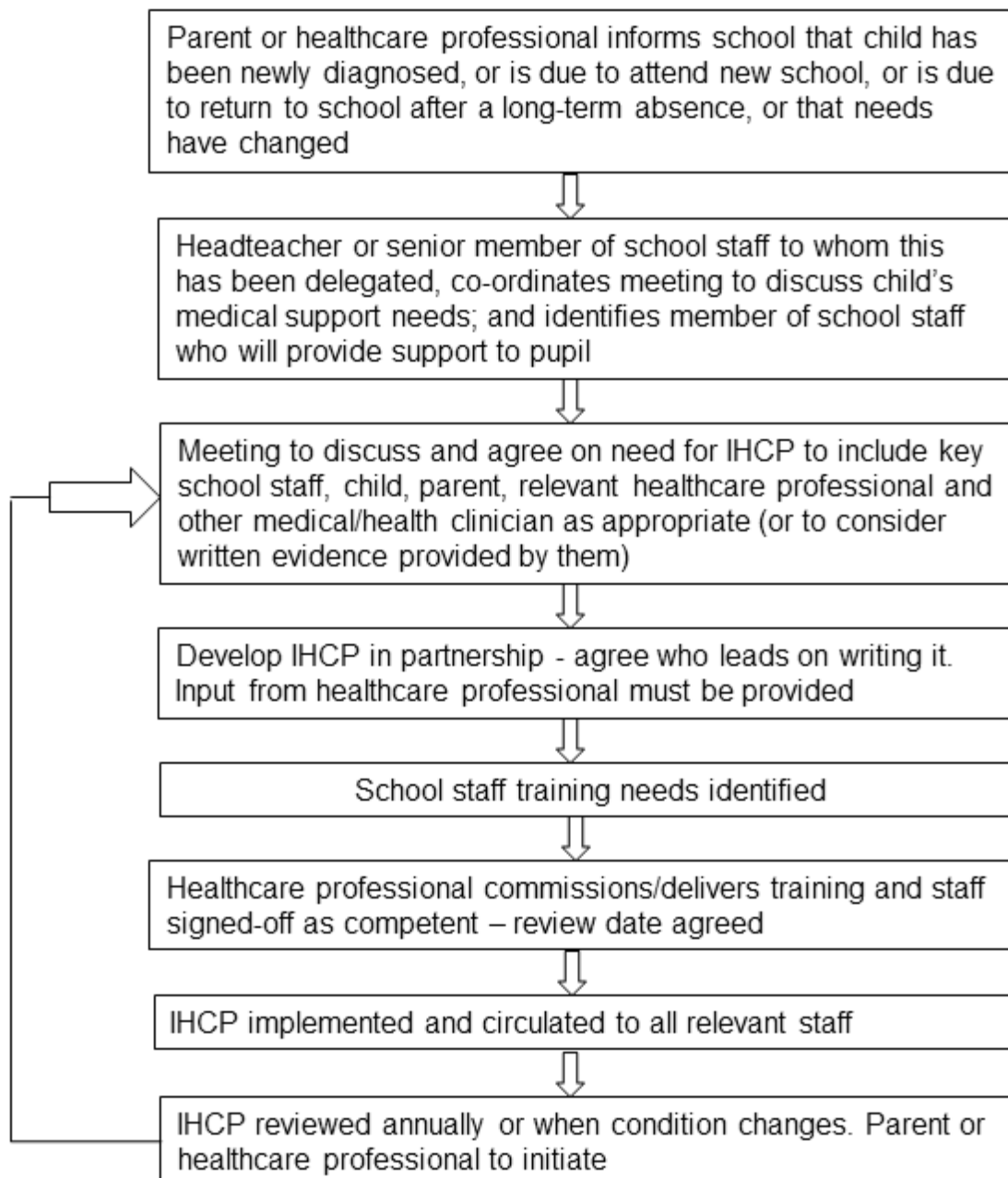
Although staff should use their discretion and judge each case on its merits with reference to the student's Individual Health Care Plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children 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. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

15 Complaints

Should Parents/Carers or students be dissatisfied with the support provided they should discuss their concerns directly with the Academy. If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaint's procedure outlined in the IET Complaints Policy.

16 Appendix 1: Model process for developing individual healthcare plans



17 Appendix 2 - Individual Healthcare Plan For Student With Medical Needs

STUDENT NAME	
DATE OF BIRTH	
CLASS/ FORM	
ADDRESS	
MEDICAL DIAGNOSIS OR CONDITION	
DATE	
REVIEW DATE	
NAME OF ACADEMY	
Name of Parent/Carer 1: Contact Numbers Work: Home: Mobile: Relationship to Child:	Name of Parent/Carer 2: Contact Numbers Work: Home: Mobile: Relationship to Child:
Clinic/Hospital Name Contact Number	GP Name Contact Number
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.	
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision	
Daily care requirements	
Specific support for the pupil's educational, social and emotional needs	
Arrangements for school visits/trips etc.	
Other information	
Describe what constitutes an emergency and the action to take if this occurs Who is responsible in an emergency, state if different for off-site activities	
Staff training needed/undertaken – who, what, where, when	
Plan developed with:	
Form copied to:	

18 Appendix C - Record of Medicine Administered to an Individual Student

Name	
Class	
Date medicine provided by Parent/Carer	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	
Staff signature	
Parent/Carer signature	

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

Name of member of staff					
Staff initials					

19 Appendix D - Record of Medicine Administered to all Students

Date	Name	Time	Name of medicine	Dose given	Any reactions	Staff signature	Print name

20 Document Control

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