



Durrington High School

Supporting students with medical conditions policy 2021-2022

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This policy will be reviewed annually on or before September 2022

1 Definition of ‘medical condition’

- 1.1 For the purposes of this policy, a medical condition is any illness or disability which a student has. It can:
- be physical or mental
 - be a single episode or recurrent
 - be short-term or long-term
 - be relatively straightforward (e.g. the student can manage the condition themselves without support or monitoring) or complex (requiring ongoing support, medicines or care while at school, to help the student manage their condition and keep them well)
 - involve medication or medical equipment
 - affect participation in school activities or limit access to education.
- 1.2 Medical conditions may change over time, in ways that cannot always be predicted.

2 Policy statement and principles

- 2.1 This school is an inclusive community that aims to support and welcome students with medical conditions. This school understands its responsibility to make the school welcoming, inclusive and supporting to all students with medical conditions and provide them the same opportunities as others at the school.
- 2.2 We will help to ensure they can:
- be healthy
 - stay safe
 - enjoy and achieve
 - make a positive contribution
 - achieve economic well-being.
- 2.3 The school ensures all staff understand their duty of care to children and young people in the event of an emergency.
- 2.4 Staff receive ongoing training and are regularly updated on the impact medical conditions can have on students. The training agenda is based on a review of current healthcare plans.
- 2.5 All staff feel confident in knowing what to do in an emergency.
- 2.6 This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- 2.7 This school understands the importance of medication being taken as prescribed.
- 2.8 All staff understand the common medical conditions that affect children at this school.
- 2.9 This school has developed this policy with input from our welfare officers, safeguarding team and any specific relevant advice from school nurses or other professionals. The board of trustees

has a statutory duty to make arrangements for students with medical needs under s.100 of the Children and Families Act 2014. The policy and supporting documents are based on Department of Education statutory guidance (December 2015) [Supporting students at school with medical conditions](#).

- 2.10 The medical conditions policy is supported by a clear communication plan for staff, parents and students to ensure its full implementation.
- Generic information is communicated to parents in a number of ways; Letters home (generally by e-mail), Parentmail communication, Social media, printed letters (generally distributed by students)
 - Communication from external agencies, such as the vaccination team are shared as required
 - Students with specific conditions that require managing/school support generally have a student specific health care plan in place. This will detail the condition, its impact and support needed/medication. These are reviewed annually in conjunction with the parent(s)/career and medical professionals (if relevant)
 - Key dates such as vaccinations are published on the school website.
- 2.11 This policy will be revised September 2022, it will be reviewed annually by the Director of Operations.
- 2.12 This school ensures that the whole school environment is inclusive and favourable to students with medical conditions. This includes the physical environment, as well as social, emotional, sporting and educational activities.

3 Roles and responsibilities

- 3.1 Parents and guardians - what medical condition their child has (and keep the school updated on those existing and new conditions), if they have an Individual Healthcare Plan (IHCP), daily medical needs and for trips/residential, changes to condition, labelled medication. Parents should actively engage with the school and be supportive if difficulties arise.
- 3.2 Students - ensure they inform responsible adults how their condition affects them/notify of medical condition if not carried out by parent or guardian. If they are responsible for an element of their IHCP, for example attending medical at a set time for medication, they should ensure they do this independently.
- 3.3 The board of trustees - ensure that the policy is sufficient to meet the requirements of section 100 Children and Families Act 2014, ensure health and safety measures for staff and students, risk assessments are inclusive of students with medical conditions, medical policy is kept up to date, report on medical policy success and improvement and provide indemnity to staff who volunteer to administer medication.
- 3.4 Headteacher - ensure school is inclusive and welcoming, that medical policy is in keeping with local and national guidance and frameworks, liaise between interested parties, ensure policy is implemented and kept up to date, ensure training for staff [the policy must expressly state who is responsible for ensuring that sufficient staff are suitably trained; in most cases, this will be the headteacher] and ensure insurance arrangements are sufficient to keep school staff covered, keep the school nursing service informed and engaged with individual students.
- 3.5 Teachers and other school staff - be aware of triggers and symptoms of conditions and how to act in an emergency, know which students have a medical condition, allow students immediate

access to emergency medication, communicate with parents if child is unwell, ensure students have their medication when out of the classroom, be aware if students with medical conditions suffer bullying or need extra social support, understand common medical conditions and impact on students, ensure all students with medical conditions are not excluded unnecessarily from activities, ensure students with medical conditions have adequate medication and sustenance during exercise, be aware medical conditions can affect school work, liaise with parents if child's learning is suffering due to medical condition, use opportunities to raise awareness of medical conditions.

- 3.6 Other health professionals (School welfare team, first aiders) - help update school's medical policy, help provide regular training to school staff on common medical conditions, provide information about additional training, give immediate help to casualties in school, ensure ambulance or other professional help is called when necessary including the development of Individual Healthcare Plans.
- 3.7 SENCO/pastoral support/welfare officer - help update school's medical policy, know which students have SEN due to their medical condition, ensure teachers make arrangements if student needs special consideration, ensure students with medical conditions are not excluded unnecessarily from activities.

4 Students who cannot attend school because of health needs

Where a student cannot attend school because of medical needs, initially the school will follow the usual process around attendance and mark the student as ill for the purposes of the register. Where a child is unable to attend school due to a medical condition the local authority has a duty to ensure that the student receives suitable educational provision. While the school recognises that there is no specific statutory point at which the local authority does have to put in place suitable provision, the guidance from the Department for Education (January 2013) is that suitable provision should be put in place from the sixth day of the absence and that delay should be minimal. The school will work with the local authority to ensure that all involved in a student's education are kept up to date on the student's condition and the school's ability to meet the student's medical needs.

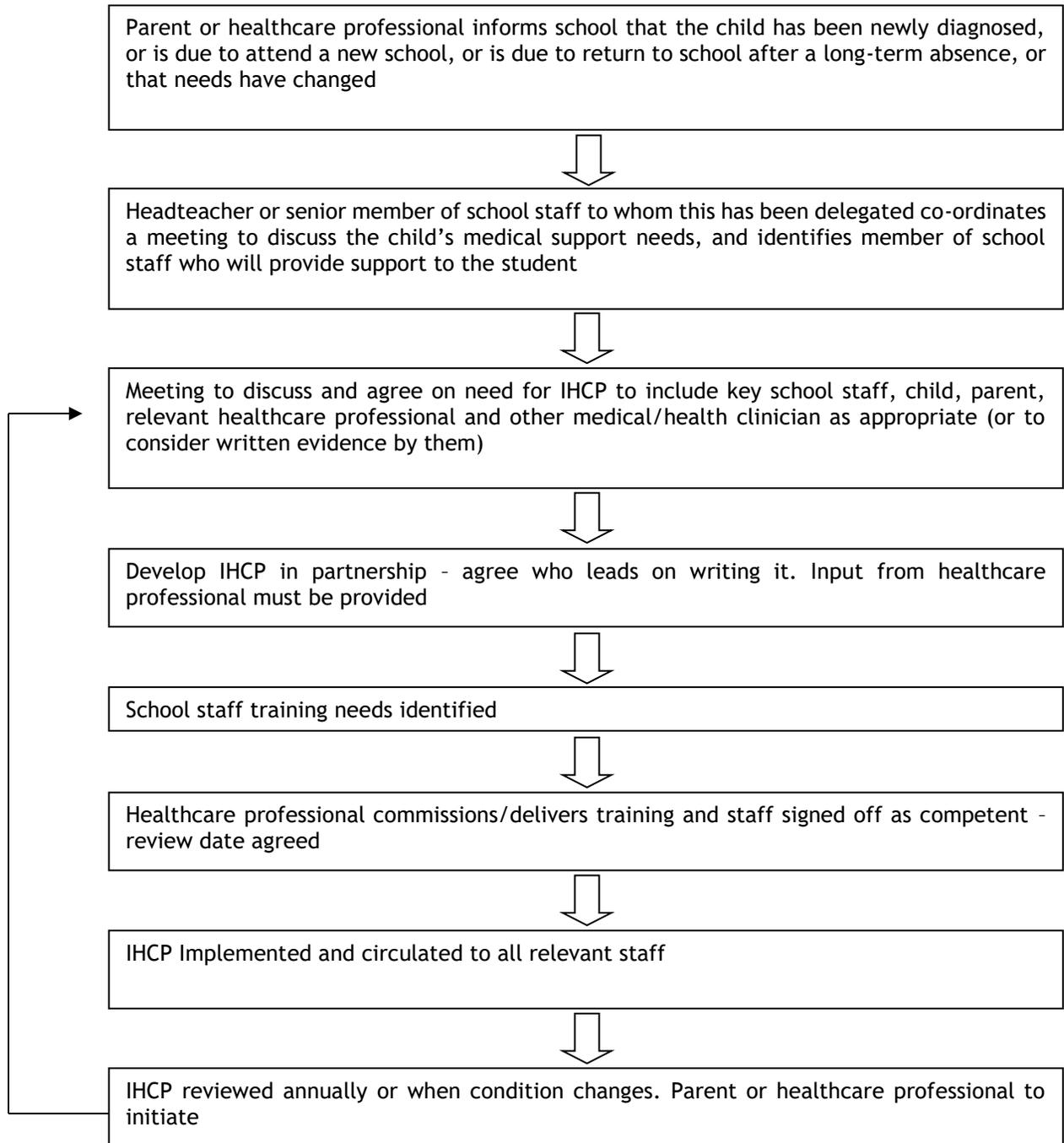
5 Monitoring of Individual Healthcare Plans

- 5.1 This school uses Individual Healthcare Plans (IHCPs) to record important details about individual children's medical needs at school. The plans will include the following (depending on the individual circumstances):
- Details of the medical condition - triggers, signs, symptoms and treatments
 - Details of the impact of the condition on the child including the need for medication or other support, facilities or equipment that may be required
 - Details of any specific support required to meet the individual's education, social or emotional needs
 - Training requirements
 - Internal information requirements (who needs to know)
 - Parental consents for administration of medicine and sharing information
 - Details of the designated individuals to be entrusted with information about the student's condition, where confidentiality issues are raised by the student or parent

- Information relevant to off-site visits
- Emergency information.
- Further documentation can be attached to the Individual Healthcare Plan if required.
- IHCAP's are created/updated for the start of each school year. They are sent to parents/careers and if relevant, medical professionals for review comment.
- If a student has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the student's parents to complete.
- The parents, healthcare professional and student with a medical condition, are asked to fill out the student's Individual Healthcare Plan together. Parents then return these completed forms to the school.
- This school ensures that a relevant member of school staff is also present, if required to help draw up an Individual Healthcare Plan for students with complex healthcare or educational needs.

5.2 Visually, this is represented in the table on the following page:

Monitoring of an Individual Healthcare Plan:



6 School health care register

- 6.1 Microsoft SharePoint with basic information on condition and date of IHCP review, condition also registered on SIMS.

7 Ongoing communication and review of Individual Healthcare Plans

IHCP renewal is sent to parents/carers month prior to expiry for checking and altering if required, via post, telephone and or email. If not response from parents the Company Leadership Team are informed for review.

8 Storage and access to Individual Healthcare Plans

Hard copies of IHCP kept in Medical Office, copy on Microsoft SharePoint, only accessible to Medical Team. Copies circulated to relevant staff on receiving of ICHP, including canteen staff where allergies are concerned.

9 Individual Healthcare Plans are used by this school to:

- Inform all relevant staff and supply teachers about the individual needs of a student with a medical condition in their care.
- Remind students with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times.
- Identify common or important individual triggers for students with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers.
- Ensure that all medication stored at school is within the expiry date.
- Ensure this school's local emergency care services have a timely and accurate summary of a student's current medical management and healthcare in the event of an emergency.
- Remind parents of students with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

10 Reviewing Individual Healthcare Plans

10.1 Every Individual Healthcare Plan shall be reviewed at least annually. The headteacher (or someone designated by them) shall, as soon as practicable, contact the student's parents/carers and the relevant healthcare provider to ascertain whether the current Individual Healthcare Plan is still needed or needs to be changed. If the school receives notification that the student's needs have changed, a review of the Individual Healthcare Plan will be undertaken as soon as practicable.

10.2 Where practicable, staff who provide support to the student with the medical condition shall be included in any meetings where the student's condition is discussed.

11 Administration of medication

11.1 The school understands the importance of taking the medication as prescribed.

11.2 All staff understand that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contracted to do so. Where specific training is not required, any member of staff may administer prescribed and non-prescribed medicines to students under the age of 16 with

parental consent following appropriate training and in accordance with that child's IHCP and/or arrangements that have been agreed in writing by the school.

- 11.3 Our board of trustees is responsible to ensure full insurance and indemnity to staff who administer medicines. Our insurance policy includes liability cover and will be made available to staff on request.
- 11.4 Medicines will only be administered at the school when it would be detrimental to a student'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 of school hours.
- 11.5 Administration of medication which is defined as a controlled drug (even if the student can administer themselves) should be done under the supervision of a member of staff.

12 Storage of medication

12.1 Safe storage - emergency medication (including EpiPens)

- Emergency medication is readily available to students who require it at all times during the school day. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available.
- All students carry their own EpiPens at all times and a spare kept. This is stored in the medical room.
- Students are reminded to carry their emergency medication with them.

12.2 Safe storage - non-emergency medication

- All non-emergency medication is kept in a lockable cupboard. This is located in the medical room.
- Students with medical conditions know where their medication is stored and how to access it.
- Staff ensure that medication is only accessible to those for whom it is prescribed.

12.3 Safe storage - general

- Kim Lawrence ensures the correct storage of medication at school.
- Three times a year Kim Lawrence checks the expiry dates for all medication stored at school
- Kim Lawrence along with the parents of students with medical conditions, ensures that all emergency and non-emergency medication brought into school is in the original container (except insulin) and clearly labelled with the student's name, the name and dose of medication and the frequency of dose. This includes all medication that students carry themselves.
- Some medication may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. This is in a secure area, inaccessible to unsupervised students.
- It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.
- Sharps bins and clinical waste bins are located in the medical room. Out of date medication is taken to a local pharmacy for disposal.

13 Record keeping

- 13.1 A medical information form is sent out to all new students enrolled at the school before their start date. Those with pre-existing medical conditions that require medication in school have annual contact to check for changes.
- 13.2 Once information is received from the parent/carer/Healthcare professional advising of the medical condition a template for the IHCP is sent to the family for completion including medical evidence and consent for administering prescribed or non-prescribed medication in school.
- 13.3 A consent form is provided to the family for the administering prescribed or non-prescribed medication in school including information such as the duration of medication and the time of day for when it needs to be administered.
- 13.4 Medication is logged on Microsoft SharePoint, parents are also informed via the phone or email or a paper slip. For those having regular medication a paper log is also kept along with the medication.

14 In an emergency

- 14.1 Relevant staff understand and are updated in what to do in an emergency for the most common serious medical conditions at this school.
- In an emergency school staff are required under common law duty of care to act like any reasonably prudent parent/carer. This may include administering medication.
 - Staff involved in home-to-school transport under the responsibility of the local authority are also kept up to date about a child or young person's medical needs via the Individual Healthcare Plan.
 - A selection of both Teaching and non teaching staff are first aid trained. Some complete the three day first aid course, this includes the Welfare team. All training is refreshed at the appropriate time.
 - This school uses Individual Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of students with complex health needs in their care who may need emergency help. Supply staff are briefed on entry to the school; when undertaking their commissioned duties.
 - In the event of an emergency a copy of the students IHCP is given to the healthcare professionals to ensure all information is shared.
 - All relevant information is shared.
 - If a student needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. This school will try to ensure that the staff member will be one the student knows. The staff member concerned should inform a member of the school's senior management and/or the school's critical incidents team.
 - All students with medical conditions should have easy access to their emergency medication. Items such as inhalers and EpiPens are held by the student who must take the responsibility to have it to hand at all times.
 - Students are encouraged to administer their own emergency medication (e.g. EpiPen) where possible and should carry it with them at all times unless it is a controlled drug as defined in the Misuse of Drugs Act 1971. This also applies to any off-site or residential visits.

- Students are encouraged to keep spare supplies of emergency medication.
- For off-site activities, such as visits, holidays and other school activities outside of normal timetable hours, a risk assessment is undertaken to ensure students needing medication still have access and a staff member is named as the responsible lead. The risk assessment also helps to identify any reasonable adjustments that need to be made.

15 Unacceptable practice

15.1 Our staff recognise that it is not acceptable practice to do the following:

- 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 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 students 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, eg by requiring parents to accompany the child.

16 Complaints

16.1 Complaints about support in accordance with this policy should be dealt with in accordance with the school's published complaints policy.

17 Appendix

- 17.1 [Form to send to parents to find out medical needs]
- 17.2 [Form to send to parents about short-term medical needs]
- 17.3 [Individual Healthcare Plan form]
- 17.4 [Details of named first aiders and certain roles and responsibilities]
- 17.5 [Epilepsy](#)

17.6 [Asthma](#)

17.7 [Diabetes](#)

17.8 [Anaphylaxis](#)

18 Review of policy

This policy is reviewed annually by the Academy Trust.