



MILTON KEYNES EDUCATION TRUST

WALTON HIGH

Medical Conditions Policy

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KEY CONTACTS

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1 INTRODUCTION

From 1 September 2014, schools are under a duty to make arrangements for supporting students with medical conditions. This policy sets out what those arrangements are and follows the guidance published by the DfE in December 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf .

This policy is restricted to students with an ongoing medical problem. Minor or short term or one-off medical problems are covered by the separate First Aid Policy.

At Walton High we will maintain a focus on each individual child with a medical condition and seek to give parents and students confidence in the school's ability to provide effective support for medical conditions in school.

Some children with medical conditions may be considered to be disabled under the definition set out in 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 (SEND) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEND, this policy should be read in conjunction with the <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25> .

The special educational needs and disability code of practice explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

The school will always aim to:

- have a good understanding of how medical conditions impact on a child's ability to learn;
- increase the child's confidence;
- promote self-care.

2 PROCEDURES TO BE FOLLOWED WHEN THE SCHOOL IS NOTIFIED THAT A STUDENT HAS A MEDICAL CONDITION

- The Medical Room Supervisors (MRS) will ensure that relevant staff are informed of the student's medical condition and provided with guidance relating to management of the condition, including the student's ability to self-manage their situation;
- minutes of meetings and other information, including Individual Healthcare Plans (IHP), will be shared with relevant staff and recorded on the student's file on the school data base;
- in the case of life-threatening conditions, all staff will be made aware of the situation via email and through staff briefings. This information will include an up to date photograph of the student, details of the condition, signs and symptoms along with detailed guidance relating to prompt and appropriate action. The MRS will ensure that a sufficient number of staff are trained in First Aid and are aware fully aware of any students with life threatening conditions. In some cases, specific training will be provided;
- the MRS will ensure staff are kept fully informed of any changes to medical conditions and will provide new or supply staff with information relating to medical conditions and students' needs;

- the MRS will ensure that senior members of staff responsible for trips and visits and other school activities outside of the normal timetable are informed of medical conditions so that appropriate risk assessments can be implemented;
- arrangements to support students with medical conditions will be put in place as soon as possible, generally within 10 school days but sooner in the case of serious or life-threatening conditions. It is not necessary to wait for a formal diagnosis before providing support – judgements about appropriate support to provide will be based on the available evidence. For students joining the school at the usual time, arrangements will be in place for the start of the new term based on the information provided. In other cases, such as a new diagnosis or students joining the school mid-term we will endeavour to ensure that arrangements are in place within 10 school days.

3 INDIVIDUAL HEALTHCARE PLANS

Individual Healthcare Plans (IHP) exist to document a student’s medical needs and provision being made for those needs. They are a useful tool for the school to use to ensure that it meets the needs of the student. They are written with input from all the relevant parties which may include the Medical Room Supervisor (MRS), SENDCo, Pastoral Leader, Learning Support Assistant and parents. The School Nursing Team, Specialist Nurse or other relevant professional may also attend or, if not, provide information to be included on the IHP. The MRS will usually take responsibility for writing and overseeing the IHP; a Pastoral Leader or Learning Support Assistant supporting the student may also be involved.

IHPs will be developed with students’ best interests in mind and will ensure that the school assesses and manages risks to students’ education, health and social well-being and minimises disruption.

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

Information recorded on the IHP:

- 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 corridors, 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 exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some children 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 and the Principal 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 parent/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 healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

4 STUDENT'S ROLE IN MANAGING OWN MEDICAL NEEDS

Children may be competent to manage their own medical needs and medicines. Students with asthma are encouraged to carry their inhalers with them at all time. Other medicines are kept in the Medical Room and are clearly labelled for students to access when they are required. Where possible students will carry their own medicines or devices or be able to access them quickly.

Students will be positively encouraged to take responsibility after discussion with parents and this will be reflected in the IHP. Where a student is reluctant to take on this responsibility, the school will support the student to reach the level of responsibility agreed and documented in the IHP.

No student will be expected to take on responsibility until they are ready for it and appropriate supervision will still be given if needed.

5 MANAGING MEDICINES ON SCHOOL PREMISES

- medicines should only be administered at school when it would be detrimental to a child'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 child 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 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;
- 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 laid down 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;
- 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. Students 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 children and not locked away. This is particularly important to consider when off school premises e.g. on school trips;

- a child 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 student 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 child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. The school will 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 will be noted;
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

6 RECORD KEEPING

Written records must be kept of all medicines administered to students.

7 PROCEDURES FOR EMERGENCY SITUATIONS

In the event of a serious medical incident the following procedure should be followed:

- leave injured student where they are – unless it would be dangerous to do so;
- **in serious medical incidents 999 should be called immediately using the nearest phone;**
- send for the Medical Room Supervisor or another First Aider – lists of staff with valid first aid qualifications are posted at key places around the school. All staff should be familiar with who the school's First Aiders are;
- First Aider should treat the student as appropriate.

If further medical help is required the Main Office should call an ambulance and contact parents or other emergency contact. The Main Office needs to be given as much accurate information as possible so the attending paramedics are fully briefed by the time they arrive on scene. They will print out full details of the student including their name, address, DOB, medical information as this information will be needed if student is admitted to hospital and an emergency contact is not available. The First Aider must keep details of the situation to give to ambulance crew.

Where a student has an IHP this will clearly define what constitutes an emergency and it will explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students will know what to do in general terms, such as informing a member of staff immediately if they think help is needed.

If a student needs to be taken to hospital, a member of staff should remain with him or her until a parent arrives, or accompany a student taken to hospital by ambulance

8 DAY TRIPS, VISITS AND SPORTING ACTIVITIES

Where possible the school will offer flexibility and make reasonable adjustments so that students with medical conditions can take part. Risk assessments will be carried out regarding the participation of students with an IHP and appropriate measures will be put in place to support the student. It may be necessary for a meeting to take place with parents as a part of preparing to meet a student's needs on a trip. Relevant staff will be made fully aware of the condition and provided with information contained in the IHP and, in certain situations, a Behaviour Support Assistant or Learning Support Assistant may accompany the student. Where possible the school will arrange adjustments to the programme, accommodation or food provision to meet a student's needs.

9 UNACCEPTABLE PRACTICE

It will be unacceptable to:

- prevent a student from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every student with the same condition requires the same treatment;
- ignore the views of the student or their parents, or ignore medical advice or opinion (although this may be challenged);
- send students with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP;
- to send a student with an IHP to the Medical Room unaccompanied or with someone unsuitable if they become ill;
- penalise students 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 it 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 toileting issues. No parent should have to give up working because the school is failing to support their child's medical need;
- prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.

10 POLICY IMPLEMENTATION

- the Principal 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 student's condition. The MRS will ensure that staff are provided with information relating to students' medical conditions during staff briefings and through the school email system. IHPs will be accessible to all staff through the school data base on the individual student's record;
- as far as possible and resources permit, the school will have arrangements in place in case of staff absence or staff turnover to ensure someone is available. Several members of staff have completed training in Emergency First Aid and others have completed the three-day First Aid at Work training. The school aims to ensure that an appropriate member of staff is available to manage staff absence, depending on resources available at the time;
- staff and supply teachers will be provided with relevant information relating to students' medical needs;

- 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 as far as resources permit. Risk assessments for trips will be overseen by the senior member of staff with responsibility for Trips and Visits;
- the school will monitor IHPs and reviews will take place at least annually or earlier if evidence is presented that the student's needs have changed. The MRS will meet with the student and parents to review the IHP and record any changes. It may be appropriate for other relevant professionals to attend the review which may include: School Nursing Team, Specialist Nurse, SENDCO, Pastoral Leader, Behaviour Support Assistant and Learning Support Assistant.

11 ROLES OF THOSE INVOLVED IN PROVIDING SUPPORT

Governing Body

- must make arrangements to support students with medical needs, including making sure a policy is developed and implemented;
- must ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions;
- ensure staff have access to information and other teaching materials.

Principal

- 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 student'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 that they are insured to support students in this way;
- ensure that contact is made with the School Nursing Team and that the MRS is aware of students requiring support.

School staff

- any member of school staff may be asked to provide support to students 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 students with medical conditions that they teach;
- school staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions;
- any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

School Nursing Team Service

- Milton Keynes School Nursing Team Service provides specialist nursing care, advice and support to school age children and young people
- the school will have 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 student 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.

Other Healthcare Professionals

- should notify the School Nursing Team and/or MRS of students requiring support;
- may provide advice on developing IHPs.

Students

- provide information about how their condition affects them;
- should be fully involved in discussions and contribute to their IHP;
- should participate in the management of their medical condition.

Parents

- provide school with sufficient up to date information;
- are involved in development and review of IHP;
- should carry out any action they agreed to as part of implementation of IHP.

Local Authorities

- are commissioners for school nurses as well as maintained schools;
- where students would not receive a suitable education in mainstream school because of their health needs, they have a duty to make other arrangements;
- have a duty to promote co-operation between relevant partners.

Clinical Commissioning Groups

- are responsible for commissioning other healthcare professionals such as specialist nurses;
- have to ensure that commissioning is responsive to children's needs and that health services can cooperate with schools.

12 STAFF TRAINING

The school has a responsibility to ensure staff are properly trained and any member of staff providing support to a student with medical needs will receive suitable training.

Staff must not give prescription medicines or undertake health care procedures without appropriate training.

The MRS will ensure that the school always has sufficient staff who have completed Emergency First Aid and First Aid at Work training and ensure that refresher training takes place before certificates expire. The MRS will keep a data base to record details relating to staff training which will include dates of initial training and when reviews or refresher training should take place. Staff briefings will be used to ensure whole staff awareness relating to medical conditions. The MRS will ensure that staff requiring specific training to support a student will be identified as soon as the school becomes aware of the student's medical condition or at the review of the IHP.

Staff who require training for specific support needed by a student with a medical condition will:

- be invited to a training session which will be delivered by the MRS, a School Nurse or a Specialist Nurse depending on the needs of the student;
- receive a copy of the IHP with details of the medical condition, its triggers, signs, symptoms and treatments;
- be able to contact the MRS for support, advice and guidance relating to students' medical conditions;

13 INSURANCE

The Governing Body must ensure that the appropriate level of insurance is in place and appropriately reflect the risk.

14 COMPLAINTS HANDLING

Any complaint in relation to this policy or the school's implementation of it should be raised in accordance with the school's complaints policy

Annex A: Model process for developing individual healthcare plans

