



STONE LODGE
SCHOOL

Supporting students with a medical condition policy

Date Agreed with Governors	February 2024
Date to be reviewed	February 2025

Monitoring, Evaluation and Review

The Governing Body will review this policy at least annually and assess its implementation and effectiveness. The policy will be promoted and implemented throughout the School.



Statement of Intent

Stone Lodge School believes that ensuring the health and welfare of staff, students and visitors is essential to the success of its school:

We are committed to:

- Ensuring that the students with medical needs are properly supported so that they have full access to education, including trips and physical education.
- Ensuring no student is excluded unreasonably from any activity because of his/her medical needs.
- Ensuring the needs of the individual are considered.
- Providing specialist training for staff.
- Ensuring students and parents are confident in the school's ability to provide effective support to their child.
- Ensuring procedures for supporting students with medical needs are in place and reviewed at least annually.

We will:

- Ensure all staff are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all Individual Health Care Plans, including in contingency and emergency situations.
- Ensure that the school is appropriately insured, and that staff are aware that they are insured to provide first aid and other medical support to students.

Introduction

Supporting students with medical needs is not the sole responsibility of one person. The school's ability to effectively support students with medical needs will require the school to work collectively with other agencies, the parents, and students. The school is encouraged to seek additional advice and information from a wide range of people, if considered appropriate.

Students and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. However, in line with safeguarding, a student's health should not be put at risk e.g. an infectious disease.

All schools should ensure medical information is collected from new students entering the school, so the school can assist with the appropriate management of any medical condition or administration of medication. All such information should be collected using the school's admissions form and stored in the appropriate medical management information system.

Arrangements for Implementation of Policy

Headteacher

The Headteacher is responsible for ensuring that:

- All staff are aware of the policy for supporting students with medical needs.
- There are sufficient trained personnel to be able to support all the medical and healthcare needs of students and staff in the school.

- A member of staff is appointed to have the lead role in ensuring students with medical conditions are identified and properly supported in the school, and to inform staff who are implementing a student's Individual Health Care Plan.

Parents

To assist the school in its fulfilment of the policy, parents are required to:

- Provide the school with sufficient information about their child's medical needs including providing updates as necessary.
- Be involved in the development of drafting of Individual Health Care Plans.
- Provide the required medication and equipment, including spares where appropriate.
- Ensure that they, or another nominated adult are always contactable.

Students

To assist the school in its fulfilment of the policy, students are encouraged to:

- Be fully involved in discussions about their condition and how it affects them.
- Contribute as much as possible to the development of their Individual Health Care Plan.

School Staff

Any member of staff may be required to support students with medical conditions. Staff are therefore required to:

- Consider the needs of students with medical conditions.
- Know what to do and who to speak to if someone becomes unwell or needs assistance.
- If required, and having received the appropriate training, administer medication or support to students.
- Attend training sessions as required to support students with medical needs.
- Be aware, at all times, of the students in their care who have known medical conditions.

Medical Lead

The school appointed Medical Lead is responsible for:

- Monitoring medical and Individual Health Care Plans for students with medical conditions.
- Assess the training needs of staff.
- Ensuring suitable and sufficient training is provided to enable staff to administer medication and support where required.
- Arranging whole school awareness training on supporting students with medical conditions as required.
- Ensure the continued professional development of staff to enable them to fully support students.

Health Care Professionals

Health care professionals are responsible for notifying the school when a child has been diagnosed with a condition that requires support in school. Specialist local Health Care teams may be able to provide support with students who are diagnosed with conditions such as diabetes, epilepsy etc.

Further advice on the roles of Local Authorities, Clinical Commissioning Groups, Providers of Health Services and Ofsted can be found on the following link:

[Supporting pupils with medical conditions at school - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Individual Health Care Plans

Individual Health Care Plans provide clarity to the school on what support needs to be provided for students with medical conditions and by whom. They are prepared to help identify the necessary measures to support students with medical needs and ensure that they are not put at risk. Individual Health Care Plans are often issued in cases where emergency intervention is required, or for medical conditions requiring daily management, where needs are complex and long-term, or for medical conditions which fluctuate.

Not all children require an Individual Health Care Plan, it is for parents, the students (where able), the school and Health Care Professionals to decide if an Individual Health Care Plan is necessary. Students with the same medical condition do not necessarily require the same treatment. Where treatment differs from the norm an Individual Health Care Plan should be written to support that student.

Further information on the model process for developing Individual Health Care Plans can be found on page 28 of the [Supporting pupils with medical conditions at school - GOV.UK \(www.gov.uk\)](http://www.gov.uk).

Some students have medical conditions that, if not properly managed, could limit their access to education. Conditions include but are not limited to:

- Epilepsy
- Asthma
- Severe allergies, which may result in anaphylaxis
- Diabetes

Most students with medical needs are able to attend their school regularly, Academies will provide support to enable them to take part in all activities, unless evidence from a Clinician/GP states this is not possible.

The school will consider what reasonable adjustments it might make to enable students with medical needs to participate fully and safely on school trips. A risk assessment for each trip will consider any additional steps needed to ensure that students with medical conditions are fully included and supported.

The school will not send students with medical needs home frequently or create unnecessary barriers to students participating in any aspect of school life; however, school staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.

The Medical Lead should ensure procedures are in place to manage transition for student with medical needs from one school to another or on reintegration following a period of absence. Arrangements for support should be in place before the students starts. For students newly diagnosed with a medical condition, every effort should be, made to ensure that arrangement is in place within two weeks. Finalisation and implementation of the IHCP rests with the school.

Where an IHCP has not already been provided, the school should ensure when completing, the Individual Health Care Plans considers the following information:

- a) The medical condition, triggers, signs, symptoms, and treatments
- b) Resulting needs of the students, such as:
 - Medical (dose, side effects and storage)
 - Other treatments
 - Time required for students to recover/recoup
 - Facilities/equipment required.
 - Access to food and drink where required to manage their condition dietary requirements
 - Environmental (mobility/crowded areas/corridors)
 - Emergency arrangement
- c) Specific support for the student's educational, social and emotional needs:
 - Manage absences.
 - Extra time to complete exams.
 - Rest periods
 - Additional support in catching up with lessons, counselling
- d) Provision of support needed.
 - In an emergency
 - For student self – managing their medication
- e) Who will provide the support to the students:
 - Their training needs
 - Expectations of their role
 - Cover if they are sick or absents
- f) Who in the school needs to be aware of the child's condition and the support required
- g) Arrangements and permission from parents for administration of medication
- h) Arrangements for school trips / out of school activities
- i) Confidentiality issues – designated individuals to be entrusted with information
- j) What to do in an emergency, including whom to contact, and contingency arrangements. Lead clinician that could be used to inform development of their individual healthcare plan.

All IHCPs should be reviewed annually, or sooner if there are any changes, and should be readily available to staff for quick reference, whilst preserving confidentiality.

The school must ensure they have robust procedures in place to ensure all staff, where required, have access to and are aware of the medical conditions, treatment and presenting symptoms of students in their care.

Supporting Students with Medical Conditions on Educational Visits.

Students with medical needs should be not excluded from educational visits of any type unless evidence from a clinician states participation is not possible.

Teachers organising and leading on school trips must be aware how a student's medical condition might impact their participation. The Group Leader must consider what reasonable adjustments can be made to enable the student to participate fully and safely.

Students with medical needs should be included on the educational visit risk assessment, and where it is considered necessary, a separate risk assessment should be written to document specific arrangements, hazards, risk, and controls implemented.

Academies are required to carry spares of emergency medication on all school trips. This is especially important on residential school visits.

Staff Training

The type and training required to support students with specific medical needs will usually be determined during the development of the IHCP. In cases where care plans are already in place and additional training is required, the Medical Lead will be responsible for arranging the necessary training to ensure staff are supported in carrying out their role in supporting students with medical needs.

A first aid certificate does not constitute appropriate training in supporting students with medical needs. Staff supporting students with medical needs must be appropriately trained and have confidence in their own ability.

Student specific training may be required. This should be organised through the dedicated specialist health care professional supporting the students.

The school is encouraged to draw upon the training provided through their school nursing service. Where not available, training can be sourced through nationwide reputable charities or organisations qualified to deliver training.

Adequate and appropriate training must be provided in order to meet the needs of the school and its student. When selecting a trainer, the school is required to complete the appropriate due diligence. Training providers are expected to provide information to demonstrate they are competent to deliver training and are required to provide evidence of their qualifications, how they mentor and assess the syllabus content and provide certification.

All training completed must be evidenced by a certificate of completion and a date in which the training took place. All training records should be held with a medical or Health and Safety lead.

Managing medicines on school premises

Storage and access

Each school must designate a safe, lockable place to store student's medication and allocate a member of staff to control access. Where medication is stored, this should be manned at all times.

Students should know where their medicines are at all times, and be able to access them immediately.

Medication and devices such as asthma inhaler, blood glucose metres and adrenaline auto injector should always be readily available and not locked away.

If students with asthma, or students at risk of anaphylaxis can manage their condition, they should be encouraged to carry their inhalers and/or autoinjectors. Spares of emergency medications should be readily available for use in case of loss or failure of required device.

Out of date medication

Medication out of date or no longer required should be returned to the parents for safe disposal. Parents should be advised that medication not collected with one month will be disposed by the school. Medication not collected therefore will be returned to the school's local pharmacy for safe controlled disposal sharps boxes should be used for disposal of needles and other sharps. Medication should not be disposed of in general rubbish/waste.

Administration of medication

Medication should be administered at school when it would be detrimental to students' health or schools' attendance not to do so.

Prescribed or non-prescribed/OTC medicine should never be given to a child under 16 without consent of their parents. Only in exceptional circumstances, for example where medicine has been prescribed to the child without knowledge of their parents, (for example contraceptive pill). In cases such as this, every effort should be made to encourage the child or young person to involve their parents, whilst respecting the rights of confidentiality.

Where possible and considered appropriate to do so students should be allowed to carry their own medicines and relevant devices for self-medication. Students who self-manage and administer their own medication may require an appropriate level of supervision. If not appropriate, relevant staff should assist with administration and manage procedures for them.

If a child refuses to take medication staff should not force them to do so, but refer to an Individual Healthcare Plan if they have one, and contact the parents or carers so alternative options can be agreed.

Children under 16 should not be given medicine containing Aspirin, unless prescribed by a doctor. Children under 12 should not be given Ibuprofen unless prescribed by a doctor.

Medication should only be accepted into the school if:

- Medication is in date.
- In its original container/box/ bottle, as dispensed by pharmacists or as sold over the counter.
- Named.
- Includes instruction for administration, dosage, and storage.
- Consent has been received.

Exception to this is insulin, which must still be in date, although unlikely to be in its original container, but contained with an insulin pen or pump.

Stock Medication

Schools are not permitted to hold stock medication (medication purchased and held by the school, such as paracetamol, Ibuprofen, and antihistamines) for dispensing to students as required.

Under no circumstances must staff administer or give students pain relief unless the medication has been provided and consent received by parents. The only exception to this is where the school employ staff such as a nurse practitioner who are licenced to dispense medication without prescription or permission from a parent.

Short term, nonprescribed an over-the-counter medication

Where medication or treatment is not part of a long-term medical condition, but is only required for a finite period for pain relief, or for example the completion of a course of antibiotics, the students' parents or carers will be required to sign a Parental Consent form the administration of medication.

Non-prescription medication for example pain relief should never be administered without first checking maximum dosage and when the previous dose was taken.

A written record should be kept every time medication is administered, stating what, how and how much was administered, when and by whom. Side effects should be noted by the school. Parents must be notified as soon as practicable - ideally the same day the medication has been taken. Should those administering medication be concerned about the amount of medication being requested, or are aware of other risk factors, the school senior leadership should be notified as well as the parents.

Controlled Medication

Students prescribed with a controlled drug may legally have it in their possession if they are considered competent by the school to do so. Passing that medication however, to another student is an offence.

The school's policy is that all controlled medication be secured on site in a secure non-portable container, with named staff given access. When administering controlled medication in school or on school trips, two staff members must be attendance. One member of staff administering, the other countersigning and confirming what medication has been given, when and by whom. Controlled medications on school trips should be held securely by the Lead First Aider or Group Leader.

Staff may administer a controlled drug to a child for whom it's prescribed. All controlled medications should be administered by staff in accordance with prescribed instructions.

Records should be kept of any doses used and amount of drug held. Schools are encouraged to count- in (for medication received from home) and count-out controlled medication as it is administered. This list should be updated each time medication is taken or administered. Parents should be notified when a controlled drug has been administered.

Complimentary Medication.

Due to the active ingredients, complimentary medication cannot be administered by staff unless they are trained to do so.

Emergency Salbutamol Inhalers

Emergency Salbutamol Inhalers should only be used by children diagnosed with asthma, have been prescribed an inhaler and parental consent has been received. The emergency inhaler is for use when the student's own prescribed inhaler is not available, or not working.

Emergency inhaler kits should be included as a minimum:

- A Salbutamol metered dose inhaler.
- At least two single use plastic spacers (or a disposable spacer) compatible with the inhaler.
- Instructions on cleaning and storing inhaler.
- Manufacturers information.

- A checklist records of inhalers batch number and expiry date.
- Arrangements for replacing the inhaler.
- List of children permitted to use inhaler where consent has been received.
- Record of Salbutamol administered.

Arrangements for storage and care of the emergency inhaler should be followed to ensure the inhaler is in working order, always ready for use and accessible.

The school must ensure:

1. Spacers and inhaler are checked regularly and noted to be present and in working order.
2. Replacements inhalers and spacers are obtained when expiry dates of existing inhalers approach.
3. They hold a register of students diagnosed with asthma, (copies to be held with the emergency inhaler).
4. Have written parental consent for the use of emergency inhaler.
5. Ensure staff are aware that only students where consent has been received can use the emergency inhaler.
6. The school has appropriate support and training for staff in the use of the emergency inhaler.
7. Staff keep a record of the use of emergency inhaler.
8. Parents are notified when the inhaler is used.
9. Two staff are responsible for ensuring the above is followed.

To minimise cross infection, spacers, should only be used once, whereas the inhaler, if cleaned can be reused. Inhalers that may come into contact with blood should not be reused but disposed of.

Staff medication

Staff carrying medication for their own personal use are advised to ensure the medication is not accessible to students and is stored securely, out of the reach of children.

Records

Record keeping

The school must keep a record of all medication administered, when and by whom. Any side effects of medication administered in school should also be noted and shared with parents or carers.

Retention Time

Students' medical records should be retained for 25 years from the date of birth of the child.

Displaying Medical Information

In order to improve and protect a students' data, medical information should not be openly displayed in staff rooms, common areas and medical rooms. Information can be held in books which can be hung discreetly in such areas making them available to staff. The need to protect vital interests is important but care should be taken to ensure such information is not so obvious to unauthorised individuals for example cleaners or visitors to the school.

Medical Trackers

Schools using Medical Tracker are required to regularly check the quality of data imputed into the system to ensure the following:

- Data held accurate and up to date.
- Medication held on site corresponds to what is recorded on MT in the medication section and on the care plan, where held.
- Care Plans are loaded onto the system for viewing by staff.
- Consents received are uploaded to MT.
- Medication documented on Medical Tracker and on care plans is being held by the school.
- Accident data is being entered correctly, ensuring all required are completed correctly and with sufficient information.
- Spelling and grammar errors which affect reporting are managed.
- Uploaded docs are loaded as PDFs not Word docs.
- Uploaded documentation is clearly labelled for quick recall. For example, "Care Plans," "Consent," "Hospital Letters".
- Accident Investigations, where completed are loaded to Medical Trackers for future recall.

Unacceptable Practice

All school staff should use their discretion and judge each case on its merits. It is generally not acceptable:

- Prevent a student from accessing medical medication as required.
- Treat each child with the same condition in the same way.
- Ignore the views of a child or their parents, or medical opinion.
- Send children home unnecessarily or prevent them from staying in school and participating in normal school activities, including lunch.
- If a child is ill, to send them to the medical room accompanied with someone unsuitable.
- Penalise students for the attendance if absences related to their medical condition.
- Prevent students from eating and drinking or taking toilet breaks whenever they need to, to manage the medical condition.
- Require parents to attend school to administer medication or provide medical support to their child, including toilet issues. No parent is required to leave or give up work because the school is failing to support the child.
- Prevent a student from participating or creating necessary barriers to children in any aspect of the school life, including school trips. For example, by requiring parents to attend school trips.

The School Insurance Arrangement

The school are covered by public liability insurance policies, which will indemnify staff against any claims against them arising from the administration of first aid or medicines in the accordance with this policy.

Complaints

Should parents or carers of students be dissatisfied with the care and support provided by the school they should contact the Head Teacher. All complaints received will be subject to the usual complaint process.

Useful contacts

- Allergy UK <https://www.allergyuk.org/>
- Anaphylaxis campaign <https://www.anaphylaxis.org.uk/>
- Asthma UK <https://www.anaphylaxis.org.uk/>
- Council for Disabled Children
<http://www.ncb.org.uk/about-us/our-specialist-networks/council-disabled-children>
- Contact a Family <http://www.contact.org.uk/>
- Cystic Fibrosis Trust <http://cysticfibrosis.org.uk/>
- Diabetes UK <https://diabetes.org.uk/>
- Department of education
<https://www.gov.uk/government/organisation/departments/departments-for-education>
- Department of Health and Social Care
<https://www.gov.uk/government/organisation/departments/departments-for-health>
- Disability Rights <https://www.gov.uk/rights-disabled-person>
- Epilepsy Action <https://epilepsy.org.uk>
- Health and Safety Executive (HSE) <https://hse.gov.uk/>
- Health Education Trust <https://www.healtheducationtrust.org.uk>
- Hyperactive Children's Support Group <https://www.hacsg.org.uk/>
- MENCAP <https://www.mencap.org.uk/>
- Shine <https://www.shinecharity.org.uk/>
- National Eczema Society <https://www.eczema.org/>
- National Society for Epilepsy <https://epilepsysociety.org.uk/>
- Psoriasis Association <https://www.psoriasis-association.org.uk/>