



Supporting Pupils with Medical Conditions Policy

Policy Owner:	Principal
Formally Endorsed By:	Board of Trustees
Endorsement Date:	May 2024
Next Review Date:	May 2026

Human *Connection* in all we do

POLICY STATEMENT

Michael Hall believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

The Trustees of Michael Hall School have a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

LEGISLATION AND STATUTORY RESPONSIBILITIES

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on [supporting pupils with medical conditions at school](#).

ROLES AND RESPONSIBILITIES

The governing board

The Trustees have ultimate responsibility to make arrangements to support pupils with medical conditions within the School and during off site learning. They will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

SLT (Senior Leader Team)

The Senior Leadership Team (SLT) will be responsible for ensuring that the policy is put into practice and that parents/carers are aware of the School's Health & Safety Policy, and First Aid Policy. They make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.

School Nurse

Michael Hall has a part time school nurse and she will:

- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.
- Provide and arrange training for school staff when appropriate.

Staff

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

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

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

Parents

Parents will:

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

Pupils

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

Other Healthcare professionals

Our school nurse will liaise with Clinical Specialist Nurses, GP's and Pediatricians for advice on developing IHPs and to arrange specific training for the school staff involved with a child with a specific medical condition.

EQUAL OPPORTUNITIES

Michael Hall is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out by their teachers with support of the school nurse, so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

BEING NOTIFIED THAT A CHILD HAS A MEDICAL CONDITION

When the school is notified that a pupil has a medical condition, the process outlined in annex A, will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

INDIVIDUAL HEALTH CARE PLANS

The Trustees has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to our school nurse.

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

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

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the school nurse will make the final decision. Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurses team, specialist or pediatrician, who can best advice on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher/role of individual with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil'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 pupil'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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

MANAGING MEDICINES

The School will administer the following medicines and homeopathic first aid treatments only if the parents/carers written consent has been obtained on the annual medical update and consent form or in the medical application form for new students:

- Paracetamol
- Arnica tablets
- Arnica ointment
- Hyperericum Calendula ointment
- Digestion calming drops (Melissa)
- Combudoron ointment
- Combudoron Spray

Prescription and the above topical treatments will only be administered at the School:

- When it would be detrimental to the student's health or School attendance not to do so
- Where parents / carers written consent has been provided.

The only exception to this is where the medicine has been prescribed to the student without the knowledge of the parents / cares.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

The nurse / first aider giving a student any medication, for example pain relief will first check the maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

PUPILS MEDICATION

The School will only accept prescribed medicines that are:

- In-date;
- Labelled with the pupils name;
- Provided in the original container, as dispensed by the pharmacist and include instruction for administration, dosage and storage.

A Parental agreement form will be completed and signed by parents when a child needs to have medication administered at school.

The School will accept insulin that is inside an insulin pen or pump rather than its original container but it must be in date.

All medicines will be stored safely and the nurse/first aider will be able to access at all times.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

CONTROLLED DRUGS

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine and methadone.

A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so but they must not pass it to another student to use. All other controlled drugs are kept in a secure cupboard in the First Aid Room/Wellbeing Room and only the nurse and named first aiders have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept. Two appointed members of staff must be present during the administration to double check the correct dose is administered and sign the record log.

PUPILS MANAGING THEIR OWN NEEDS

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with their parents / carers and it will be reflected in the IHPs.

Middle and upper school students will be allowed to carry their own medicines/homeopathic remedies and relevant devices whenever possible. Parents will be asked to complete and sign the self-carrying administration form. (See Annex E). Parents should be aware that if their child holds their own medication then school staff will not be recording the doses self-administered. Provided parents have signed the appropriate form, students can carry life-saving prescribed medication. All other prescribed medication will be located in the First Aid Room with the appropriate form signed by parents, for quick self-administration.

Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

MEDICAL CONDITIONS

ALLERGY/ANAPHYLAXIS

SEVERE ANAPHYLAXIS IS AN EXTREMELY TIME-CRITICAL SITUATION: DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES

Adrenaline auto-injectors (AAIs)

The administration of AAIs and the treatment of anaphylaxis will be carried out in accordance with the medical guidance.

A Register of AAIs will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in the first aid room for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Pupils from Kindergarten and Lower school AAIs will be kept in their classrooms with any other medication needed and their personal Allergy Action Plan.

Pupils from middle and upper school and who have prescribed AAI devices are able to keep their device in their possession while at school with a copy of the Allergy Action Plan.

It's strongly advised that parents provide the school with a spare pair of AAI's to keep in the First Aid Room/Reception in case the pupils' devices are not available in an emergency.

Class teachers and subject teachers are responsible for making sure that the children who have prescribed AAI and any other medication have them during outdoor/gym lessons, trips and residential trips.

All school staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so.

Spare Emergency Adrenaline auto-injectors (AAIs)

The school keeps spare AAI for use in the event of an emergency, which will be checked on a monthly basis by the school nurse to ensure that it remains in date and will be replaced when the expiry date approaches:

- 2x EpiPen Jr 0.15 mcg: for children age under 6 years (Kept in the Kindergarten building)
- 2x EpiPen 0.3 mcg : for children age 6-12 years
- 2x Emerade 500 mg: for teenagers age 12+ years a dose of 300 or 500 micrograms of adrenaline will be used.

The spare AAI will be stored in the first aid red medication bag (First Aid in the mornings – from 13:25 in Reception), ensuring that it is protected from direct sunlight and extreme temperatures.

See Annex F (Anaphylaxis chart)

ASTHMA

Asthma is the most common chronic condition, affecting one in eleven children. On average there are two children with asthma in every classroom in the UK.

Children should have their own inhaler at school to treat symptoms and to use in the event of an asthma attack. (See annex G for How to recognize an Asthma Attack)

Common 'day to day' symptoms for asthma are:

- Cough and wheeze when exercising
- Shortness of breath when exercising
- Intermittent cough

Asthma Inhalers

When the school is notified that a child suffers from asthma the school nurse will get in touch with the parents to get the information needed and to request the parents to fill and sign the School Asthma Card and/or an IHC if appropriate. The card needs to be signed also by a Healthcare Professional.

Every child suffering from Asthma or a condition that may require the use of an inhaler should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack.

- Kindergarten: KG teacher responsible for storing the inhaler.
- Lower School: stored in the classroom cupboard. Class teacher must ensure the child knows where the inhaler is and how to access it at all times.

- Middle and Upper School: are allowed to carry their own inhaler, but it's highly recommended to have a spare one in the First Aid Room/Classroom cupboard. A self-carrying and self-administration form must be completed and signed by the parents.

The inhaler and spacer should not be locked away and has to be accessible all the time. The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature.

The school will keep spare inhalers for use in the event of an emergency, which will be checked on a monthly basis by the school nurse to ensure that it remains in date and will be replaced when the expiry date approaches.

EATING DISORDERS

A great many young people suffer from disordered eating and from body dissatisfaction. We want our school's culture to nurture a balanced, healthy attitude to food, exercise and body shape.

Regarding eating disorders, we recognise that they are serious illnesses, that there is a strong likelihood that a number of our pupils are affected at any time, and that the school has a critical role to play in detection and treatment, in partnership with parents and clinicians.

All staff should be aware of these signs and inform any member of the Wellbeing and Pastoral Care Team if they are noticed:

- a pupil appears to be missing meals, or eating reduced quantities, or avoiding particular types of food.
- you suspect the pupil is exercising obsessively
- you suspect the pupil is vomiting after eating
- you suspect the pupil is bingeing - eating usually large quantities in an out-of-control (and usually secretive way)
- the pupil is intensely interested in topics of food, cooking, fitness and diet.
- the pupil seems to have lost or gained weight.

If a pupil is showing signs of an eating disorder, they should be assessed by a specialised eating disorder service without delay. Neither the school nor the parents should 'wait and see' so the school will alert the parents.

If the school detects signs of an eating disorder or of disordered eating, the Wellbeing Team, and depending on the pupil's age, may first talk to the pupil and tell them we are planning to contact their parents and then the school will alert the parents and advise to consult specialist service promptly.

UNACCEPTABLE PRACTICE

Staff should use their discretion and judge each case individually with reference to the student's IHP but it is generally not acceptable to:

- Prevent students 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 the parents / carers;
- Ignore medical evidence or opinion, although this may be challenged;

- Send students with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying from normal activities, including lunch unless this is specified in their IHPs;
- If the student becomes ill staff will send them to the First Aid Room unaccompanied or with someone suitable;
- Penalise students for their attendance record if their absences are related to their medical condition for example hospital appointments;
- Prevent the student from drinking, eating or taking toilet 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 student, including toileting issues. No parent / carer should have to give up working because the School is failing to support their child's needs;
- Prevent students from participating or create unnecessary barriers participating in any aspect of school life, including school trips by requiring parents to accompany their child etc.
- Administer or ask students to administer medicine in the toilets.

EMERGENCY PROCEDURES

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

Unobstructed and adequate access is provided at all times for ambulances.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

TRAINING

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs by the school nurse. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the school nurse. Training will be kept up to date.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support the students;

- Fulfil the requirement of the IHPs;
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Health care professionals will provide confirmation of the proficiency of staff in a medical procedure or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example with preventative and emergency measure to they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

RECORD KEEPING

The Trustees will ensure that:

- Written records are kept of all medicine administered to students and staff
- Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed
- Parents / carers will be informed if their child has been unwell at School or/and if any medication has been administered.
- IHPs are kept in a readily accessible place which all staff are aware of.

COMPLAINTS

Any complaint regarding a child's medical should be made through the School's complaints procedure.

LINKS TO OTHER POLICIES

This policy links to the following policies;

- Health and safety
- First Aid
- Safeguarding

Annex A

